

THE EDUCATION GUIDE



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Contents

- 4 Preparing for practice**
A look at how university optometry courses are designed
- 7 Routes into optometry**
Steph Bowen discusses her journey from dispensing optician to optometrist
- 8 Career pathways**
A visual guide to where optometry can take you
- 10 What to expect**
Optician speaks to pre-regs about their experiences in practice
- 12 Owing expectations**
Practitioners discuss the challenges of working independently
- 16 A taste of optometry**
How suppliers support practitioners on their journey to qualification
- 19 Leveraging experience**
Mark Shelton reflects on his student and pre-reg experiences
- 20 Tools of the trade**
A look at the essential pieces of equipment used in practice
- 22 The road to qualification**
Bill Harvey explores what you need to know during pre-reg and OSCEs

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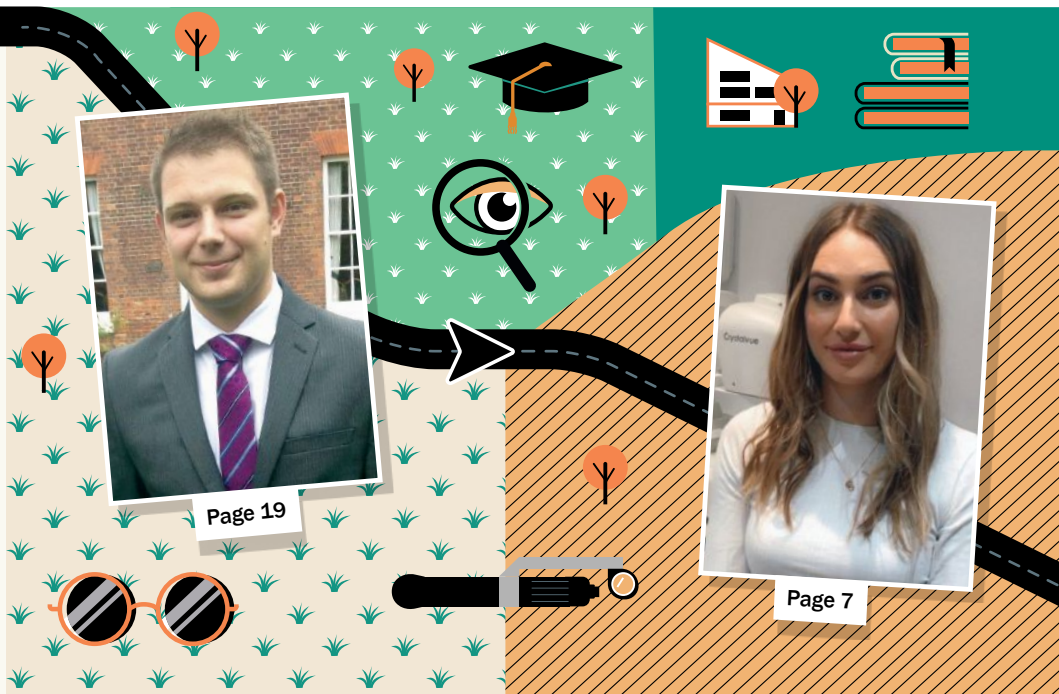


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Planning your route

Each practitioner's journey to qualification will be different from another's. Most will take the route from A Levels to university while others join the profession later in life. No matter what route is taken, challenges and opportunities await.

One curveball that nobody expected was Covid-19. It's been over a year since the first lockdown caused upheaval across society, with optometry proving no exception. Students went online for their university courses and many pre-regs were put on furlough or had their OSCEs delayed before eventually being examined in a Covid-safe manner. As the vaccine rollout continues some form of normality will return, but the pandemic has created a generation of optometrists who have experienced more than their fair share of challenges at an early stage of their career.

In *The Education Guide*, *Optician* maps the entire journey to qualification. We speak to practitioners who share their experiences as students, pre-regs and newly-qualified optometrists, as well as experienced optometrists who offer some words of wisdom.

Several optometrists highlight that there's no single right route to qualification. On page 7, Steph Bowen explains why she decided to take on the challenge of becoming an optometrist, having previously worked as a dispensing optician. Bowen says: 'To be honest, I felt like I'd missed the boat and I couldn't see myself packing up and training in my later twenties. I had commitments, a mortgage, I was the manager and also the only dispensing optician in the practice.' She eventually decided she was ready for a new challenge and wanted to make the practice team stronger than ever.

Whatever route is taken, the learning never stops as Mark Shelton puts it on page 19: 'I think it can feel like the end of your pre-reg year is the end of your education, but really it's just the next step in your career.'

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Preparing for practice

Optometry course leaders discuss syllabus structure and professional experience with *Emma White*

Glasgow Caledonian University

Glasgow Caledonian University (GCU) is the only UK institution to provide undergraduate training for student optometrists, orthoptists and dispensing opticians. ‘Common teaching across the three undergraduate programmes fosters our students’ ability to work as part of a multi-disciplinary team,’ explains programme lead and senior lecturer Dr Graeme Kennedy.

GCU’s four-year GOC-accredited BSc (Hons) undergraduate programme prepares optometry students for their extended role in Scotland to provide universal free eye tests and act as the ‘first port of call’ for any eye-related problem.

‘The strong emphasis on ocular disease and disease management in the final two years helps to prepare students for this role,’ says Kennedy, adding: ‘On the basis of the syllabus, the GOC’s Education Committee has recently approved that graduates can fast-track into post-graduate training towards attaining independent prescriber (IP) status, following completion of the pre-reg period and achieving GOC registration.’

During their first year, students learn about the foundations of optics, ophthalmic anatomy and physiology, ophthalmic materials, refraction and binocular vision. In the second year, they



also learn about diagnostic techniques, general and systemic pathology, microbiology, general and ocular diagnostic pharmacology, clinical practice and communication, plus introductory ocular disease.

Year three introduces clinical ophthalmology studies, research methods and statistics plus contact lenses, visual neuroscience, ergonomics and incomitant strabismus. In their final year, the students complete a dissertation and learn about general optometric practice, concomitant strabismus and visual development, low vision and speciality clinics, shared care and ocular therapeutics, ophthalmic professional studies, law and management.

Optometry students start to gain vital clinical experience in the state-of-the-art GCU Vision Centre during their second year; they begin carrying out supervised eye examinations in their third year and complete at least four half-day placements in local hospital ophthalmology departments in their final year.

In relation to the pandemic, Kennedy says: ‘I am really proud that we were able to graduate a full cohort of final year students in 2020. Academics and clinicians alike have adapted to new ways of working, which will stand us in good stead for the future. There continues to be great demand for optometrists and potential applicants shouldn’t feel concerned about joining our programmes.’

“Common teaching across the three undergraduate programmes fosters our students’ ability to work as part of a multi-disciplinary team”



Anglia Ruskin University, Cambridge

Optometry is taught alongside ophthalmic dispensing, audiology and a contact lens course at Cambridge-based Anglia Ruskin University (ARU). Clinical training begins in the first week of the first year in the department's clinical testing rooms.

Senior Lecturer Dr Yvonne Norgett says that recent changes to the GOC-accredited BOptom (Hons) course structure have aligned teaching theory alongside clinical skills to 'increase clinical confidence and competence and to improve student engagement and learning.'

Geometric optics is now taught with refraction, allowing students to 'easily link the theory to development of the subjective routine,' while anatomy is taught at the same time as students learn to observe the structures within the eye using slit lamps and ophthalmology. 'One of the changes accelerated by the pandemic is that students now learn indirect ophthalmoscopy before direct ophthalmoscopy and we have a current first year cohort already showing high levels of competency,' says Norgett.

The second year syllabus introduces contact lenses, vision science, paediatric vision, ocular disease and further investigative techniques and students begin to use the state-of-the-art Eye Clinic facility, testing each other, their family members and the first year cohort of students.

The third year focuses mainly on a final year project and clinic module, where students work in groups to learn about clinical decision-making and apply knowledge from across the curriculum. Year three also introduces low vision and builds on contact lenses and the management of ocular disease.

Local practitioners and hospital optometrists join staff in supervising final year students at the Eye Clinic. Students spend several days in local hospital eye departments to help them understand their role within the wider healthcare team. They observe community screening of diabetic patients in local practices and most students also take part in summer work experience programmes in local practices.

A satellite paediatric clinic from the local teaching hospital, Addenbrookes, takes

place in the clinic, providing observation and research opportunities for students and staff. The university also has strong links with the low vision charity CamSight and an adjacent primary school, where final year students ordinarily perform vision screening to 90 year-three pupils annually.

Norgett says that the department has successfully delivered recorded lectures, live tutorials, webinars and personal tutoring sessions to support students during the pandemic plus adapted to teaching in personal protective equipment. 'The greatest challenge is providing the prerequisite number and range of patient experiences for our final year students,' she adds.

University of the West of England

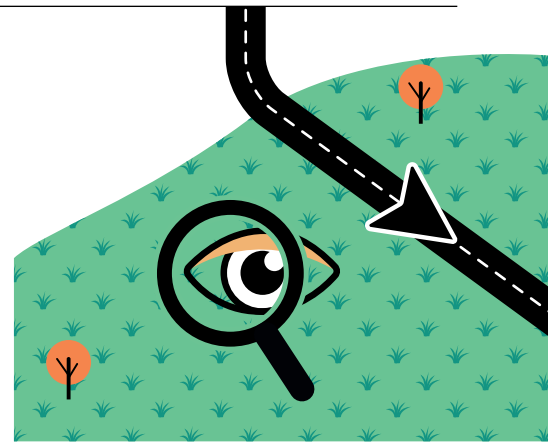
The University of the West of England's (UWE Bristol) BSc (Hons) optometry course, launched in 2018, has just 60 students per year group and provides practical placements in all three years of study. 'We get to know students well and from week one of year one we have practical sessions on campus,' says programme lead of optometry and senior lecturer, Dr Emma Gibson.

First year students study modules in vision and optics, anterior eyes and contact lenses, investigative techniques, clinical skills and anatomy and physiology. Students practise skills on each other during years one and two in a dedicated optometry facility with simulation facilities, launched in 2019, which Gibson describes as 'an excellent place to learn.'

Second year modules also include binocular vision and paediatrics; pharmacology and therapeutics and professional, occupational and business studies. 'The second year business project teaches students about running an optical business, which is especially useful for opening a practice and being a well-rounded optometrist,' says Gibson.

In the final year, students complete a dissertation with additional modules in the posterior eye plus one optional module from advanced glaucoma studies or medical retina studies.

Gibson says that the final year specialist module 'allows students to make their own learning choices in areas of expertise to



“The second year business project teaches students about running an optical business, which is especially useful for opening a practice and being a well rounded optometrist”

create future-facing graduates.’

UWE Bristol's on-campus teaching Eye Clinic was launched late last year and features 'state-of-the-art, brand new equipment' where final year students work independently to test patients' eyes under the supervision of qualified optometrists. Practical placements in community practice, organised by UWE, and incorporated into each year of study, including a clinic placement within a hospital eye service in the final year.

'The placements give students exposure to clinical practice, providing context for the knowledge and skills they learn throughout their studies,' says Gibson, adding: 'Students report feeling more confident with skills such as communication and some have secured pre-registration placements in their first year.'

During the pandemic, Gibson says that students at UWE have adapted well to safety measures, including PPE, social distancing and cleaning equipment. Teaching staff engage regularly with the students and Gibson says weekly face-to-face skills sessions on campus are important both for learning and mental wellbeing: 'Mental wellbeing is a priority of mine and we have developed a supportive environment for students and staff during this unpredictable and stressful year.'

Students speak

Emma White finds out how students adapted to studying during the pandemic

Online lectures and discussions have undoubtedly been the most notable change for students during the pandemic and for Sara Woo-Sam, a second year ARU student, this way of working has its benefits: 'I find it helpful to be able to work through the lectures at my own pace, refer back to something, or think a concept through. It also provides the opportunity to digest the material before a live session and get the most out of the contact time with the lecturer. As a mature student, who is not based on campus and fitting study around work, I find that online learning also saves a lot of time and money spent on commuting.'

First year ARU student Gabriella Robertson says that discussing subjects in online sessions can be 'daunting' when you don't yet know your classmates 'beyond a set of initials on the screen'. She is grateful to her lecturers for trying different methods such as the web-based system 'PolLEV' to encourage students to 'feedback and interact anonymously' and 'breakout rooms on Microsoft Teams

so that we can discuss topics in smaller groups.'

