Council – 18 October 2012

Results of profession-specific standards of proficiency consultation for orthoptists

Executive summary and recommendations

Introduction

We are currently reviewing the profession specific standards of proficiency for the professions we regulate. The review of the profession specific standards follows from the Council's approval of new generic standards of proficiency in March 2011.

To ensure the process is manageable, we are reviewing the profession-specific standards in groups of three or four professions at a time. At the start of each review, we contact each of the professional bodies for the relevant professions and ask for their suggestions on any changes that they consider necessary. We then use their suggestions to revise the standards for public consultation.

Following the first round of professional body reviews, we consulted between 18 April and 27 July 2012 on the draft standards for the first professions to undergo review—arts therapists, dietitians, occupational therapists, orthoptists, physiotherapists, and radiographers.

Given the volume of responses received to these consultations, we have not been able to review the consultation responses and revise the standards for all of these professions in time for today's meeting. The consultation response analyses and revised standards for dietitians, occupational therapists, physiotherapists, and radiographers will be brought to the Council for consideration at its December meeting.

The consultation response analysis and revised draft standards for orthoptists are attached for the Council's consideration and approval. The standards have been subject to additional review and legal scrutiny since their consideration by the Education and Training Committee on 13 September, which has resulted in minor amendments to some standards.

If the Council is satisfied that the new proposed standards are appropriate, the standards will be published in December 2012, and become effective from early 2013.

Decision

The Council is invited to discuss and approve the attached consultation response analysis for publication on the website and draft standards of proficiency for orthoptists for publication (subject to minor editing changes and formal legal scrutiny).

Background information

Paper for Education and Training Committee, 13 September 2012, (enclosure 6 at www.hcpc-uk.org/aboutus/committees/archive/index.asp?id=589)

Paper for Education and Training Committee, 8 March 2012, (enclosure 7 at www.hcpc-uk.org/aboutus/committees/archive/index.asp?id=587)

Paper for Education and Training Committee, 17 November 2011 (enclosure 5 at www.hcpc-uk.org/aboutus/committees/archive/index.asp?id=586)

Paper for Education and Training Committee, 9 June 2011 (enclosure 19 at: www.hcpc-uk.org/aboutus/committees/archive/index.asp?id=588)

Paper agreed by Council on 31 March 2011 (enclosure 6 at: www.hcpc-uk.org/aboutus/committees/archive/index.asp?id=533)

Resource implications

The resource implications of this round of consultation are accounted for in the Policy and Standards Department planning for 2011/12. The resource implications of the ongoing process of review and eventual publication of the revised standards of proficiency have been taken into account in the Policy and Standards workplan for 2012/13, and will continue to be taken into account in future years.

Financial implications

The financial implications include the costs associated with a series of public consultations on new draft standards and publication of new standards for 15 professions. These costs are accounted in department planning for 2011/12 and 2012/13.

We anticipate further costs in 2013/14 for further consultations and publication of further revised standards.

Appendices

- Consultation response analysis for the profession-specific standards of proficiency for orthoptists.

Date of paper

8 October 2012

Consultation on proposed profession-specific standards of proficiency for orthoptists

Analysis of responses to the consultation on proposed profession-specific standards of proficiency for orthoptists, and our decisions resulting from responses received

1. Introduction

About the consultation

1.1 We consulted between 18 April and 27 July 2012 on proposed changes to the professions-specific standards of proficiency for orthoptists.

1.2 The standards of proficiency set out what we expect professionals on our Register—known as 'registrants'—to know, understand, and be able to do when they apply to join our Register. We consulted on proposed changes to the standards as part of our regular periodic review of the standards.

1.3 We sent the consultation documents to a range of stakeholders including professional bodies, employers, and education and training providers, advertised the consultation on our website, and issued a press release.

1.4 We would like to thank all those who took the time to respond to the consultation document. You can download the consultation document and a copy of this responses document from our website: www.hcpc-uk.org/aboutus/consultations/closed.

About us

1.5 We are the Health and Care Professions Council (HCPC). We are a regulator and our job is to protect the health and wellbeing of people who use the services of the professionals registered with us. We regulate the members of 16 different health, social work, and psychological professions.

1.6 To protect the public, we set standards that professionals must meet. Our standards cover the professionals' education and training, behaviour, professional skills, and their health. We publish a Register of professionals who meet our standards. Professionals on our Register are called 'registrants'. If registrants do not meet our standards, we can take action against them which may include removing them from the Register so that they can no longer practise.

