

Standards of proficiency

Comparison table: Orthoptists

This table compares the standards of proficiency that came into effect on 1 September 2023 (left) and the standards that were in place before that date (right).

| | <u>Current standards (2023)</u> | <u>Previous standards (pre-2023)</u> |
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| | At the point of registration, orthoptists must be able to: | Registrant orthoptists must: |
| 1 | practise safely and effectively within their scope of practice | be able to practise safely and effectively within their scope of practice |
| 1.1 | identify the limits of their practice and when to seek advice or refer to another professional or service | know the limits of their practice and when to seek advice or refer to another professional |
| 1.2 | recognise the need to manage their own workload and resources safely and effectively, including managing the emotional burden that comes with working in a pressured environment | recognise the need to manage their own workload and resources effectively and be able to practise accordingly |
| 1.3 | keep their skills and knowledge up to date and understand the importance of continuing professional development throughout their career | |
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| 2 | practise within the legal and ethical boundaries of their profession | be able to practise within the legal and ethical boundaries of their profession |
| 2.1 | maintain high standards of personal and professional conduct | understand the need to act in the best interests of service users at all times |
| 2.2 | promote and protect the service user's interests at all times | understand what is required of them by the Health and Care Professions Council |

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| 2.3 | understand the importance of safeguarding by actively looking for signs of abuse, demonstrating understanding of relevant safeguarding processes and engaging in these processes where necessary | understand the need to respect and uphold the rights, dignity, values, and autonomy of service users including their role in the diagnostic and therapeutic process and in maintaining health and wellbeing |
| 2.4 | understand what is required of them by the Health and Care Professions Council, including, but not limited to, the standards of conduct, performance and ethics | recognise that relationships with service users should be based on mutual respect and trust, and be able to maintain high standards of care even in situations of personal incompatibility |
| 2.5 | respect and uphold the rights, dignity, values and autonomy of service users, including their role in the assessment, diagnostic, treatment and/or therapeutic process | know about current legislation applicable to the work of their profession |
| 2.6 | recognise that relationships with service users, carers and others should be based on mutual respect and trust, maintaining high standards of care in all circumstances | understand the importance of and be able to obtain informed consent |
| 2.7 | understand the importance of and be able to obtain valid consent, which is voluntary and informed, has due regard to capacity, is proportionate to the circumstances and is appropriately documented | be able to exercise a professional duty of care |
| 2.8 | understand the importance of capacity in the context of delivering care and treatment | |
| 2.9 | understand the scope of a professional duty of care, and exercise that duty | |
| 2.10 | understand and apply legislation, policies and guidance relevant to their profession and scope of practice | |

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| 2.11 | recognise the power imbalance that comes with being a healthcare professional, and ensure they do not abuse this for personal gain | |
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| 3 | look after their health and wellbeing, seeking appropriate support where necessary | be able to maintain fitness to practise |
| 3.1 | identify anxiety and stress in themselves and recognise the potential impact on their practice | understand the need to maintain high standards of personal and professional conduct |
| 3.2 | understand the importance of their own mental and physical health and wellbeing strategies in maintaining fitness to practise | understand the importance of maintaining their own health |
| 3.3 | understand how to take appropriate action if their health may affect their ability to practise safely and effectively, including seeking help and support when necessary | understand both the need to keep skills and knowledge up to date and the importance of career-long learning |
| 3.4 | develop and adopt clear strategies for physical and mental self-care and self-awareness, to maintain a high standard of professional effectiveness and a safe working environment | |
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| 4 | practise as an autonomous professional, exercising their own professional judgement | be able to practise as an autonomous professional, exercising their own professional judgement |
| 4.1 | recognise that they are personally responsible for, and must be able to justify, their decisions and actions | be able to assess a professional situation, determine the nature and severity of the problem and call upon the required knowledge and experience to deal with the problem |