Second year UWE Bristol student Ameena Qureshi (pictured left) says she has definitely found it harder to stay motivated when working from home: 'Scheduling a realistic timetable for the next day has really helped me, ensuring that I spend a certain amount of time on one job,' she says. Francesca Brain (pictured middle), another UWE Bristol second year student, has set up a communal space in her house as she felt isolated doing online lectures and studying in her room: 'My housemates and I work together which has been a great way to discuss topics and keep each other focused,' she says.

Fortunately, students have been able to return to campus for weekly clinical sessions. Jack Curren (pictured bottom right), a final year student at GCU, says: 'Our practical learning, such as the in-person clinics, have been adapted so that we can get adequate clinical experience whilst protecting ourselves and others by adapting our techniques and wearing PPE.'

"My housemates and I work together which has been a great way to discuss topics and keep each other focused"



Rashida Makda is a pre-reg student at Boots Opticians in the East Midlands

'I was in my final year of Optometry at Aston University when the pandemic first started and, although the last couple of weeks of clinics were cancelled, our professors continued with lectures remotely in the weeks leading up to our exams. My pre-reg year was due to start in July 2020, but since many practices only have the capacity to supervise one pre-reg student, Boots Opticians decided to delay all pre-reg trainees until January 2021. At first, this was disappointing and disheartening, however, I completely understood why the decision was necessary and I was thankful that Boots Opticians still allowed us to continue, especially as many students in my cohort had their role cancelled. During the gap, I spent time with my family and I enrolled on a fashion design course, something I'd never had time to do. I am really enjoying the pre-reg year so far and my supervisor and manager are extremely supportive. Boots Opticians has provided regular virtual training sessions to get us prepared for our pre-reg year as well as our assessments. It is truly fascinating how our profession has been able to adapt and innovate new ways of working during these unprecedented times in order to keep providing a high level of care while keeping our colleagues and patients safe.'

“I was ready for a new challenge”

Emma White speaks to Steph Bowen about the transition from dispensing optician to optometrist

Optics has always been a huge part of practice manager Steph Bowen's life. Her mother, Fiona, an optometrist, founded Bowen Opticians in Weston-super-Mare in 1993 and from the age of 15, she started helping out at the practice.

After leaving school, Bowen joined the family business as a full-time optical assistant and broadened her knowledge and skills on a number of training courses.

‘I loved all aspects of the job, especially building rapport with patients and other customer-facing elements,’ she says.

Bowen later completed a degree in ophthalmic dispensing, qualifying at the age of 22. She always considered studying optometry, but it never felt like the right time: ‘To be honest, I felt like I'd missed the boat and I couldn't see myself packing up and training in my later twenties. I had commitments, a mortgage, I was the manager and also the only dispensing optician in the practice.’

In the end, she says her decision to retrain came down to good timing: ‘I was ready for a new challenge, our team had grown and was stronger than ever. I was willing to make some sacrifices to achieve new goals.’

A fulfilling experience

Bowen selected Bradford University's 18-month-long BSc in Optometry Career Progression Programme: ‘Optometry had just come to UWE Bristol, on my doorstep, but I preferred to move further to get the qualification in a shorter time and really immerse myself,’ she says.

From January 2019, Bowen completed Bradford's pre-requisite six month-long

distance learning while based in practice before moving to the university in September and studying alongside second and third year students, with clinical practice from June to August 2020.

Bowen says she ‘absolutely loved’ the experience and that she'd do the course ‘a hundred times over’.

‘It really was a fantastic experience. The workload was pretty relentless towards the end, especially after the complications precipitated by Covid, but all of it was incredibly fulfilling,’ she says.

Formative and summative assessments spread throughout the year were useful for Bowen: ‘I'm a bit of a sucker for a challenge and definitely work well under pressure so these helped me stay focused. Seeing real patients in the clinics was also lovely and gaining experience plus solving problems for them was rewarding too. I'd absolutely recommend the course to any DO or CLO considering a faster route to optometry,’ she says.

One aspect that surprised Bowen was the number of mature students: ‘I met some truly inspiring people who decided to change their career or further their education in optometry, despite having big responsibilities,’ she says, adding: ‘All of the students in my cohort were lovely, as were the staff in the optometry department. I shared a house with students on the course and they absolutely made the experience for me. Being in that environment together with a constant flow of encouragement got us all through.’

Bowen's colleagues have been extremely supportive since she started her pre-reg year in October 2020, enabling her to see a wide variety of patients.

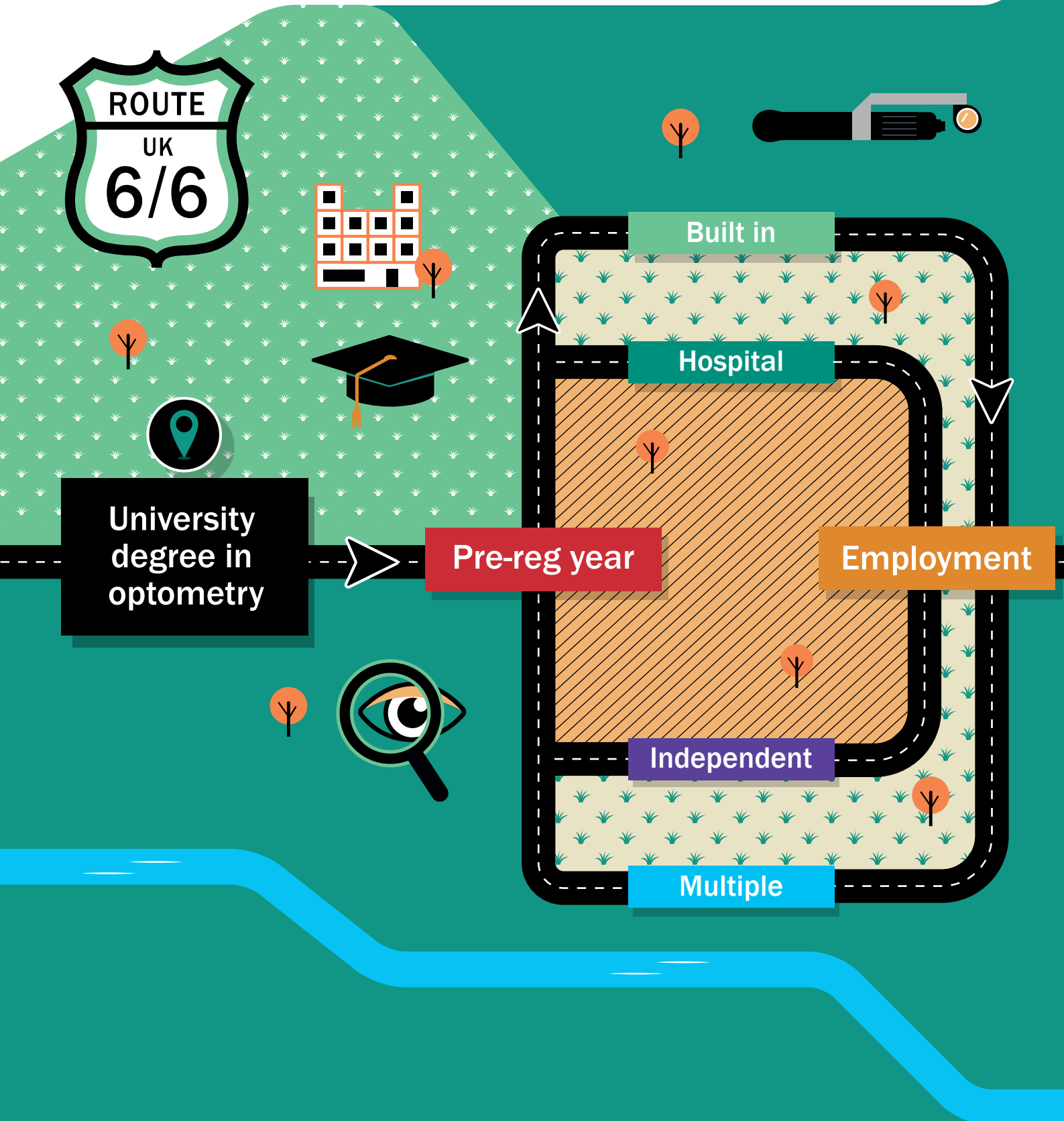
‘My mother is incredibly proud of me

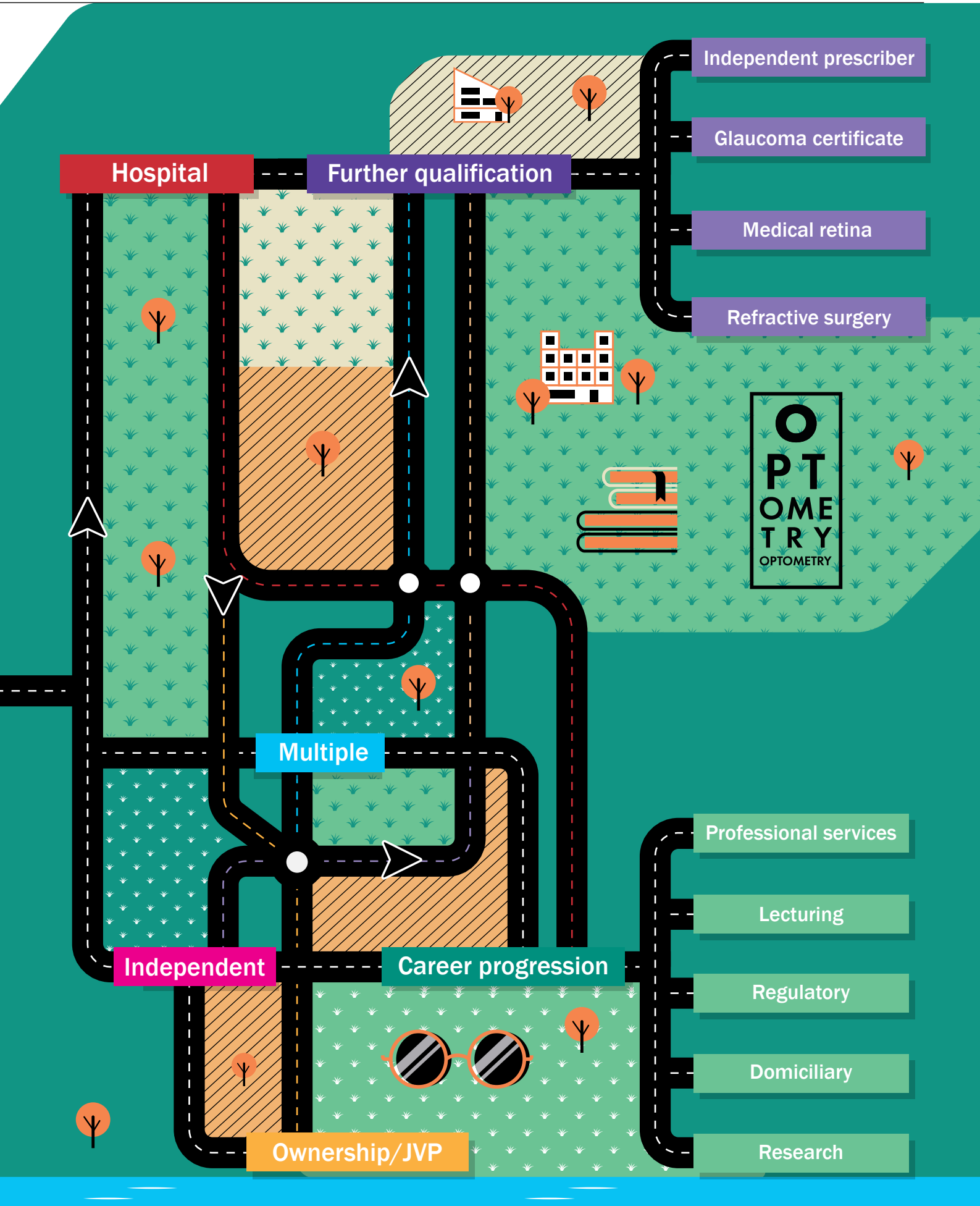
and she's been an unbelievable role model,’ says Bowen, adding: ‘One thing I loved about dispensing was really encouraging patients to address their visual needs and to offer advice and solutions to improve their everyday lives, but this is what optometry is all about too. Problem-solving in the test room can be so much more – you can save someone's sight or even their life.’