About the standards of proficiency

1.7 The standards of proficiency are the standards that we consider necessary for the safe and effective practice of each of the professions we regulate. They describe what professionals must know, understand, and be able to do in order to apply to join our Register. The standards play an important role in public protection. When a professional applies for or renews their registration, or if concerns are raised about their competence while they are registered with us, we use the standards of proficiency in checking whether they have the necessary knowledge and skills to be able to practise their profession safely and effectively.

1.8 There are separate standards of proficiency for each of the professions we regulate. The standards of proficiency complement our other standards as well as policies developed by employers and guidance produced by professional bodies.

1.9 The standards of proficiency are divided into generic standards (which apply to all the professions) and standards specific to each of the professions regulated. The purpose of the generic standards is to recognise commonality across all the professions that we regulate. The purpose of the profession-specific standards is to set out additional standards for each profession related to the generic standard.

1.10 We consulted on changes to the generic standards of proficiency between July and October 2010.[1] The new generic standards have now been agreed by our Council and were not the subject of this consultation. Under the new structure, most of the standards of proficiency will be profession-specific, listed under the 15 new generic standards.

Reviewing the profession-specific standards of proficiency

1.11 The review of the profession-specific standards is an opportunity to make sure the standards of proficiency are relevant to each profession. We regularly review the standards of proficiency to:

- reflect current practice or changes in the scope of practice of each profession;
- update the language where needed to ensure it is relevant to the practice of each profession and to reflects current terminology;
- reflect the standard content of pre-registration education programmes;
- clarify the intention of existing standards; and
- correct omissions or avoid duplication.

1.12 In our work to revise the standards prior to consultation, we invited the professional body for orthoptists—the British and Irish Orthoptic Society—to review the standards of proficiency for their profession and tell us whether they considered any changes were necessary. We carefully considered their comments and other feedback we have received on the standards and produced a proposed set of draft standards for the profession to take to public consultation.

1.13 In consulting on proposed changes to the standards, we asked our stakeholders to consider whether the changes we have suggested to the profession-specific standards of proficiency for each profession are appropriate, and whether other changes are necessary. We have used the responses we receive to help us decide if any further amendments are needed.

1.14 Once the final sets of standards are approved, they will be published. We will work with education providers to gradually phase-in the new standards after they are published.

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[1] You can find more information about the consultation on our website here: www.hcpc-uk.org/aboutus/consultations/closed/index.asp?id=110

About this document

1.15 This document summarises the responses we received to the consultation. The results of this consultation will be used to revise the proposed standards of proficiency for orthoptists.

1.16 The document starts by explaining how we handled and analysed the responses we received, providing some overall statistics from the responses. Section three provides a summary of the general comments we received, while section four is structured around the responses we received to specific questions. Our responses and decisions as a result of the comments we received are set out in section five.

1.17 In this document, 'you' or 'your' is a reference to respondents to the consultation, 'we, 'us' and 'our' are references to the HCPC.

2. Analysing your responses

2.1 Now that the consultation has ended, we have analysed all the responses we received.

Method of recording and analysis

2.2 We used the following process in recording and analysing your comments.

- We recorded each response to the consultation, noting the date each response was received and whether it was submitted on behalf of an organisation or by an individual;
- We also recorded whether the person or organisation agreed or disagreed with the proposal (please see the section on quantitative analysis below);
- We read each response and noted the comments received against the proposal, and recorded any general comments;
- Finally, we analysed all the responses.

2.3 When deciding what information to include in this document, we assessed the frequency of the comments made and identified themes. This document summarises the common themes across all responses, and indicates the frequency of arguments and comments made by respondents.

Quantitative analysis

2.4 We received 20 responses to the consultation document. 11 responses (55%) were made by individuals and nine (45%) were made on behalf of organisations. The table below provides some indicative statistics for the answers to the consultation questions. Responses to question five which asked for any other comments on the standards are summarised in section three of this paper.

Quantitative results

Questions	Yes	No	Partly	Unsure/no response
1. Do you think the standards are at a threshold level necessary for safe and effective practice?	12 (60%)	0 (0%)	1 (5%)	7 (35%)
2. Do you think any additional standards are necessary?	8 (40%)	8 (40%)	0 (0%)	4 (20%)
3. Do you think there are any standards which should be reworded or removed?	10 (50%)	7 (35%)	1 (5%)	2 (10%)
4. Do you have any comments about the language used in the standards?	8 (40%)	6 (30%)	N/A	6 (30%)

3. General comments

3.1 We consulted on the standards for arts therapists, dietitians, occupational therapists, orthoptists, physiotherapists, and radiographers at the same time. Respondents to each of those consultations raised similar issues.