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| 4.2 | use their skills, knowledge and experience, and the information available to them, to make informed decisions and/or take action where necessary | be able to make reasoned decisions to initiate, continue, modify, or cease treatment or the use of techniques or procedures, and record the decisions and reasoning appropriately |
| 4.3 | make reasoned decisions to initiate, continue, modify or cease treatment, or the use of techniques or procedures, and record the decisions and reasoning appropriately | be able to initiate resolution of problems and be able to exercise personal initiative |
| 4.4 | make and receive appropriate referrals, where necessary | recognise that they are personally responsible for and must be able to justify their decisions |
| 4.5 | exercise personal initiative | be able to make and receive appropriate referrals |
| 4.6 | demonstrate a logical and systematic approach to problem-solving | |
| 4.7 | use research, reasoning and problem-solving skills when determining appropriate actions | |
| 4.8 | understand the need for active participation in training, supervision and mentoring in supporting high standards of practice, and personal and professional conduct, and the importance of demonstrating this in practice | |
| 4.9 | coordinate a complete service user pathway, where appropriate, and in line with local guidelines | |
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| 5 | recognise the impact of culture, equality and diversity on practice and practise in a non-discriminatory and inclusive manner | be aware of the impact of culture, equality, and diversity on practice |

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| 5.1 | respond appropriately to the needs of all groups and individuals in practice, recognising that this can be affected by difference of any kind including, but not limited to, protected characteristics, intersectional experiences and cultural differences | understand the requirement to adapt practice to meet the needs of different groups and individuals |
| 5.2 | understand equality legislation and apply it to their practice | understand the need to take account of physical, psychological and cultural needs when planning and delivering treatment |
| 5.3 | recognise the potential impact of their own values, beliefs and personal biases (which may be unconscious) on practice and take personal action to ensure all service users and carers are treated appropriately with respect and dignity | |
| 5.4 | understand the duty to make reasonable adjustments in practice and be able to make and support reasonable adjustments in their and others' practice | |
| 5.5 | recognise the characteristics and consequences of barriers to inclusion, including for socially isolated groups | |
| 5.6 | actively challenge these barriers, supporting the implementation of change wherever possible | |
| 5.7 | recognise that regard to equality, diversity and inclusion needs to be embedded in the application of all HCPC standards, across all areas of practice | |
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| 6 | understand the importance of and maintain confidentiality | be able to practise in a non-discriminatory manner |

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| 6.1 | adhere to the professional duty of confidentiality and understand when disclosure may be required | |
| 6.2 | understand the principles of information and data governance and be aware of the safe and effective use of health, social care and other relevant information | |
| 6.3 | recognise and respond in a timely manner to situations where it is necessary to share information to safeguard service users, carers and/or the wider public | |
| 6.4 | understand the need to ensure that confidentiality is maintained in all situations in which service users rely on additional communication support (such as interpreters or translators) | |
| 6.5 | recognise that the concepts of confidentiality and informed consent extend to all mediums, including illustrative clinical records such as photography, video and audio recordings and digital platforms | |
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| 7 | communicate effectively | understand the importance of and be able to maintain confidentiality |
| 7.1 | use effective and appropriate verbal and non-verbal skills to communicate with service users, carers, colleagues and others | be aware of the limits of the concept of confidentiality |
| 7.2 | communicate in English to the required standard for their profession (equivalent to level 7 of the International English Language Testing System, with no element below 6.5) | understand the principles of information governance and be aware of the safe and effective use of health and social care information |

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| 7.3 | understand the characteristics and consequences of verbal and non-verbal communication and recognise how these can be affected by difference of any kind, including, but not limited to, protected characteristics, intersectional experiences and cultural differences | be able to recognise and respond appropriately to situations where it is necessary to share information to safeguard service users or the wider public |
| 7.4 | work with service users and/or their carers to facilitate the service user's preferred role in decision-making, and provide service users and carers with the information they may need where appropriate | |
| 7.5 | modify their own means of communication to address the individual communication needs and preferences of service users and carers, and remove any barriers to communication where possible | |
| 7.6 | understand the need to support the communication needs of service users and carers, such as through the use of an appropriate interpreter | |
| 7.7 | use information, communication and digital technologies appropriate to their practice | |
| 7.8 | understand the need to provide service users or people acting on their behalf with the information necessary, in accessible formats, to enable them to make informed decisions | |
| 7.9 | recognise the need to modify interpersonal skills for the assessment and management of children | |