“I loved all aspects of the job, especially building rapport with patients and other customer-facing elements”



Charting your career





What to expect

Yiannis Kotoulas talks to current pre-reg students about how to excel during your placement

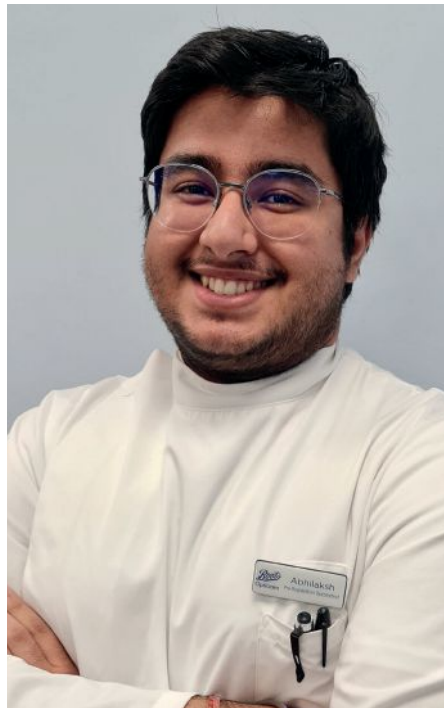
Comprising the undergraduate years at your university and a practical skills-focused pre-registration placement, the optical educational journey is well-designed to turn aspiring students into competent, educated optometrists ready to provide eye care to patients across the country. These years are, by definition, formative for an optometrist's career, but can be gruelling if you don't know what to expect.

This year's cohort of pre-reg and university students have experienced disruption to their education as a result of the coronavirus pandemic. This has presented a hurdle to many, but this period has provided an opportunity for reflection and allowed those currently completing their placements time to consider what advice they would give those just starting out on their educational journeys.

Abhilaksh Mehra (pictured right), a pre-reg at a Boots Opticians practice in Manchester, had the start of his placement delayed by nearly six months due to Covid-19 restrictions. 'During that time, I worked in six different Boots stores as an optical consultant waiting for my placement to start,' he explains, 'although that really gave me the opportunity to meet a lot of different people with different roles and absorb as much knowledge as I could from them. That really helped me prepare for my pre-reg and made sure all my dispensing, shop floor and patient interaction skills were solidified so that I could focus on the clinical side of things during my placement.'

Applied learning

Mehra's experience working in an optical practice didn't just help him to acclimatise to the environment prior to



"It really opens your eyes to how things work in high street practice and you can tailor your learning towards that as well"

his placement, but helped to simplify his search for a pre-reg placement. He began working for Boots in his first year of university when he would return from Aston to Manchester for the holidays, prior to the pre-reg application process. The internal application process for a placement at Boots, open to him because of his role, stood him in good stead and led to what he calls 'a stress-free experience' securing his place.

'If I had one big piece of advice, I would recommend working in a high street

practice alongside your university work, if you can,' he adds. 'It really opens your eyes to how things work in high street practice and you can tailor your learning towards that as well.'

Blair MacDonald (pictured top right), a pre-reg at an Optical Express practice in Paisley, echoes Mehra's sentiments on the value of learning how procedures work in a practical environment. 'My supervisors have been imperative in my learning during my pre-reg, the experience they have given me has been unmatched to anything I've learnt in any lecture or book,' he explains.

The importance of work-life balance during university is also something MacDonald is keen to emphasise. 'Balance is so important,' he says, 'Yes, it's important to work hard and study for exams, but your mental health is also extremely important. Have a Saturday night off, go for a walk between study sessions and engage with your friends and family. Take care of yourself physically and mentally because it will make your work much more productive, I promise.'

Be prepared

Preparation is an essential tenet of education, something that Emma Clarke (pictured bottom right) understands



and emphasises. Clarke, a store manager for Boots in Stockport who recently completed her pre-reg placement at the multiple, explains that reminding herself of the clinical knowledge gained during university was essential to a smooth pre-reg experience. ‘The hardest part about the pre-reg year is that you’re working full-time and studying at the same time. You will have to do some work outside of your work hours, so that you’re fully prepared. The way I did that was to brush up on what I learnt during university regularly, so that when I was in store, I was purely focused on getting the required competencies.’

Clarke explains that there is often a misconception around the purpose of the pre-reg placement, leading some to treat the year as an extension of their university education when it should be seen as an opportunity to put knowledge into practice. She says: ‘A lot of people go from university to working as a pre-reg and don’t understand that you are on placement to become a clinician, not to learn. You’ve already got your degree and completed the theory aspect once you start your placement, so the point is learning how to apply that theory. Your supervisor is there to guide you and help you self-learn, not to necessarily teach you anything new.’



“Your supervisor is there to guide you and help you self-learn, not to necessarily teach you anything new”



“It’s important to work hard and study for exams, but your mental health is also extremely important”

An independent attitude to her own improvement also helped Clarke throughout her educational journey. Maths and physics were the aspects of her education that she found more difficult, but with a head-on attitude she was able to solidify her understanding. She says: ‘Prioritise the content that you find more challenging and don’t ignore the stuff you know you’re not going to like. You tend to find that you enjoy revising the stuff that you’re good at and leave the rest of it until it builds up in the background, but that’s when it can start to catch up on you.’

Support and services

The opportunities and support that your placement offers are vital considerations when considering your future and your career, alongside what options are available to you upon registration.

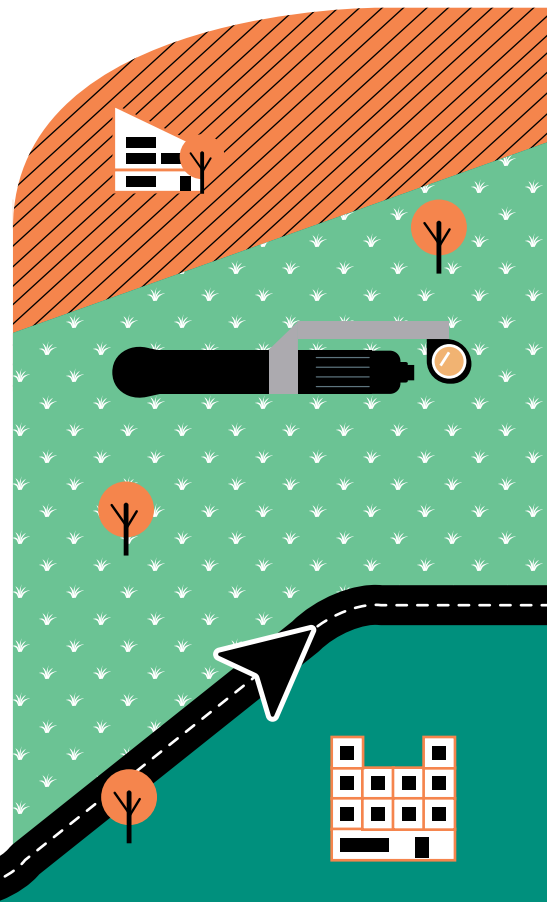
Supervision is especially important, as MacDonald explains: ‘Relationships with your supervisors are one of the most important factors in having a successful pre-reg. Optical Express have been fantastic in supporting me throughout my placement so far and I hope to stay with

them as an optometrist afterwards.’

Looking to the future, MacDonald highlights specific clinical opportunities available to him at Optical Express: ‘They are a leading provider of laser eye surgery and intraocular lens surgery, which I am keen to explore in the future.’

Considering his own career, Mehra says that while he has no definitive career goals yet he is keen to gain further qualification and complete a Masters in optometry. He adds: ‘Boots keep me constantly involved in the pre-reg process. There are regular meetings every few weeks to make sure our knowledge is progressing and we interact with the other pre-reg students in the area, which really helps to bed in everything we learn.’

Mehra also lauds the support he received during his placement: ‘You’re never really on your own in practice and you always have support. People starting their placements with Covid going on may feel like they’ve not had enough clinical experience but theoretically they already know everything they need to know. The only difference is that they may be a little slower to begin with, and that’s fine.’





Owning expectations

Andrew McClean speaks to three newly-qualified optometrists about adapting to the pressure of practising independently

Emily Hancock (pictured left) studied optometry at Cardiff University and now works at Valli Opticians in Hebden Bridge after she passed her objective structured clinical examinations (OSCEs) in February. Hancock's OSCEs were supposed to be in July, 2020 but she experienced a six month delay because of Covid-19.

In the months before her OSCEs, Hancock's independence in practice grew and she has become less reliant on her supervisor. 'I still had that safety net but I've been left to my own devices because I have the experience that I need,' she says. Hancock adds that the extra months with a supervisor has made the transition to practising independently more gradual.

Hancock's confidence in her own judgements has grown and she trusts in the skills and knowledge acquired throughout university and pre-reg. She has noticed that expectations from colleagues and patients have shifted now she's qualified. 'Naturally, they expect you to work like any other optician does, whereas in pre-reg you're given a bit more testing time for example.

'The expectation is you have to work like a fully qualified optometrist and there aren't any safety nets. I think that's the big difference. Obviously, not having a supervisor is different too but there is always someone you can talk to for a second opinion.'

Advice given to Hancock by her supervisor included taking more time because it is more important to complete the process properly and get the right result. 'He said that even qualified optometrists sometimes need time to make sure they are making the right decision or referring the right things. Just take your time if you think you need it and don't rush. I think that's quite important because it's easy to forget once the pressure starts applying after you've qualified,' she says.

Communication with patients is an area that all practitioners have to master as they start working in practice and Hancock says it has become easier as confidence in her decision making grew. 'It's so important to explain things well to patients. You can do as many tests as you want, but if the patient has no idea what's going on with their eyes, you're not going to be successful. Communication really improves throughout pre-reg and it's probably one of the hardest things to start with,' she says.

Hancock advises all pre-regs to take the complicated cases early on, even though it's not easy and can be scary. 'There will always come a point where you can choose between two patients. One of those patients will have a complicated pathology and the other will have no prescription. It's so easy to say, "Oh, I'll take the easy one," but actually while you've got a supervisor and you've got help, then is the time to take the complicated cases because you learn so much. You learn more from doing that rather than backing away and testing all the young people with no prescription.'

"You learn more from doing that rather than backing away"

Like riding a bike

Celina Panchal (pictured below) studied at the University of Manchester, which was a four year course with an integrated pre-reg year, and now practises at the

"Don't be afraid to show your personality. Try to avoid feeling rigid and regimented"

Thrapston, Northamptonshire and Market Harborough, Leicestershire practices of Davis Optometrists, which is part of the Hakim Group. She completed two placements during her pre-reg at Cole Martin Tregaskis in Essex and BBR Optometry in Hereford.

Panchal has found life as a newly-qualified optometrist easier than anticipated, she explains: 'I hadn't been in practice full time since April 2020 due to Covid, which was almost a year away from the testing room. Practising as an optometrist is similar to riding a bike; once you've learnt the skills, it still comes back to you even after taking a substantial break.'

During Panchal's placement at BBR Optometry, the emphasis was placed on the patient journey and their experience in practice. 'For example, when you

hand over to the dispensers, it's not just about telling them they want new glasses, it's important to explain what you have discussed with the patient in the consulting room and why you have suggested a specific lens or frame.' At Cole Martin Tregaskis, Panchal was advised to work back from the most sinister outcome when a patient presents with concerning symptoms. 'Once you've done that, you can then rule out all the difficult things that need to be dealt with straight away. I think this makes the appointment a lot more structured and thorough. I use this approach daily, especially with emergency appointments,' she explains.

The pressure of working as a fully qualified optometrist is the main difference from the pre-reg year, Panchal says. 'If something goes wrong, it's on you and not your supervisor. Although, I think



it's actually a useful pressure because it forces you to gain confidence in your own decisions. Sometimes I'm the only optometrist in the practice and I've just got to dive in the deep end and trust my instincts.'

When asked what advice she'd pass on to current optometry students and pre-regs, Panchal says the soft skills are just as important as the hard skills. 'When you take the time to explain things to patients, listen to them and address their concerns, you gain their trust in both yourself and your management plan. The patient will appreciate this and it will put them at ease. Also, don't be afraid to show your personality. Try to avoid feeling rigid and regimented,' she adds.

"It's having the confidence within your own decision making and knowing that ultimately you are responsible for those"

Challenges and confidence

Plymouth University graduate and Specsavers optometrist, Helen Rixson (pictured right) has been qualified for over a year and completed a Professional Certificate in Medical Retina while furloughed and juggling home learning with her young family.



She explains that entering optometry while raising a family gave her a different perspective on the experience to other students. 'I think at that point in my life, I was really determined and I'd experienced other roles, so I was very focused on establishing my forever career.'

For Rixson, practising as a newly-qualified optometrist meant becoming more confident in making decisions by herself and breaking the habit of relying on her supervisor. 'It's having the confidence within your own decision making and knowing that ultimately you are responsible for those,' she says, adding: 'Pre-reg, although at the time it seems really difficult, it prepares you for practising on your own. It covers every base so that you have that knowledge and skill to be able to perform by yourself but you've still got a supervisor there, which is always reassuring.'