3.2 The following is a high-level summary of the comments of a more general nature we received in response to all the consultation documents. This includes responses to question five. Where we received general comments which were specific to the orthoptists consultation, these have also been included here. The general comments are grouped under specific headings.

'Generic' profession-specific standards

3.3 Many respondents to the consultation were concerned about new profession-specific standards that were originally detailed generic standards of proficiency in the current standards.

3.4 Because these now profession-specific standards were originally generic, a number of them have been transferred into the profession-specific standards for each of the professions we were consulting on concurrently—arts therapists, dietitians, occupational therapists, orthoptists, physiotherapists, and radiographers. Because many of these professions have similar principles reflected in their standards, it appeared to many respondents that some of these principles were actually still generic, and a number of respondents queried why those standards should be considered profession-specific.

English language competency

3.5 A number of respondents were concerned about the English language competency requirements in the standards. Some respondents felt that the requirements should apply equally to all applicants – including those from the European Economic Area (EEA).

'Be able to'/'understand'

3.6 Some respondents felt the phrases 'be able to', 'be aware of' and 'understand the importance of' made the standards more accessible and usable, a number of other respondents were concerned about this choice of construction as they felt it lacks legal strength. Some respondents felt the use of these phrases weakened the standards because they could be interpreted to mean that registrants must only take a passive approach to using the standards, without necessarily being required to be competent in practice, or to put those requirements into action.

3.7 Most of the comments on this choice of wording reflected on the difference between requiring a registrant 'must' do something, as

opposed to 'must be able to do'. Some respondents felt the use of 'you must' is more appropriate than 'be able to'.

Relationship between standards of proficiency and conduct standards

3.8 A number of respondents commented that there was a general lack of conduct or ethics-related standards within the proposed profession-specific standards of proficiency. Some respondents felt that it is important that the standards of conduct, performance and ethics, and standards of proficiency are more closely aligned, with a few respondents suggesting that the standards should be combined.

How the standards of proficiency are used

3.9 Some respondents were concerned by some of the new proposed standards, and queried whether registrants who had been in practice for a long period of time would be able to meet all the new standards. Some respondents asked for clarification about how current registrants would be tested against the new standards once they come into effect.

Leadership

3.10 A number of respondents suggested that principles encompassing the concept of leadership should be added to the standards of proficiency for orthoptists. This suggestion comes from recent work carried out by the NHS Institute and the NHS Leadership Academy on the Clinical Leadership Competency Framework (CLCF), which aims to build leadership capability and capacity across the healthcare system by embedding leadership competencies in relevant systems including the standards set by professional regulators.[2]

3.11 Some respondents commented that it is important that all regulated professionals understand the principles of shared leadership, and are able to recognise that they are able to contribute to the leadership process within individual organisations. Respondents felt that by adding leadership requirements to the HCPC standards of proficiency, this would drive necessary changes in education and training for the professions we regulate, which would eventually lead to an increase in leadership capability within the national health system.

3.12 More detailed suggestions for how these principles could be reflected in the standards are set out in appendices two and three.

[2] http://www.leadershipacademy.nhs.uk/component/docman/doc_download/8-leadership-framework?Itemid=251

4. Comments in response to specific questions

This section contains comments made in response to specific questions within the consultation document.

Question 1. Do you think the standards are at a threshold level necessary for safe and effective practice?

Most respondents agreed that the standards were at the threshold level for safe and effective practice. Respondents commented that the standards reflected existing training provision and the range of practice of orthoptists across the UK.

A few respondents to the consultation felt that some of the standards were not set at a threshold level. They gave the following reasons:

- Some further additions are needed to ensure that all aspects of safe and effective practice for the profession are reflected in the standards.
- The standards do not include a specific standard around the values of shared leadership – for a more detailed summary of the comments we received around this issue generally, please refer to section 3.

Question 2. Do you think any additional standards are necessary?

A number of respondents commented that additional standards were not necessary as the range of competencies and required knowledge for orthoptists was adequately set out in the proposed standards.