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| 8 | work appropriately with others | be able to communicate effectively |
| 8.1 | work in partnership with service users, carers, colleagues and others | be able to demonstrate effective and appropriate verbal and non-verbal skills in communicating information, advice, instruction, and professional opinion to service users, colleagues and others |
| 8.2 | recognise the principles and practices of other health and care professionals and systems and how they interact with their profession | be able to communicate in English to the standard equivalent to level 7 of the International English Language Testing System, with no element below 6.5 |
| 8.3 | understand the need to build and sustain professional relationships as both an autonomous practitioner and collaboratively as a member of a team | understand how communication skills affect assessment and engagement of service users and how the means of communication should be modified to address and take account of factors such as age, capacity, learning ability and physical ability |
| 8.4 | contribute effectively to work undertaken as part of a multi-disciplinary team | be able to select, move between, and use appropriate forms of verbal and non-verbal communication with service users and others |
| 8.5 | identify anxiety and stress in service users, carers and colleagues, adapting their practice and providing support where appropriate | be aware of the characteristics and consequences of verbal and non-verbal communication and how this can be affected by factors such as age, culture, ethnicity, gender, socio-economic status and spiritual or religious beliefs |
| 8.6 | understand the qualities, behaviours and benefits of leadership | understand the need to provide service users or people acting on their behalf with the information necessary to enable them to make informed decisions |
| 8.7 | recognise that leadership is a skill all professionals can demonstrate | understand the need to assist the communication needs of service users such as through the use of an appropriate interpreter, wherever possible |
| 8.8 | identify their own leadership qualities, behaviours and approaches, taking into account the importance of equality, diversity and inclusion | recognise the need to use interpersonal skills to encourage the active participation of service users |

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| 8.9 | demonstrate leadership behaviours appropriate to their practice | recognise the need to modify interpersonal skills for the assessment and management of children |
| 8.10 | act as a role model for others | |
| 8.11 | promote and engage in the learning of others | |
| 8.12 | understand the need to engage service users and carers in planning and evaluating diagnostics and therapeutic interventions to meet their needs and goals | |
| 8.13 | recognise the need to participate effectively in the planning, implementation and evaluation of multi-professional approaches to healthcare delivery by liaising with other health or social care professionals | |
| 8.14 | recognise the orthoptist's role in the promotion of ocular health by other health professionals | |
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| 9 | maintain records appropriately | be able to work appropriately with others |
| 9.1 | keep full, clear and accurate records in accordance with applicable legislation, protocols and guidelines | be able to work, where appropriate, in partnership with service users, other professionals, support staff and others |
| 9.2 | manage records and all other information in accordance with applicable legislation, protocols and guidelines | understand the need to build and sustain professional relationships as both an independent practitioner and collaboratively as a member of a team |
| 9.3 | use digital record keeping tools, where required | understand the need to engage service users and carers in planning and evaluating diagnostics, treatments and interventions to meet their needs and goals |

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| | | 9.4 be able to contribute effectively to work undertaken as part of a multi-disciplinary team |
| | | 9.5 recognise the need to participate effectively in the planning, implementation and evaluation of multi professional approaches to healthcare delivery by liaising with other health or social care professionals |
| | | 9.6 be aware of the orthoptist's role in the promotion of visual health by other health professionals |
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| 10 | reflect on and review practice | be able to maintain records appropriately |
| 10.1 | understand the value of reflective practice and the need to record the outcome of such reflection to support continuous improvement | be able to keep accurate, comprehensive and comprehensible records in accordance with applicable legislation, protocols and guidelines |
| 10.2 | recognise the value of multi-disciplinary reviews, case conferences and other methods of review | recognise the need to manage records and all other information in accordance with applicable legislation, protocols and guidelines |
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| 11 | assure the quality of their practice | be able to reflect on and review practice |
| 11.1 | engage in evidence-based practice | understand the value of reflection on practice and the need to record the outcome of such reflection |
| 11.2 | gather and use feedback and information, including qualitative and quantitative data, to evaluate the response of service users to their care | recognise the value of case conferences and other methods of review |
| 11.3 | monitor and systematically evaluate the quality of practice, and maintain an effective quality management and quality assurance process working towards continual improvement | |