She says that challenges around communicating with patients are solved through being confident and making sure they understand what's been explained. One example she shares is a patient who

had swollen discs. 'When you find that on examination the patient needs to be examined by ophthalmology as a matter of urgency. Obviously, you can't diagnose anything but you know it could be an incredibly serious condition. It's about relaying that information caringly and diplomatically.' Rixson adds that pre-reg and OSCEs prepare you for writing referrals and practising in a big practice means she encounters lots of different patient episodes, providing her with plenty of experience in this area.

Stage 2 was the most difficult for Rixson but adds that once she'd got through that, she was prepared for the OSCEs, which she said seemed straightforward in comparison because there was more focus on communication in the OSCEs whereas Stage 2 covers in depth theory. She adds: 'I love combining a detailed clinical examination with a friendly approach, so that the patient feels at ease and we can discuss their lifestyle requirements and link this with the most suitable lens options for them.'

Rixson adds that conversations around patients not meeting driving requirements can be difficult: 'You should convey the reasoning behind this decision and check their understanding because this can help to support and reassure the patient and often there are solutions that can fix this problem, such as cataract surgery.'

Having three children means Rixson finds it easy speaking to children in practice and shares some advice for any pre-reg or newly-qualified optometrist that might be struggling to engage with young patients. She says: 'I think calling them by their name, being smiley, getting all your gadgets out, such as little monsters on a pen torch, or getting stickers out works well. Make it fun because they can be really frightened if it's their first sight test.'

The pre-reg year can be stressful and practising independently might seem daunting but Rixson shares that it is important to remember that you're not on your own. 'Don't feel as though once you've qualified you're expected to know everything because you can still learn from each patient experience. Utilise the people around you because your team are there to support you,' she concludes.

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A taste of optometry

Andrew McClean explores how contact lens companies are supporting student, pre-reg and newly-qualified optometrists in their professional development and speaks to practitioners about their experiences

At all points of qualification, the vision correction and lifestyle benefits of contact lenses for patients are taught to the next generation of eye care providers. Topics taught at university, such as materials and communication, are then put into practise during pre-reg. In order to support and complement this learning, contact lens companies such as Alcon, CooperVision and Johnson & Johnson Vision provide additional support to practitioners on their journey to qualification through various initiatives. All focus on the development of skills in different areas, and not just in the contact lens field, in order to provide a broader view of the profession.

Expert insight

Alcon's Scholarship programme was designed to provide an opportunity for newly-qualified optometrists to explore the profession through continued learning.

Jonathon Bench, director of professional affairs at Alcon, says: 'The primary focus is their continued professional and personal development through the completion of touchpoints led by brilliant key opinion leaders and experts.'

Naturally, the programme features learning on contact lenses and ocular



"Instead of treating everybody the same way it made me really think about how I can adapt my practice"

health but Bench adds that it also explores other important areas of optometry, so that optometrists can become the best eye care professionals (ECPs) for themselves, their peers and patients.

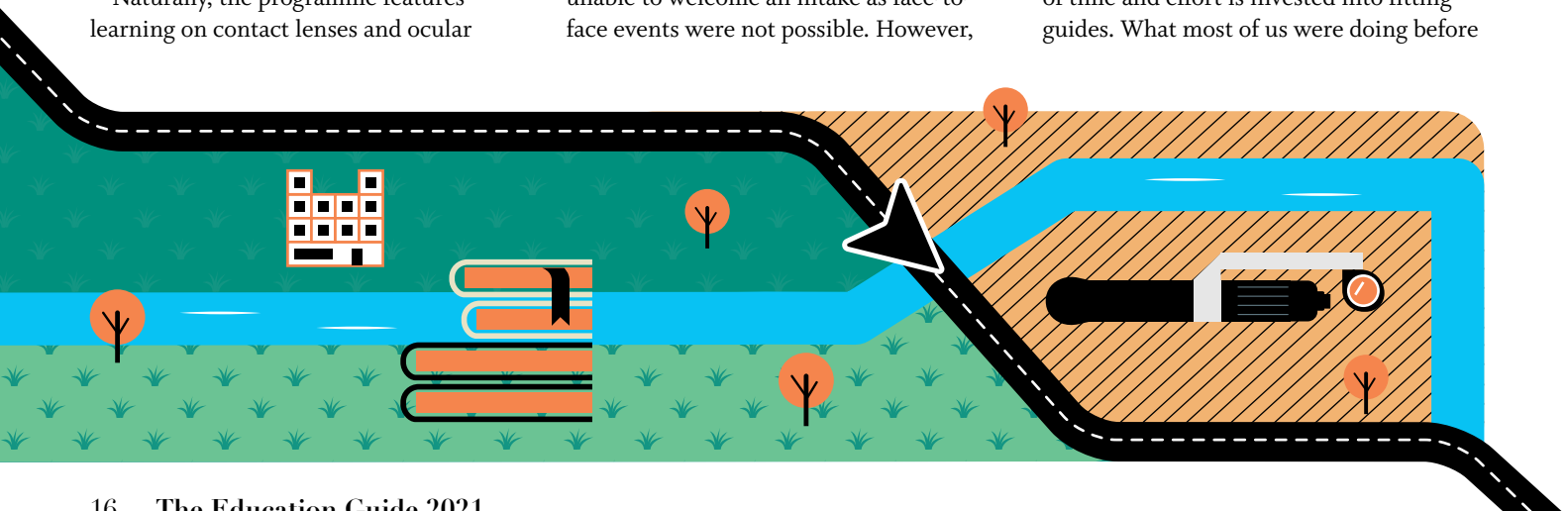
'2020 was the first year that we were unable to welcome an intake as face-to-face events were not possible. However,

this has provided us with a chance to review our programme as we do each year. We are currently supporting the current intake with redesigned virtual touchpoints and working hard on what the Scholarship experience will look and feel like beyond the pandemic,' Bench says.

Optometrist Priya Bhagani (pictured left) decided to complete Alcon's Scholarship programme because she wanted to share ideas with other young, like minded optometrists. 'I think lots of people believe that there aren't many career routes in optometry. You just work in an independent or multiple and then that's it but actually meeting other optometrists allows you to see the scope of opportunities and rise to your role,' Bhagani says.

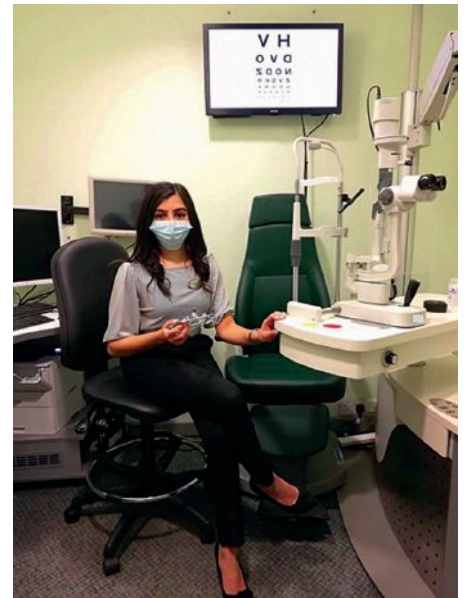
Bhagani explains that the course did not just focus on contact lenses and opted for a holistic approach, including clinical placements and learning new techniques. She adds that each time she went to the Alcon Institute in Surrey, there was always a part of the day related to communication.

One of the main learnings Bhagani has benefited from in practice has been the use of contact lens fitting guides. 'A lot of time and effort is invested into fitting guides. What most of us were doing before





Enhancing practical skills at the Alcon Scholarship programme



was educated guess work. I now always use the fitting guide, whichever brand I'm using,' she says.

Bhagani adds that the Alcon Scholarship programme developed her soft skills, which has been useful as the only optometrist in her practice. 'I look at everybody differently. Instead of treating everybody the same way it made me really think about how I can adapt my practise with colleagues and patients, depending on their personality type.'

"It has given me the basis to explore more ideas in the area of dry eye, MGD and contact lenses"



Journey of development

CooperVision supports future optometrists and contact lens opticians through its online Learning Academy to enhance professional development, as well as initiatives such as its Future Ocular Research Creativity Event (Force).

Krupa Patel, head of professional services at CooperVision, says the company recognises these practitioners as the future thought leaders of the profession and wants to encourage creative thinking at the start of their careers.

'Engaging and inspiring education underpins the support available from CooperVision and initiatives like Force allow future ECPs to get a taste of different aspects of optometry, allowing them to explore future career possibilities at undergraduate level,' Patel says.

Students who participate in Force work on a clinical trial or case report based on contact lenses and/or an anterior eye related topic of their choice.

Chithra Dhanabalan, professional services consultant at CooperVision, explains: 'Force promotes the expansion of students' professional knowledge base around and about contact lenses. In participating, students learn new skills such as data gathering and presenting.'

CooperVision's Learning Academy was launched in 2020 in response to the pandemic to enable online learning and development. 'Our hope is that UK&I ECPs, regardless of whether they

"I definitely developed confidence and how to use terms that the patient understands"

are students or established clinicians, access the site to support their ongoing professional development journey,' Patel adds.

Ciaran Conway (pictured below left), who studied at Technological University Dublin and has been qualified for 18 months, says participating in Force showed him the importance of keeping up to date with research in delivering eye care to patients.

Conways says: 'As a newly qualified optometrist, this is something that I likely would have been less aware of its everyday practice benefits and application.'

He won the Force competition with his study that aimed to address the current research in IPL therapy as an alternate treatment for meibomian gland dysfunction (MGD), by analysing the Topcon Eye-Light's application of the therapy and its effectiveness as a treatment option.

'Dry eye is one of the most common conditions that excludes people from contact lens wear. Having researched a number of treatment therapies during my study, I have found it much easier to discuss and solve these symptoms. Symptoms that could affect the patient's ability to achieve comfortable contact

lens wear. It has made the process from fit to dispensing contact lenses far more successful and effective. I would love to continue with researching IPL therapy as a treatment for dry eye and how it can be applied in everyday practice. When carrying out the research, this area is relatively unexplored and although many papers have been published, more is needed to underscore its effectiveness. From participating in some of its research and the results I gathered, I can imagine how effective it can be in treating many patients who are diagnosed with dry eye, where conventional treatments are not delivering the desired results,' Conway says.

He adds that Force made him a better practitioner as he is more confident in delivering eye care now that he has an understanding of research. 'It has given me the basis to explore more ideas in the area of dry eye, MGD and contact lenses, which will allow me to continue my professional development as I move forward as a practitioner,' Conway says.

A two-way process

Johnson & Johnson Vision's Success Through Education Programme (Step) was designed to build ECPs' professionalism and confidence in clinical judgement.

Sheetal Patel, at Johnson & Johnson Vision, says: 'Step supports the training of future ECPs so that they become well-rounded, patient-centric clinicians and that's for the benefit of patients, the profession and employers.'

Step is a four-year blended learning journey that starts at undergraduate level through to qualification and has a strong focus on communication, encouraging a genuine curiosity about what the patient is saying.



Practising at the Alcon Scholarship programme

Clair Bulpin, who is part of the Step faculty team, says the programme provides continuity of support throughout the journey to qualification.

She shares that at undergraduate level, Step focuses on contact lenses and communication skills, while all competencies in pre-reg are covered. Support at newly-qualified level is more tailored to their needs.

'Step is very much a two way process. We understand that successful students, pre-regs and newly qualified optometrists are the ones that always know there's something out there to be learned. It's as much about helping them identify where their strengths and weaknesses are as it is about teaching them anything. It's helping them to become better optometrists by encouraging them to develop themselves moving forward,' Bulpin adds.

Kamini Mistry (pictured top right on page 17), who is a newly-qualified optometrist, decided to get involved with Step in her final year at Aston University. She is now a Step graduate and mentor for 'Steppers' currently on the programme.

She explains that having the extra support of Step during a challenging pre-reg year had a big impact for her. 'There's a WhatsApp group and I felt really supported in that because the platform allows you to ask for help on specific topics, or if I had a general query, especially on those days or on those subjects that you can't always openly ask your supervisor about. 'I also got regular

updates from the Step mentor about changes and events. They would also prompt discussions, so it makes you think outside of the box and just feel a bit more at ease, talking to people that are on the same sort of journey as you.'

Mistry says that the development of her communication was the biggest learning from her time on Step. 'I definitely developed confidence and how to use terms that the patient understands, plus how to just think outside of the box in terms of patient care, especially with contact lens fittings,' she explains.

The access to resources and additional support available through Step has amounted to an invaluable experience for Mistry. 'It has definitely shaped me into becoming a competent optometrist that can handle complete patient care and management. The platform provides an opportunity to learn from your peers and interact with other Steppers and faculty continuously.'

