

College of Optometrists Consultation on the Draft Learning Outcomes for the Higher Professional Certificate in Low Vision

The Optical Confederation represents the 12,000 optometrists, 6,000 dispensing opticians, 7,000 optical businesses and 45,000 ancillary staff in the UK, who provide high quality and accessible eye care services to the whole population. The Confederation is a coalition of five optical representative bodies: the Association of British Dispensing Opticians (ABDO), the Association of Contact Lens Manufacturers (ACLM), the Association of Optometrists (AOP), the Federation of Manufacturing Opticians (FMO) and the Federation of (Ophthalmic and Dispensing) Opticians (FODO). As a Confederation we work with others to improve eye health for the public good.

We hope the College of Optometrists will take into consideration the following points as part of the review of the Higher Professional Certificate in Low Vision.

- We highly recommend the use of (low vision) 'aid' as the correct terminology to be used in place of 'device'.
- We believe the use of the terminology "episodes" to describe an assessment or aftercare appointment seems rather unprofessional.
- We would like clarification on the format of the practical element in the last paragraph, as well as the timeframe for the programme.
- There is no specific mention of the psychological impact of visual loss and the likely effect of this on the assessment process and outcome.
- Identification of depression and sleep disturbance seems to be outside the normal remit of Optometry. What training is envisaged? And what level of competence (awareness, understanding, detailed knowledge or ability) will be expected?
- Although the draft refers to 'a detailed knowledge of optical and non-optical devices and demonstrate an ability to prescribe a selection of these' in learning outcome 2(d), there is no specific mention of 'normal' LVAs, i.e. magnifiers, in the examples in (d) of Indicative Content.
- While outcomes are stated as being able to look after patients, there is little mention of the use of a variety of LVAs apart from the electronics.
- Charles Bonnet Syndrome could come under its own heading and be classed with/as visual hallucinations to separate and understand the difference

between early dementia patients and early macular and diabetics, and mental health.

- We would recommend more depth into neurology and the cognitive process.

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