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| 11.4 | participate in quality management, including quality control, quality assurance, clinical governance and the use of appropriate outcome measures | |
| 11.5 | evaluate care plans or intervention plans using recognised and appropriate outcome measures, in conjunction with the service user where possible, and revise the plans as necessary | |
| 11.6 | recognise the value of gathering and using data for quality assurance and improvement programmes | |
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| 12 | understand and apply the key concepts of the knowledge base relevant to their profession | be able to assure the quality of their practice |
| 12.1 | understand the structure and function of the human body, together with knowledge of physical and mental health, disease, disorder and dysfunction relevant to their profession | be able to engage in evidence-based practice, evaluate practice systematically and participate in audit procedures |
| 12.2 | demonstrate awareness of the principles and applications of scientific enquiry, including the evaluation of treatment efficacy and the research process | be able to gather information, including qualitative and quantitative data, that helps to evaluate the responses of service users to their care |
| 12.3 | recognise the role(s) of other professions in health and social care and understand how they may relate to the role of orthoptist | be aware of the role of audit and review in quality management, including quality control, quality assurance and the use of appropriate outcome measures |
| 12.4 | understand the structure and function of health and social care systems and services in the UK | be able to maintain an effective audit trail and work towards continual improvement |

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| 12.5 | understand human growth, physical and mental, and human development across the lifespan, as it relates to the practice of orthoptics | be aware of, and be able to participate in, quality assurance programmes, where appropriate |
| 12.6 | understand the development of anatomical substrates and their relevance to the development of binocular single vision, visual function and visual perception | be able to evaluate intervention plans using recognised outcome measures and revise the plans as necessary in conjunction with the service user |
| 12.7 | know the detailed anatomical and physiological development of the visual system, and understand which components of the visual pathway and cortex relate to specific aspects of visual function and visual perception | recognise the need to monitor and evaluate the quality of practice and the value of contributing to the generation of data for quality assurance and improvement programmes |
| 12.8 | understand neuroanatomy and the effects of disruption of neural pathways on the visual system, cranial nerves and supranuclear control of eye movements | |
| 12.9 | know the factors which influence individual variations in human ability and development | |
| 12.10 | demonstrate awareness of human behaviour and recognise the need for sensitivity to the psychosocial aspects of ocular conditions, including strabismus | |
| 12.11 | know how psychology and sociology can inform an understanding of health, illness and healthcare in the context of orthoptics, and know how to apply this in practice | |
| 12.12 | understand the theoretical basis of, and the variety of approaches to, assessment and intervention | |

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| 12.13 | understand ocular alignment and binocular single vision, and the sensory and motor elements required to attain and maintain these | |
| 12.14 | know the principles governing visual function and the development of vision, and be able to apply them to clinical practice | |
| 12.15 | understand the factors which can cause the disruption of binocular vision | |
| 12.16 | know the principles governing binocular vision, its investigation and the significance of its presence or absence, and be able to apply them to clinical practice | |
| 12.17 | understand the principles of uniocular and binocular perception, and the anatomical substrate of these functions | |
| 12.18 | understand refractive error and its effect on ocular alignment, visual perception and visual development | |
| 12.19 | know how convergence, accommodation and pupillary response affect investigation, diagnosis and service user management, and be able to apply them to clinical practice | |
| 12.20 | understand ocular motility systems, their neural control and how typical and atypical anatomical structures influence them | |
| 12.21 | know the principles governing ocular motility and their relevance to diagnosis and management, and be able to apply them to clinical practice | |