'I felt a lot more prepared for my visits and my exams because I had those resources there to help me. Another thing they did was host virtual classes. The faculty members did them throughout the year, so you have that familiar learning ground, where you can interact with your peers and discuss topics and management. It is especially important when you're placed in that independent learning environment for the first time, having that familiarity is nice to feel supported,' she concludes.

Leveraging experience

Mark Shelton tells *Yiannis Kotoulas* about why you never stop learning

It is widely recognised across all forms of education that there is only so much that can be learnt in a classroom. Optometry is a profession that appreciates this implicitly and builds practical learning in supervised environments into the courses that aspiring optometrists must complete to become qualified. Experience is worth its weight in gold as an optometrist and, thankfully, there are many within the profession who are more than willing to share their understanding with the younger cohorts.

Mark Shelton (pictured right) works as an optometrist and clinical development coach at Bayfields Opticians and Audiologists. He completed his OSCE examinations in 2010 and has worked for the growing independent group since 2014, amassing experience as he's grown in his role. Shelton agrees that practical experience is incredibly valuable: 'Some of the best people in the industry that I've met weren't necessarily qualified optometrists, but had been working for so long that they had just seen it all. If you can learn from them and take on some of their knowledge through asking questions, then that's fantastic.'

As both an experienced practitioner and clinical coach, Shelton says that understanding of the optical industry is a vital part of an optical education. 'The biggest thing for students is to understand how the industry works. Try to get yourself a Saturday job while you're at university or do some work experience within the industry to try to understand how everything fits together. I think that can really help with your education, but it also gives you contacts with experienced

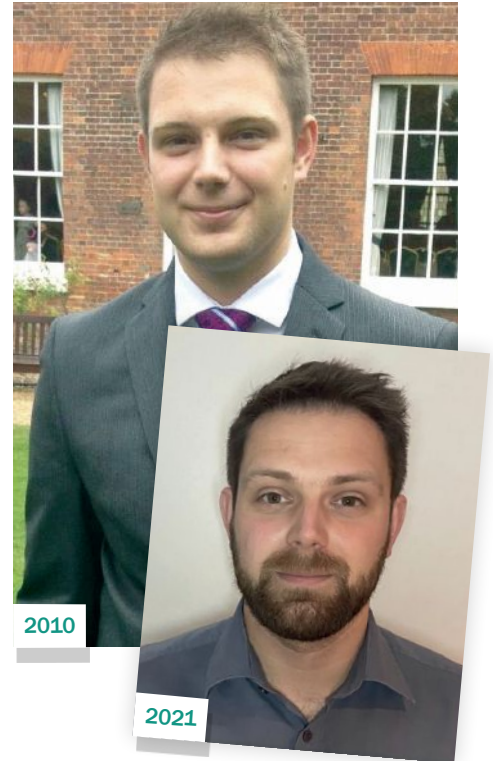
people that you can ask questions, which is really valuable.'

Shelton says that while he started working a Saturday job during his third university year, he would advise his younger self to consider this move earlier: 'The first years of university can be very theoretical and you don't necessarily get a hands-on feel for what working in an opticians day-to-day would be like. My Saturday job really helped with that and I think getting it earlier would have been beneficial.'

Retaining an understanding

The perspective that Shelton now has on his education is another valuable aspect of his experience and something he emphasises as important for students to remember: 'I think it can feel like the end of your pre-reg year is the end of your education, but really it's just the next step in your career. There are things that seem really difficult as a student that will become part of your everyday routine once you're qualified.'

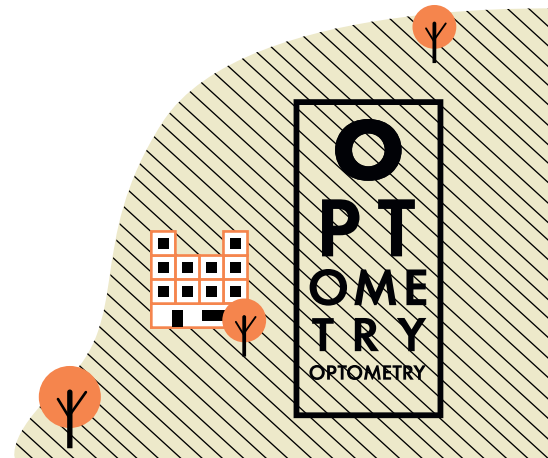
Shelton adds that Continuing Education and Training (CET) and the requirements to complete this for qualified optometrists will ensure that newly qualified optometrists do not lose their way. 'With CET you can handpick the things that are relevant to what you want to do, or you can go with the flow and pick up the CET that comes along via events and through your company. My personal view is that you need to a little bit of both; make sure to specialise in the areas that you want to develop but retain an understanding of everything else.'



In terms of his career goals when he was a student, Shelton said that students shouldn't be worried if their careers weren't already planned out. 'I didn't really know what my goals were when I first started out,' he says, 'but I think that what you find is that opportunities will come your way, especially if you work for a growing company.'

'The big thing for me is to enjoy what I do because if you're passionate about it that will show, and opportunities will come to you within this industry,' he concludes.

"It can feel like the end of your pre-reg year is the end of your education, but really it's just the next step in your career"



Tools of the Trade

Having the right physical equipment is vital when starting out as a pre-reg optometrist. Bill Harvey looks at the essentials and some of the 'nice to have' pieces of kit

In modern day optometry it is less about the equipment you have in your bag on your first day at the new practice and more about using what is provided. When I undertook my pre-reg year in a hospital many, many years ago, I was expected to own all of my own testing kit. This is rarely the case now and it is fair to suggest that most modern practices should offer all the required testing equipment you need. That said, there is much to be said for owning your own equipment, especially where you have chosen a particular apparatus that best suits your skills and requirements, for example a fundus viewing lens. Here are some points to consider:

- Owning your own trial frame is a good idea – you might be surprised to hear that even at stage 2 assessments, some people still seem unable to adjust their trial frame appropriately. Now, more than ever, you must get into the habit of sterilising the trial frame for each use and, where possible, most assessors now expect you to consider use of the phoropter head instead.
- Have an occluder you are happy with – this may also allow you to measure pupil diameter or centration distances, or even have a pinhole. Some occluders are translucent and allow you to see what happens to the covered eye in, for example, phorias. Get hold of one you like and keep it – they go missing regularly!
- Equipment for assessing binocular status is often unavailable so I would suggest ensuring you have access to all you need at the start of the year. Something to assess fixation disparity, to support your

observation of recovery on cover test, is important. Access to stereopsis tests, at least one, is important but make sure you know any limitations of what you have and what else is available. A prism bar helps you gauge eye movements on cover test and is a great way to improve your cover test skills.

- I hope you have access to an electronic test chart – if so, make sure you know how to randomise letters, change from Snellen to logMAR, and can offer targets of changing contrast. If stuck with an old projector system, remember that turning the lights off to improve visibility of the letters may reduce test accuracy.
- Make sure you know how to undertake both an Ishihara and a City colour test, when to use each, what the working distance should be and how to record and interpret results.
- Slit-lamps should be cleaned and focused before use, especially before an assessment. Make sure from day one you become adept at changing the magnification, light intensity and slit shape to optimise each view. Also, if you do not use a yellow absorption filter when looking for staining then I question your sanity – why not make things easier for yourself? If your slit-lamp has not got a built-in yellow filter, then hand-held versions are widely available from our colleagues in the contact lens sector.
- You need to be good at both direct and indirect ophthalmoscopy, though since the onset of the pandemic, your assessments will focus on indirect ophthalmoscopy use as this minimises proximity to the patient. When buying your fundus viewing lenses, consider buying two – a higher powered one for large field viewing of, for example, diabetics, and a lower powered one for

better imaging of the disc and macula. Some of the cheaper acrylic lenses are excellent quality as long as you avoid scratching them. A 66D lens allows easy measurement of the optic disc height without tricky calculation.

- Make sure you know all about your non-contact tonometer, for example how many times do you puff each eye, does this tally with guidelines, and how does the display flag up outlier measurements? For contact tonometry, Goldmann is easier than Perkins. Also, try and use a disposable head that has an opaque carrier if possible as the view of the rings is easier for the learner. Also, if you find the rings tricky to see at first, why not use the yellow filter mentioned previously? I think you should be using contact tonometry from day one if you want to make sure of passing visit 3 with no problems.
- You should have access to a fields machine, an Amsler book and have a gross perimetry stick. Make sure as a minimum you understand when a full threshold test is appropriate on your machine and how to undertake this. Remember to carefully label Amsler results. Remember that some patients unable to use the fields machine (severe learning impairment perhaps) are also people for whom fields is important – use your stick!
- If your practice has imaging (digital or OCT), being able to access their results for one of your patients is both impressive and the future. Do not be afraid to include such results in your records for discussion.

Remember, since the onset of Covid-19, the key to use of all instrumentation is to keep everything sterile for each use and to minimise proximity to the patient when taking measurements.



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Pre-reg in the pandemic

Bill Harvey offers an overview of The College of Optometrists' Scheme for Registration and highlights some of the changes introduced to meet the challenges caused by the Covid-19 pandemic

I first supervised a pre-reg back in the mid-90s. At this time, the pre-reg year was basically one year of practice experience during which 20 pre-designated case records and 10 viva-style exams had to be completed. The overall first time pass rate was well below 50% and the system tended to favour those good at assimilating facts and performing well in oral examinations.

In more recent years, the College of Optometrists' Scheme for Registration has developed into a well-structured programme with a continuing assessment element that depends upon each pre-reg (now referred to as a trainee) gaining sufficient experience to be competent in a wide range of optometric skills, including record-keeping and communication. The emphasis has moved away from book work and instead has a greater focus on gaining experience with a wide range of patients and being able to demonstrate a well-rounded approach to patient management and working with others.

As with all other aspects of life, the pandemic meant the scheme had to adapt. While it is still essential for the trainee to develop their experience with patients, there has been a need to minimise patient contact time and practice visits from assessors. All parts of the scheme have

been adapted and approved by the General Optical Council, and the College will continue to review the scheme and may make adjustments in light of new evidence or changes to practice.

So, the first important piece of advice, for both trainees and supervisors, is to regularly check the College website for updates. While the details contained in this supplement are accurate today, future changes are more than likely. For example, the use of videos to assess contact lens fitting is widely predicted to be replaced next year.

Milestones

Trainees have two years and three months to complete the scheme. That said, many trainees complete it in a shorter period and the average time for completion is 15 months.

There are many milestones to be reached along the way and opportunities to identify concerns so that things can get back on track. The timeline (as illustrated on pages 24-25) is never written in stone as it is quite normal for some competencies to take longer to achieve satisfactorily. There has been some redistribution of the competencies to be assessed at the visits in stage 1, and also the first two visits are now conducted remotely, via any online video platform that enables one-to-one interaction.

Supervisors

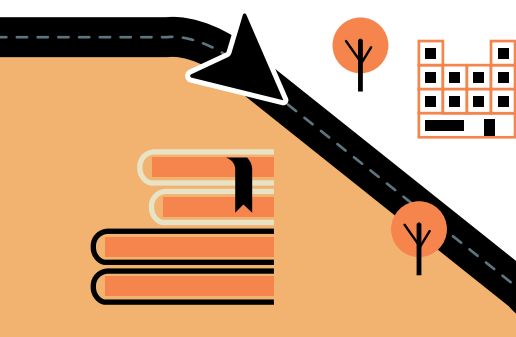
Establishing a good rapport with your supervisor is essential to success. They will be able to ensure you are progressing

adequately, achieving all the requisite experience, check your work, discuss your evidence before you present it to assessors and be on hand at each assessment to agree to any action plan implemented by the assessor. During stage 1, the supervisor is essential in ensuring you are prepared for the various visits and the best experience will always be gained when you have a good rapport with both your supervisor and stage 1 assessor.

Trainees in the 2020-21 cohort are required to register one principal supervisor with the College. All other supervisors, including dispensing opticians, must be logged in the trainee's log book and signed off by the principal supervisor. All additional supervisors must have at least two years' post-qualification experience. Temporary supervision does not apply under the new rules.

Your supervisor is expected to score you for each competency in advance of the relevant assessment. These scores are completed on the framework document that you send to your assessor before each visit and range from 0 to 3:

- Level 0; trainee has had no experience in this area
- Level 1; trainee demonstrates little understanding of the requirements for this area of practice and completes tasks only with detailed guidance from supervisor
- Level 2; trainee demonstrates basic understanding of the requirements for this area of practice and is able to complete some tasks without detailed guidance
- Level 3; trainee demonstrates safe understanding and ability in this area



of practice, occasionally checking with others if uncertain.