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| 12.22 | know the sensory and motor adaptive mechanisms that occur in order to compensate for strabismus and abnormalities of binocular vision | |
| 12.23 | recognise the functional and perceptual difficulties that may arise as a result of defective visual, binocular or ocular motor functions | |
| 12.24 | understand the effect of other acquired disorders of the body on the eye, the visual and ocular motor systems including paediatric, endocrine, autoimmune, oncological, trauma, psychological and neurological disease | |
| 12.25 | know about the range of ophthalmic conditions which can disrupt vision, binocular vision and produce eye movement disorders | |
| 12.26 | understand the principles and application of orthoptic and ophthalmological equipment used during the investigative process | |
| 12.27 | plan, operate and evaluate appropriate vision screening programmes | |
| 12.28 | demonstrate safe use of medicines, including being able to undertake drug calculations accurately | |
| 12.29 | understand pharmacological principles which include pharmacodynamics and pharmacokinetics of medicines relevant to their practice and how these may be altered by certain characteristics | |

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| 12.30 | understand the legal context relevant to the use of exemptions in legislation for the sale, supply and administration of medicines, as well as current local and national policy and guidance concerning medicines use | |
| 12.31 | understand the differences between the sale, supply and administration of medicines using exemptions, other supply or administration mechanisms and prescribing mechanisms | |
| 12.32 | understand when to sell or supply medicines using exemptions, based on a relevant examination, assessment and history taking | |
| 12.33 | understand the different non-pharmacological and pharmacological approaches to modifying disease management relevant to their practice and the risks and benefits of each option | |
| 12.34 | understand the potential for medicines to have adverse effects and how to minimise them including effects caused by medicines given in error | |
| 12.35 | monitor response to medicines and modify or cease treatment as appropriate within their professional scope of practice, including referral to another professional | |
| 12.36 | apply the principles of evidence-based practice, including clinical and cost-effectiveness, to the supply and administration of exemption listed medicines relevant to their practice | |

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| 12.37 | understand antimicrobial resistance and the roles of infection prevention and control | |
| 12.38 | understand the importance of shared decision-making with service users to encourage self-care and adherence with medicines advice | |
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| 13 | draw on appropriate knowledge and skills to inform practice | understand the key concepts of the knowledge base relevant to their profession |
| 13.1 | change their practice as needed to take account of new developments, technologies and changing contexts | understand the structure and function of the human body, together with knowledge of health, disease, disorder and dysfunction relevant to their profession |
| 13.2 | gather appropriate information | be aware of the principles and applications of scientific enquiry, including the evaluation of treatment efficacy and the research process |
| 13.3 | analyse and critically evaluate the information collected | understand the concept of leadership and its application to practice |
| 13.4 | select and use appropriate assessment techniques and equipment | recognise the role of other professions in health and social care |
| 13.5 | undertake thorough, sensitive and detailed patient medical history, including an appropriate medication history | understand the structure and function of health and social care services in the UK |
| 13.6 | undertake or arrange investigations as appropriate | understand the theoretical basis of, and the variety of approaches to, assessment and intervention |
| 13.7 | conduct appropriate assessment or monitoring procedures, treatment, therapy or other actions safely and effectively | understand ocular alignment and binocular single vision and stereopsis, and the sensory and motor elements required to attain and maintain these |

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| 13.8 | recognise a range of research methodologies relevant to their role | understand the principles of uniocular and binocular perception, and the anatomical substrate of these functions |
| 13.9 | recognise the value of research to the critical evaluation of practice | understand refractive error and its effect on ocular alignment and visual development |
| 13.10 | critically evaluate research and other evidence to inform their own practice | understand binocular vision and the factors which can cause its disruption |
| 13.11 | engage service users in research as appropriate | understand ocular motility systems, the laws associated with them and their neural control |
| 13.12 | use diagnostic and therapeutic procedures to address anomalies of binocular vision, visual function and ocular motility defects, resulting in a clinically defined outcome, which can be recorded and monitored in a manner appropriate to safe orthoptic practice | know the adaptive mechanisms that occur in order to compensate for strabismus and abnormalities of binocular vision |
| 13.13 | know the principles and application of measurement techniques used to assess binocular vision and other ocular conditions | understand human anatomy and physiology, including the central nervous system, brain and ocular structures as it relates to the practice of orthoptics |
| 13.14 | conduct a thorough investigation of ocular motility | understand human growth and development across the lifespan, as it relates to the practice of orthoptics |
| 13.15 | take a comprehensive case history | understand the effect of other acquired medical and neurological disorders on the eye, the visual and ocular motor systems including paediatric, endocrine, autoimmune, oncological and neurological disease |
| 13.16 | know the tests required to aid in differential diagnosis | know about the range of ophthalmic conditions which can disrupt vision, binocular vision and produce eye movement |

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| 13.17 | identify where there is a clinical need for medical, neurological, social or psychological investigations or interventions | know the factors which influence individual variations in human ability and development |
| 13.18 | use investigative techniques to identify ocular defects within a specific population to form a diagnosis and devise an appropriate course of action | know the detailed anatomical and physiological development of the visual system, and understand which components of the visual pathway and cortex relate to specific aspects of visual performance and visual perception |
| 13.19 | diagnose conditions and select appropriate management | understand neuroanatomy and the effects of disruption of neural pathways on the visual system, cranial nerves and supranuclear control of eye movements |
| 13.20 | diagnose a range of vision, binocular vision and ocular motility defects and all categories of strabismus | understand the development of anatomical substrates and their relevance to the development of binocular single vision and visual function |
| 13.21 | identify pathological changes and related clinical features of conditions commonly encountered by orthoptists | know how psychology and sociology can inform an understanding of health, illness and health care in the context of orthoptics and know how to apply this in practice |
| 13.22 | understand the principles and techniques of, and be able to perform, an objective and subjective refraction | be aware of human behaviour and recognise the need for sensitivity to the psychosocial aspects of ocular conditions, including strabismus |
| 13.23 | understand the principles and techniques used, and be able to perform, an examination of the anterior and posterior segments of the eye | know the principles governing binocular vision, its investigation and the significance of its presence or absence, and be able to apply them to clinical practice |
| 13.24 | understand the principles and techniques used, and be able to perform, visual field assessments | know the principles governing ocular motility and their relevance to diagnosis and patient management, and be able to apply them to clinical practice |

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| 13.25 | understand the principles and techniques used in electrophysiological assessment of visual function and the visual pathway | know the principles governing visual function and the development of vision, and be able to apply them to clinical practice |
| 13.26 | formulate specific and appropriate management plans, and set timescales | recognise the functional and perceptual difficulties that may arise as a result of defective visual, binocular or ocular motor functions |
| 13.27 | know how to apply orthoptic and ophthalmological intervention appropriately at different stages of visual development and ageing | be able to plan, operate and evaluate appropriate vision screening programmes |
| 13.28 | know how to use optical methods to influence vision and binocular vision | know the principles governing the near triad of convergence, accommodation and pupillary response, and their relevance to diagnosis and patient management, and be able to apply them to clinical practice |
| 13.29 | recognise and document any adverse reaction to treatment and take appropriate action in response to this | |
| 13.30 | know the role, pharmacological action, clinical indications and contraindications of ophthalmic drugs and how they may be selected and used in orthoptic practice | |
| 13.31 | understand research in the fields of ocular motility, strabismus, amblyopia and binocular disorders and how it could affect practice | |
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| 14 | establish and maintain a safe practice environment | be able to draw on appropriate knowledge and skills to inform practice |
| 14.1 | understand the need to maintain the safety of themselves and others, including service users, carers and colleagues | be able to conduct appropriate diagnostic or monitoring procedures, treatment, therapy or other actions safely and skilfully |