This is useful for a number of reasons. Firstly, it allows you and your supervisor to contact the assessor if you are not clear about what is required for any of the competencies in advance of their assessment. Secondly, it encourages interaction between you and your supervisor and ensures each knows how you are proceeding and where focus should lie, as well as letting me know how best to plan the assessment. Finally, I believe it also hints at the level of input from your supervisor. I am always suspicious when everything has been given a score of three.

Assessors

The assessment competencies takes place over two stages and you will have a different assessor for each. The role of the stage 1 assessor is quite different to that of the stage 2 assessor.

Your stage 1 assessor will be in touch with you early on in your year and will conduct a minimum of three, but usually four or sometimes more, assessments. They are likely to correspond with you in between assessments, perhaps to check on progress or prompt you to prepare for forthcoming assessments. They are responsible after each assessment in agreeing with both you and your supervisor a plan of action to ensure you are on target or where you may want to focus or gain more experience. As such, you will likely get to know them quite well and, hopefully, you will find this a constructive and helpful process.

The stage 2 visit is more like an examination and the assessor is not allowed to offer feedback on the day about the assessment. This assessor will therefore seem much more formal and distant. If you are suitably prepared, this will not be a hurdle.

Competencies

Overall, there are 75 competency elements to be signed off at stage 1. Most of these

are assessed at visits 2 and 3. You will also be assessed on 13 overarching elements of competence. The elements fall into eight main units; these are:

1. Communication
2. Professional conduct; this includes legal and ethical responsibilities and management protocols such as referral and record keeping
3. Methods of ocular examination
4. Optical appliances; the dispensing and low vision one
5. Contact lenses
6. Ocular disease
7. Assessment of visual function; the refraction one
8. Binocular vision.

Each element requires understanding of a specific area and a requirement to have been able to undertake whatever is involved to show this. For example, an element of unit six is 'Manages patients presenting with cataract.' Your assessor requires specific evidence to be made available at visits before they can sign you off as competent in each of the elements such as, in this case, discussion of case scenarios of cataract referral and non-referral.

Evidence

The individual forms of evidence required by an assessor vary with each element. Most competencies have at least one compulsory form of evidence. For example, 6.1.6 requires two anonymised patient records (APRs) and each competency requires at least two forms of evidence to be signed off by your assessor satisfactorily. It is worth familiarising yourself with what compulsory evidence each competency requires right at the start of the scheme.

Many of the tasks previously confirmed by direct observation now require a witness testimony. Examples include the use of a keratometer or focimeter. Where compulsory, the College give you templates to help you and your supervisor to complete the process. These witness testimonies are different to those required in previous years and allow your supervisor to confirm your competence in an activity. Other stage 1 tasks previously requiring direct observation are now part of the stage 2 assessment, again to minimise patient contact.

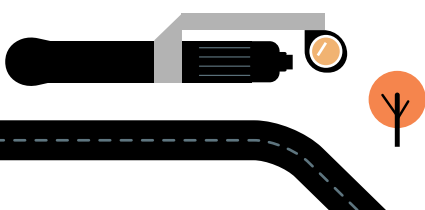
Since Covid, there are other new forms of evidence you need to be familiar with.



This includes APRs. As much of the assessment is carried out remotely, patient records cannot be sent over unsecured networks. For this reason, you may be required to share on screen an anonymised record. This is a real record where you have blocked off any information that might identify a patient. A separate document needs to be signed by your supervisor and submitted to the assessor to confirm the process has been undertaken correctly and honestly (for example, you have not 'adjusted' any clinical findings). Remember that at the face-to-face visit, your assessor will be looking at actual records, sometimes to confirm any previously shown APR about which there has been a concern.

Also included are trainee-based case discussions (TCDs). Instead of the assessor presenting you with a case scenario (CS) for discussion, a TCD is your opportunity to describe an example of a real-life experience to support your competence in a particular area. Typically, a TCD should cover: Relevant presenting symptoms and history; investigations and findings; clinical decision and management; advice given to patient.

Reflective account (RA) is now compulsory evidence for a number of competencies and may also be requested for others when an assessor is not happy with a case you have previously presented. Clear instructions about producing an RA are given on the College website, but essentially an RA is an opportunity for you to explain an activity you have undertaken, describe how you felt it went and what you have learned from it for future action.





Essentially, you produce 1000 to 1500 words to discuss, analyse, interpret and future plan from an experience and it is not a pure description of an activity. For example, if I were to describe how to dispense a progressive power lens it would not be an RA. An RA would be where I've explained how I do it, the challenges, what I have learned from doing it and how I might adapt the process in future to the benefit of the outcome. We will all get used to producing RAs as we move from CET to CPD in the future.

Often, some evidence is simply not available to you by the time of the assessment, for example not having yet seen a certain ocular disease. If this is the case, your assessor will simply hold the element over till the next visit. Even though three visits are possibly all that is needed, it is almost always the case that a fourth visit is required before full sign off.

Patient log

Success depends on good knowledge but as important is gaining experience with a wide range of patients and developing good clinical decision-making relevant to the actual practice setting. This hopefully means that the modern trainee optometrist is well prepared for practice life upon qualification.

Graduates leave our optometry departments with a sound knowledge base but very limited patient experience. Gaining this experience is a key aim of the

Bill Harvey's top record keeping tips

- You must have patient consent to discuss any record with another person
- Check records that you plan to discuss, discuss them with your supervisor and any other appropriate colleague, get people to ask you questions about the record and check the records again
- The record should make clear exactly what happened and what you did. Pay particular attention to the 'management' part – writing 'gave drops', 'pen to nose' or 'lid hygiene' is not sufficient
- Make sure all the relevant documentation is available; field plots if relevant, information sheets given out, referral documentation and so on, and consent noted for each
- Justify your actions; a really useful skill is to be able to verbalise why you did what you did. Assessors will expect you to be able to explain about any patient and then answer questions like 'what did you do and why?' This cannot be got from a book, and though it may sound a little eccentric, practising answering such questions out loud before your assessment will be really helpful. Do not come across as if you are thinking about the patients you are discussing for first time at the actual assessment.

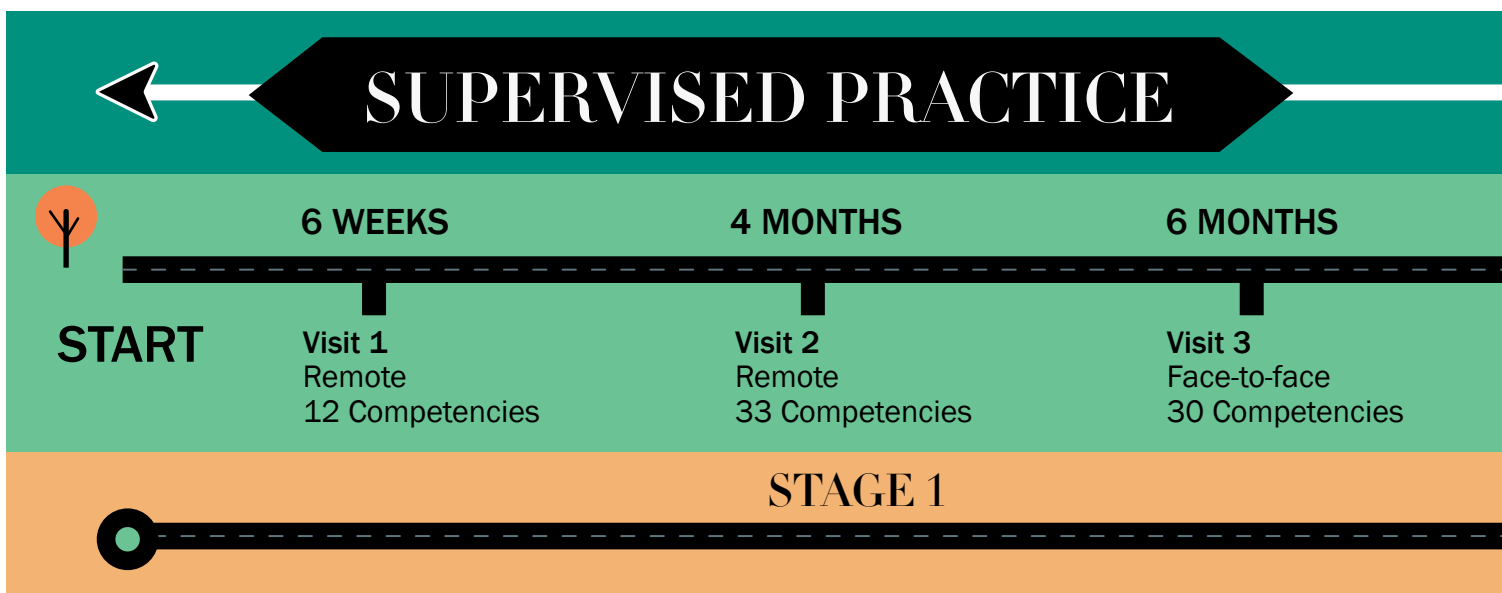
scheme and a successful year offers access not just to healthy numbers of refraction, contact lens and dispensing events, but to patients requiring the widest range of management options.

Success at each assessment is influenced by the number of patient episodes you have undertaken. So, for this reason, the College does suggest a target you ideally should have reached before each visit. These numbers are merely a guide but if your numbers are very low before visits 2 or 3, it is likely the assessor will agree a plan with you and your supervisor to boost

the numbers before the assessment is to take place.

Targets tallies are themselves not enough. It is essential that you have a wide experience of different patients and challenges. To this end, a new feature of the scheme, and in my view a great improvement, is the requirement to

Optician clinical editor Bill Harvey is a stage 1 and stage 2 assessor and a chief examiner for the College of Optometrists scheme for registration.



achieve over 520 patient encounters, but reflecting a breadth of experience. Your progress in achieving this is recorded in your electronic log book. This must be kept up to date, both to help you and your supervisor to plan your year appropriately, and also to be ready to present to your assessor.

The new electronic log is excellent. As long as you keep it up to date, it will immediately show you what you have left to achieve in terms of patient experience, immediately show to someone else what you have been up to, as well as help you and your supervisor to prioritise certain experiences (for example, cycloplegics or paediatric) to ensure you meet all of your requirements. Your log book is important to show the range of experience and detail is good. A list of 'single vision/varifocal' will not show off your range of dispensing ability.

In my experience, those who achieve higher numbers of varied patients tend to perform better and more time-efficiently both in practical exams and in real life. Bearing this in mind, everyone within a practice needs to be on board with this concept. I have heard all too often of practice managers giving preference to qualified staff and limiting a trainee's testing numbers. I occasionally come across a trainee with low patient numbers where it is clear they have been less than proactive in seeing patients. Hiding in the consulting room 'to revise' when a patient does not show or blaming others when no one has

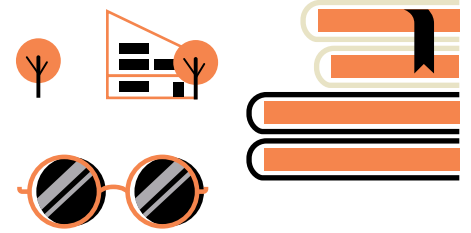
booked in any children or elderly for you to see are not options. It is essential to become involved in the practice team and make sure everyone knows your role and your requirements right from the word go.

One final important note about patients. As you will be discussing the personal clinical information of patients with your supervisor and assessor, you must establish their consent and have available some documented evidence that consent has been granted. I know of instances where assessors have refused to continue assessments because there was no clear evidence of consent from the patients a trainee had prepared to discuss.

Hospital experience

It is a requirement for you to attend an eye hospital department for a minimum of five days (equivalent of 10 sessions) and for this to include some specific experience in the various specialisms and clinics. Obviously, the pandemic has hit this process hard and I know of many a trainee struggling to confirm this experience at present. In anticipation of this, the College has set up an alternative; an online modular course, completion of which counts instead of attendance at hospital. When you complete this is up to you but a focus upon ocular disease at visit 3 makes it helpful for you to complete the course before then.