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| 14.2 | demonstrate awareness of relevant health and safety legislation and comply with all local operational procedures and policies | be able to formulate specific and appropriate management plans, and set timescales |
| 14.3 | work safely, including being able to select appropriate hazard control and risk management, reduction or elimination techniques, in a safe manner and in accordance with health and safety legislation | be able to use diagnostic and therapeutic procedures to address anomalies of binocular vision, visual function and ocular motility defects resulting in a clinically defined outcome, which can be recorded and monitored in a manner appropriate to safe orthoptic practice |
| 14.4 | select appropriate personal protective equipment and use it correctly | be able to effect change in visual stimuli resulting in a clinically defined outcome, which can be recorded and monitored in a manner appropriate to safe orthoptic practice |
| 14.5 | establish safe environments for practice, which appropriately manage risk | be able to change their practice as needed to take account of new developments or changing contexts |
| 14.6 | know how to position or immobilise service users correctly for safe and effective interventions | be able to gather appropriate information |
| | | 14.7 be able to select and use appropriate assessment techniques |
| | | 14.8 be able to undertake and record a thorough, sensitive and detailed assessment, using appropriate techniques and equipment |
| | | 14.9 be able to use investigative techniques to identify ocular defects within a specific population to form a diagnosis and devise an appropriate course of action |
| | | 14.10 be able to recognise and document any adverse reaction to treatment and take appropriate action in response to this |
| | | 14.11 be able to conduct a thorough investigation of ocular motility |

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| | | 14.12 be able to diagnose conditions and select appropriate management |
| | | 14.13 be able to diagnose a range of vision, binocular vision and ocular motility defects and all categories of strabismus |
| | | 14.14 understand the principles and techniques used to perform an objective and subjective refraction |
| | | 14.15 understand the principles and techniques used to examine anterior and posterior segments of the eye |
| | | 14.16 understand the principles and techniques used to assess visual fields |
| | | 14.17 understand the principles and techniques used in electrophysiological assessment of visual function and the visual pathway |
| | | 14.18 be able to undertake or arrange investigations as appropriate |
| | | 14.19 be able to identify where there is a clinical need for medical or neurological investigations |
| | | 14.20 be able to analyse and critically evaluate the information collected |
| | | 14.21 be able to identify pathological changes and related clinical features of conditions commonly encountered by orthoptists |
| | | 14.22 be able to demonstrate a logical and systematic approach to problem solving |
| | | 14.23 be able to use research, reasoning and problem solving skills to determine appropriate actions |
| | | 14.24 recognise the value of research to the critical evaluation of practice |

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| | | 14.25 be aware of a range of research methodologies |
| | | 14.26 be able to evaluate research and other evidence to inform their own practice |
| | | 14.27 understand research in the fields of ocular motility, strabismus, amblyopia and binocular disorders and how it could affect practice |
| | | 14.28 be able to use information and communication technologies appropriate to their practice |
| | | 14.29 know the role, pharmacological action, clinical indications and contra-indications of ophthalmic drugs and how they may be selected and used in orthoptic practice |
| | | 14.30 understand the principles and application of orthoptic and ophthalmological equipment used during the investigative process |
| | | 14.31 know the tests required to aid in differential diagnosis |
| | | 14.32 know the effects of orthoptic and ophthalmological intervention on visual development |
| | | 14.33 know the means by which refraction and optics can influence vision and binocular vision |
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| 15 | promote health and prevent ill health | understand the need to establish and maintain a safe practice environment |
| 15.1 | understand the role of their profession in health promotion, health education and preventing ill health | understand the need to maintain the safety of both service users and those involved in their care |

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| 15.2 | understand how social, economic and environmental factors (wider determinants of health) can influence a person's health and wellbeing | be aware of applicable health and safety legislation, and any relevant safety policies and procedures in force at the workplace, such as incident reporting, and be able to act in accordance with these |
| 15.3 | empower and enable individuals (including service users and colleagues) to play a part in managing their own health | be able to work safely, including being able to select appropriate hazard control and risk management, reduction or elimination techniques in a safe manner and in accordance with health and safety legislation |
| 15.4 | engage in occupational health, including being aware of immunisation requirements | be able to select appropriate personal protective equipment and use it correctly |
| | | 15.5 be able to establish safe environments for practice, which minimise risks to service users, those treating them and others, including the use of hazard control and particularly infection control |
| | | 15.6 know how to position or immobilise service users correctly for safe and effective interventions |