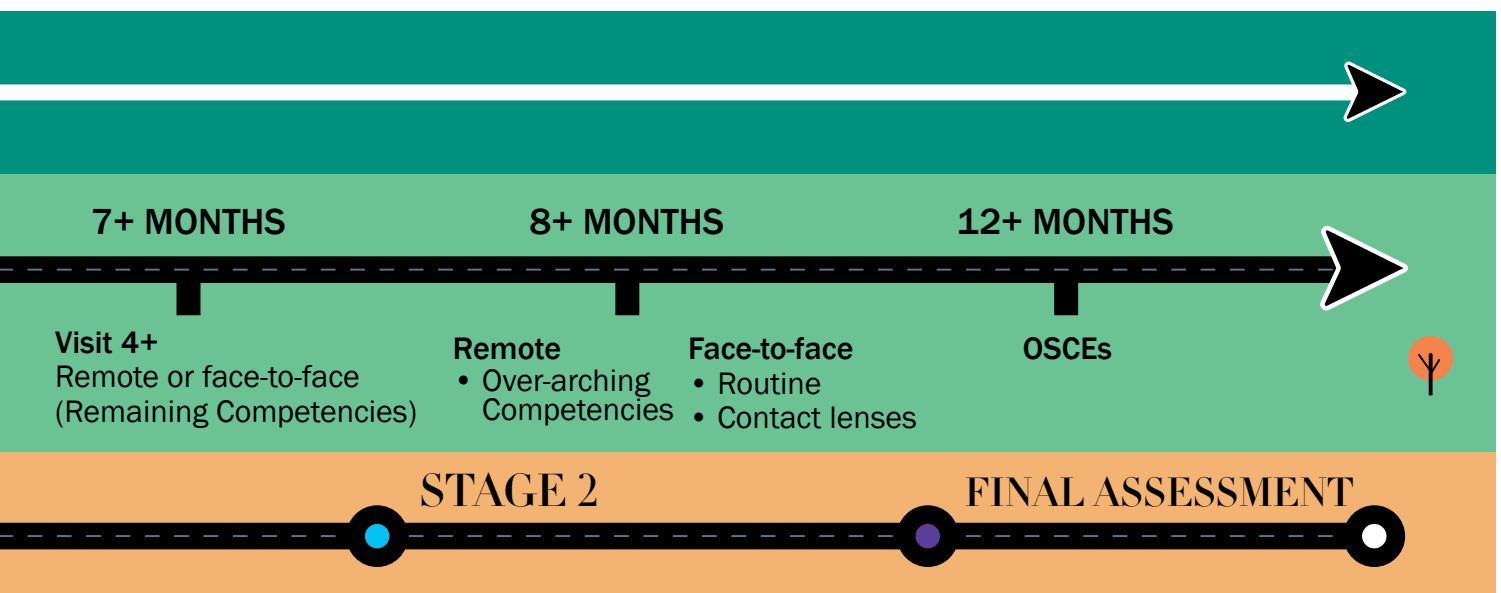
If all goes to plan, you will not only learn a lot but enjoy your trainee period too - trust me.



Stage 1

Over the first eight or nine months of your supervised pre-reg year, you should aim to do the following:

- Gain in confidence dealing with as wide a range of patients as possible and of a number that exceeds the required College targets
- Establish a good rapport with your supervisor, practice staff and stage 1 assessor
- Ensure your practical skills meet the requirement for registered optometrists
- Be able to justify your clinical actions and patient management. This will include explaining any refractive correction, treatment or referral activity
- Ensure you have the required evidence for your stage 1 assessor to sign you off for all 75 competency elements and have these well-prepared in advance of visits. Also, be able to respond to any requests by the assessor for information to be sent prior to the visit
- Ensure your record-keeping is accurate, legible and meets the GOC standards of practice



- Complete the relevant hospital experience, either online or at hospital
- Maintain an up-to-date knowledge of subjects relevant to practice so that you are able to respond to assessor questions about what you did and why.

Starting Out

Everyone you work with should have been briefed by your supervisor about the level of experience you are likely to have when you leave university. When you first start to see patients, you may well wonder how it is that the qualified practitioners you observe can complete thorough patient assessments in such an apparently short time when, in your view, anything less than two hours may seem a rush. As you see more and more patients, you will soon realise that your technique becomes more efficient, you are not rushing or cutting corners but using your time better.

You will most likely begin by sitting in and observing your supervisor (and possibly other optometrists, dispensing opticians and contact lens opticians under direction). Your first patients may well be other staff members and colleagues. As you start to see patients, initially your supervisor should observe you and continue to do so, albeit less frequently, throughout the year. Not only will this help you to adapt your skills and identify concerns well before the assessor watches you, but it is excellent experience getting used to working under observation. The more you are observed, the less nervous you will be at assessment and usually get better results. That said, Covid risk means that we should be limiting contact between staff and patients, so consider a greater reliance on securing time to go over patient episodes with your supervisor.

Make sure you start your contact lens work at the beginning. Too many leave this for some weeks and then find it difficult catching up and reaching the required level of experience. At visit 1, just a few weeks into the scheme, you have to demonstrate a reasonable working knowledge of lens handling, designs, materials and care systems. Also, as your confidence increases, make sure everyone in the practice knows to get you involved when anything of interest presents. They might not let you take over but should be willing to discuss any rare pathology, a challenging case or difficult prescription or dispense. Remember, a patient episode does not have to be a full routine examination and instead might be, for example, a telephone triage or MECS-style episode. Familiarise yourself with the College rules about what counts as an episode.

It is a good idea to have regular post-clinic discussions, not just about your experience, but anyone else's from which you can learn. These may even be informal social meet-ups after hours if everyone agrees and Covid rules allow.

Make sure you develop a rota that offers you the right proportion of activities, such as dispensing, refraction, contact lens work. If another member of staff starts putting you on the shop floor regularly at the expense of your refraction or dispensing, make it known to your supervisor immediately. They should be able to rectify this without you feeling you are causing conflict.

Your supervisor will also be aware of any particular factors that may affect you reaching the right experience at your chosen practice and have a plan ready. For example, I used to supervise at a busy practice in a shopping centre and there were rarely any patients over 70 but there was loads of contact lens work and children. I then made sure my trainee had one day a week at a nearby smaller practice where everyone seemed to have cataract and macular degeneration.

Assessment Visits

In theory, if you gain all the required evidence in time and adequately present this, then three stage 1 visits are all that

is required. In practice, four visits by the assessor are almost always needed. Visit 4 is not an indication of any failing on your part; it is simply an opportunity to fill in any gaps where experience is missing (perhaps you have not yet seen someone with a colour vision defect or dispensed a low vision aid), target numbers have not been achieved, or where previous evidence has not been accepted by the assessor, such as where a presented record was incomplete or did not make sense. Visits 2 and 3 bear the brunt of the competency assessment and visit 4 is often a formality, will likely be carried out remotely, and may take very little time indeed.

The plan for each visit should be familiar to you prior to the day and there should be no surprises. You will be required to send some materials one week before each visit. These will be made clear by your assessor. Typically, this may include a list of completed competency elements and patient references to be discussed on the day.

If it is felt your experience is not sufficient, the assessor has an opportunity to agree a postponement of the visit so you can better prepare. This is preferable to continuing with missing elements and risk delaying the overall assessment process. Your supervisor will need to be available for a period at the end of the visit and both you and your supervisor need to agree to the action plan the assessor gives you afterwards. If for some reason you need to change a date, then this must be before 10 days of the previously arranged visit date or you may be charged a fee.

Visit 1 - Remote

This visit takes place via an online platform, such as Zoom, on a date agreed by a phone call from your assessor soon after you start the scheme. You will already have been sent:

- An assessment plan; this tells you the timings of the session, the online link, and what you need to have sent to the assessor a week in advance of the visit. For example, your up-to-date log book, witness testimonies or reflective accounts
- A framework document; this reminds you of the competencies to be covered and any compulsory evidence types to have prepared. You return this to the



assessor with your supervisor ratings (0-3) for each competency included.

Visit 1 is an opportunity to establish a good rapport with your assessor and to clarify any queries about the subsequent process. The assessor will need to look at photo identification. Assessors will ask you to confirm that you are alone in the room when undergoing a remote assessment visit. If appropriate, you should use your video camera to show that you are alone. You are required to keep your video camera on at all times; if not, the assessment will end. You will also be required to sign a declaration when returning your visit plan stating that you will not cheat or engage in misconduct and will not record or share elements of the assessment with others.

Important points to remember:

- Make sure you know generic names for spectacle and contact lenses – no own-branded names please
- Even after submitting a witness testimony at this visit regarding lens verification, make sure you can mark up and focimeter (ideally with a manual focimeter) a pair of progressive lenses accurately throughout the scheme and know where the tolerances can be referred to in your practice. Ideally, you should be able to do this in less than five minutes; focimetry often crops up in the OSCEs and too many trainees each year do not keep up the skill if signed off at this first visit
- Be able to interpret keratometry readings in terms of dioptric power. I often share some Ks on screen and ask the trainee what they tell you about the cornea or how this may influence your contact lens selection
- Use this early opportunity to share APRs. Make sure you know your records well and are happy discussing all relevant aspects. If, for example, you share a record relating to systemic disease (competency 1.2.3), it would be reasonable to expect your record to have clear details about the patient's health and current state of management. For the record of someone with risk factors for a condition, why not show how this has influenced your actions. For

example, if a patient has a glaucomatous relative, make sure you have included a full threshold fields assessment and mention this

- When redacting information (such as date of birth and name), make sure you still indicate any relevant data, such as age in years or ethnicity as appropriate.

Visit 2 - Remote

This is likely to take three and a half hours and covers 33 competency elements. This sounds like a lot but some of your patient episodes will cover more than one element. Your assessor will likewise use some of the evidence (such as a CS) to cover a range of competencies.

Make sure all your prepared APRs are complete (including any extra documentation and data plots) and have been checked thoroughly in advance. Make sure you have practised talking about them in advance of the visit and try and predict the sorts of questions you may be asked.

The assessor may share clinical images with you. You can prepare for this by practising identification and management advice of all the common images you can find in textbooks and online.

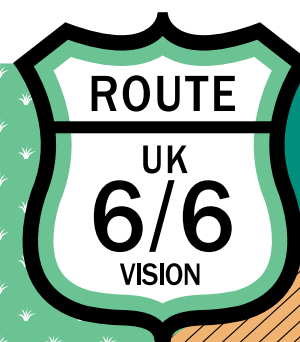
Prior to visit 2, practise describing field loss and be able to relate it to underlying ocular and pathway structures. There are loads of plots of defects on the internet so practice talking about them.

Practise answering questions like 'when and how would you refer a patient with x?' This may sound obvious, but practise out loud your best response.

Where you have identified a condition and not referred, make sure the management part of your record makes it absolutely clear what you have advised, including the recall if there is no improvement and the exact nature of any treatment that may have been given.

Make sure all referral documentation is available. Remember the assessor may be sampling the actual patient record at visit 3 for any APR shown previously.

Make sure you can discuss generic



spectacle lens types and are able to recommend different progressive lens designs (know at least three) for different patient demands if asked.

Visit 3 – Face-to-face

This is a visit to your practice by the assessor and so full PPE regulations apply. The visit will last up to 4 hours and, during the visit, your assessor will do the following:

- Discuss your assessment plan with you
- Assess a further 30 competencies by reviewing your evidence
- For 10 of the competencies, directly observe you interacting with a patient or performing a clinical skill on a patient or a simulated patient
- Carry out a check of your patient records and anonymised patient records
- Check your logbook and reflective learning portfolio
- Agree the date of your fourth visit, if needed, and decide whether this should be face-to-face or remote.

General points about APRs and PRs

Have a really good look through all the records you are likely to present to an assessor. Have a look at the management and advice section. Is it clear to someone looking at the record for the first time what you have actually said and done? If not, then it might not be the best record to show. Records where you have not referred, such as early cataract or dry AMD, are

an opportunity to show off the excellent advice you give about lighting, lifestyle management and so on.

This year, virtually every record I have seen seems to describe a patient who has been offered meibomian gland therapy and topical lubricants. This might be ok if it were not for the fact that many have no recorded lid problem, are not symptomatic and have not been given any lifestyle advice about minimising evaporation in everyday life. Always be able to justify what you have recorded.

If offering management (whether for dry eye, convergence exercises or lighting to help reading with early cataract), remember to include timescales. How long should you expect someone to notice a benefit before re-contacting you again for further advice. Similarly, if reassuring someone about a self-limiting condition (episcleritis, subconjunctival haemorrhage, viral conjunctivitis, for example), record how long you have told the patient the recovery period is likely to be and what to do if there is either no recovery or the condition worsens.

Even where your APRs/PRs are perfect, please practise discussing them out loud to your supervisor or colleagues. What did you do and why? This will definitely prepare you well for your assessment visits but is increasingly going to be part of your professional life so the earlier you get used to this, the better for you in the long run.

Action Plans

At the end of each visit, the assessor will spend time with you and your supervisor to review your performance and, if there are still outstanding competencies by the end of the visit, agree an action plan. These

plans are essential and should usefully guide you towards completion of remaining experience. A written report is emailed to you and your supervisor within days of each visit.

After visit 3, where remaining competencies are still to be achieved as is likely to be the case, your assessor will inform you as to whether visit 4 can be completed remotely or will require a second practice visit. If one of the compulsory pieces of direct observation evidence was not signed off in visit three, and there is no suitable alternative way of assessing the competency, then a face to face will be necessary; otherwise, visit 4 will be carried out remotely.

Stage 2

Completion of all the elements and sign off from stage 1 means it time for stage 2 and a new assessor. This time, you will only meet them on the days of your assessments and your focus will be on impressing on them how wonderful you are rather than establishing an ongoing rapport.

Since Covid started, the stage 2 assessment has been split into two parts to minimise potential spread. Once stage 1 is completed, you will receive dates for two assessments: An overarching competency assessment, which is carried out remotely online, and a practice visit, which involves you being observed in your practice as you undertake a routine eye examination and a soft contact lens aftercare on patients provided by the College.

Overarching competency assessment

This takes up to two hours and involves the assessment of 13 overarching elements of competence. The session is based around pre-written case scenarios, which are to be found on the College website. There are over 100 of these, but on the day of assessment you will receive an email from an assessor one hour before the start time. On this you will find the link to the video sharing platform and a list of eight of the case scenarios chosen by the assessor to reflect best the 13 competencies.

This means you have one hour to familiarise yourself with the chosen scenarios. The assessor will use some

(rarely all) of these upon which to base a discussion of your experience, management decision-making, diagnostic skills, data interpretation, communication skills and so on. They are also likely to share on screen various clinical images and field plots.

As always, you will be required to have a form of photo ID ready to share with your assessor who will also need to confirm that you are alone. You must keep your camera on at all times. If you deliberately turn off your camera without agreement from your assessor, the assessor has the right to terminate your assessment.

The best advice for this session is to familiarise yourself with the online scenarios, predict the sorts of questions that might arise and practise answering them out loud or to your supervisor.

Face-to-face assessment

You will be informed of the date when your assessor will be attending your practice to observe you undertaking a routine assessment (this is usually first) and a soft contact lens aftercare. Make sure you have a consulting room available where everything works well, including the slit lamp that you are familiar with. The patients are booked by the College and are all called Jo Smith. Practice staff should be expecting them and know where to seat them prior to the assessment.

On arrival, the assessor will check your ID, outline the course of the session and then check each patient prior to you seeing them. Full PPE is the order of the day and you are responsible for the sterility of the room and equipment between each patient.

Both parts of the assessment have been modified to minimise patient contact time and therefore infection risk.

Key points for each section Routine

A patient will be sent from the College agency to arrive at the start of the session. They will be presbyopic, have no significant disease or binocular anomaly and need a correction within set parameters; so no complex prescription. The assessor will check them before the assessment begins to ensure all meets the requirements. You will have 40 minutes to complete an adapted routine eye examination and to record your findings on the College record sheets



(be familiar with these – they are in your handbook).

The adapted routine comprises the following:

- Full history and symptoms; all you know in advance is that they have lost their spectacles in the last week
- Initial functional tests; the assessor will give you the unaided visions for you to complete cover test, motility and pupil reflexes
- Retinoscopy of both eyes; note that too many trainees struggle with retinoscopy and their results fall outside tolerance. This is something you must practise and be confident in well before assessment
- For the remaining assessment you will be looking at just one eye. The assessor will clearly indicate which eye to do slit-lamp and BIO upon, and which eye to do subjective refraction (distance and near) on
- Once complete, the patient may leave
- Explanation of findings and advice; this you give to the assessor as if they were the patient
- The assessor will offer time checks as you request; I strongly advise a 'five minutes from the end' prompt as by then the patient should be leaving and you should be completing your recording and giving good, clear and thorough advice to the assessor
- In preparation, try and make sure you can complete a full assessment of the most difficult patients well within 40 minutes prior to the assessment; then timing will not seem an issue.

Contact lens aftercare

A soft contact lens wearer will be sent from the College agency; they will be Jo Smith who is asking for a check up. The assessor will check them before the assessment begins to ensure all meets the requirements and choose which eye you will check. You have 25 minutes to complete a full aftercare on the patient with two important time-saving adaptations:

- You only assess one eye; think of them as one-eyed and it's easier
- You do not have to assess vision; you will be told that it is fine (6/5 and N5) and so no need for over-refraction
- The shortened time means you sum up your findings directly to the patient

- As always, hygiene rules
- Remember it is easier to see stain with an orange absorption filter.

Finally, at the time of publishing, you are also given 10 minutes to assess the fit of a soft lens. This is undertaken by showing you a video chosen from a bank held by the College of lenses *in situ*. Make sure you can spot if a lens is clearly too mobile, rock solid, or an acceptable fit. If not acceptable, what would you do?

When finished, the assessor will still not give away anything but politely leave. You should receive an email report of the outcome soon after you complete both sessions. Hopefully this will offer congratulations. If not, you may be asked to retake any of the three individual sections (routine, aftercare or over-arching). Note that, even if only one or two over-arching competencies are flagged as inadequate, you will have to repeat the whole two hour remote assessment again.

Final Assessment

Upon satisfactory completion of the stage 2 assessment you will receive details of the date and location of the final assessment. In recent times, this has been at the Royal College of General Practitioners next to Euston Station in London. Keep an eye on the College website for released dates of objective structured clinical examinations (OSCEs) as there has been disruption during the pandemic. The OSCE application form can be found in the same section of the website.

The format of the assessment is a series of OSCE stations and should present less of a challenge to you than many of your predecessors as most undergraduate courses now offer good experience of this form of assessment. In essence, this exam is a sampling of individual competencies from across the whole range and is a final safety net to ensure that those getting through stages 1 and 2 have not done so through luck. Every year, too many trainees, who are often excellent generally, get too stressed about this assessment when they should remember that staying calm and confident is key. Nothing too onerous will be asked of you and the significant hurdles of stages 1 and 2 are behind you.



These are the main points to note:

- The assessment comprises of 15 five minute stations; one of these is a rest station. There are no trial stations (newly written exercises being trialled for future use) during the current situation though this may change
- Each station is in a separate room; you have one minute outside a room to carefully read instructions. When the bell signals time to enter, you should already have a pretty good idea of what is expected from you
- Each station lasts five minutes and there is a prompt 30 seconds before the end
- Each station has an examiner; as these are standardised objective exams. The examiner stays strictly to the rules and cannot wander into any personalised or impromptu questioning. This ensures that everyone has the same experience but also means that, once you have completed the task, the examiner remains silent and offers no feedback
- Some stations involve actors; these are highly trained professionals and you will think of them as actual patients quite quickly.

Every circuit is unique but there are several distinct types of section:

- Slit-lamp biomicroscopy; this is currently the only compulsory station and is always present on every circuit. It requires the correct identification of symbols at the back of a dummy eye viewed through a fundus viewing lens and slit lamp and requiring correct interpretation of reorientation

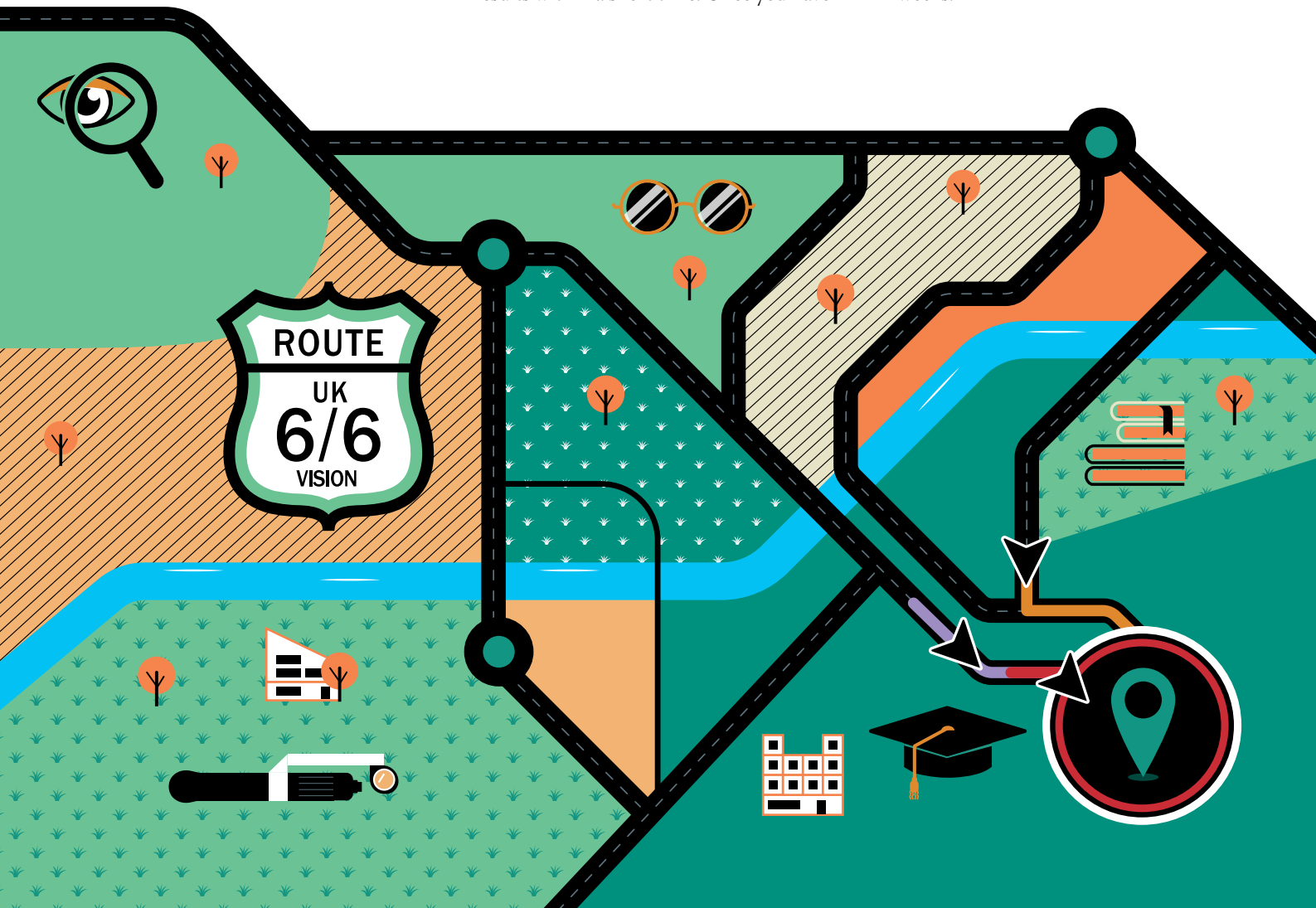
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- Practical skills; this may include colour vision testing, Amsler recording, cover test, motility, direct ophthalmoscopy, pupil assessment, slit-lamp task and so on. Look at all equipment available. If you see a measuring tape, measure the correct working distance, for example
- When an actor is involved, address them appropriately as you would in practice and maintain appropriate social distancing and hygiene rules
- Data interpretation; this may involve looking at a patient record or image or video and explaining about making a diagnosis or explaining appropriate management. This may be to an actor and they may have instructions to ask questions or even respond antagonistically
- History taking; typically, with an actor trained to respond to only appropriate questions, this should direct you to a diagnosis

- Communication; this may be a challenge like explaining AMD, discussing why an amblyope requires a correction that seems to make no visual improvement and so on.

Each section is marked according to pre-determined weighting, which neither you nor the examiner knows. This is important, as you may think you have done well by reaching a correct diagnosis but, if the section is weighted heavily to communication skills and you have failed to treat the actor with due respect, you might be in for a surprise. If you feel you have had a bad station, you must clear your mind and move on. Each station must be approached in isolation for you to have the best chance of passing overall. Communication skills are most important for the final assessment so, again, prepare by practising out loud with colleagues. Upon completion, you should hear your results within a short time. Once you have

completed the final assessment and your twelve months of supervised experience ends, you will want to start practising in your own right. Your GOC registration number may take some time to arrive. In order to provide GOS services (under the NHS) you will need to be listed with the National Performers List or Health Board. You would be wise to apply in advance for registration to the National Performers List or Health Board of the country where you will be working after qualification. The lists in Northern Ireland, Scotland and Wales are operated locally, so you should apply to your local health board. Trainees in England should apply to the National Performers List (NHS England) and must also complete online Level 2 Adult and Child Safeguarding Training. The College offers this to all trainees, free of charge. You should also apply for an enhanced report from the Disclosure and Barring Service, which can take from eight to 12 weeks.





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