However, other respondents felt that more standards are necessary because there are aspects of professional or orthoptic practice that are not reflected adequately within the standards.

All of the additional standards suggested by respondents are set out in appendix two. There were a number of areas that were suggested by several respondents. These were:

- Leadership;
- Professional conduct;
- Promoting health;
- Mentoring and supervising others;
- Building effective relationships or partnerships with different types of service users; and
- Communicating effectively with others
- Maintaining fitness to practise

Question 3. Do you think there are any standards which should be reworded or removed?

Some respondents felt that the standards are sufficiently clear that they did not require rewording.

However, most respondents commented that there were some standards that did require rewording. Some suggestions were based on concerns raised about the language used in the standards (for example, the use of 'be able to'). Concerns about this form of wording are set out in the summary about the language used in the standards under question three. We have listed all the proposed amendments to the standards in appendix three.

Respondents suggested changes to the wording of the standards for the following reasons:

- To provide greater clarity around the HCPC's expectations of orthoptists;
- To clarify the ways in which orthoptists should work with others;
- Training, supervising, or mentoring others;
- Sharing information to safeguard others;
- Arranging investigations and making referrals appropriately; and
- Leadership principles.

Question 4. Do you have any comments about the language used in the standards?

Most respondents felt that the language used in the standards is appropriate, clear, and generally easy to understand.

However, other respondents commented that the language was not as clear as it could be. Many of those respondents commented on the use of 'be able to' or other starting phrases as set out in paragraphs 3.6-3.7 above. Many of these respondents felt that standards that are worded in this way are passive and do not place a strong enough requirement on registrants to commit to good practice standards. Other comments we received about the use of specific phrases or words have been listed in appendix three.

Other general comments respondents made about language included:

- Ambiguity of some words or phrases, and how they are meant to be interpreted in practice.

5. Our comments and decisions

5.1 The following section sets out our response to the range of comments we have received to the consultation. We have not responded to every individual suggestion, but grouped those suggestions thematically and outlined the principles of our response. This section starts with our responses to the general comments we received, before responding to comments about the standards specifically. Our decisions in response to the comments received are set out at the end of this section.

5.2 We received a range of similar comments in response to the consultations we ran concurrently on the standards for arts therapists, dietitians, occupational therapists, orthoptists, physiotherapists, and radiographers. We have responded to those comments in the following section on general comments.

Responses to general comments

This section outlines our response to the general comments outlined in section three.

Leadership

5.3 We are supportive of the Clinical Leadership Competency Framework (CLCF) which emphasises shared responsibility and accountability of all registered professionals at all levels in contributing towards good quality services and improved outcomes for service users. We consider that the majority of the elements and descriptors included in the CLCF are generic and are clearly applicable across all the different professions we regulate. However, we also note that some of the content of CLCF is more specific to clinicians who work within the National Health Service or within managed environments.

5.4 We have considered whether we should change the standards so that 'leadership' as a term is more explicitly used within them. However, we have concluded that it would be more meaningful at this stage (whilst understanding of the CLCF and its definition of leadership develops) to instead ensure good coverage within our standards, where appropriate, of the specific underpinning knowledge, skills, attitudes and behaviours identified in the CLCF. Where we have received comments for amendments to standards or new standards with the aim of embedding the CLCF within the standards, we have considered these carefully to ensure that they are at a threshold level and are not substantially duplicated elsewhere in the standards. We have found that in most cases these competencies are already embedded throughout the standards of proficiency and well reflected in the standards of conduct, performance and ethics. We will publish on our website a position statement setting out our views on the CLCF. As the review of the standards of proficiency progresses, we will publish alongside this example documents showing how the CLCF descriptors map across to our standards.

Generic and profession-specific standards

5.5 The majority of the content of the standards was formerly generic. However, some professions expressed concern that these standards were expressed in ways which were not applicable to their practice. As a result, we agreed 15 high level generic statements which will apply to all the professions we regulate. In redrafting the standards of proficiency, we mapped all the current standards which did not become the new generic standards as profession-specific standards. All the principles contained in the current standards of proficiency—where appropriate—remained in place under the new structure.

5.6 In the standards of proficiency we consulted on in this round of review—arts therapists, dietitians, occupational therapists, orthoptists, physiotherapists, and radiographers—there were a number of formerly detailed generic standards that have been mapped as profession-specific in each of these profession's standards. Some respondents felt that because these principles appear to be shared between a number of the professions we regulate, that they should remain as generic standards.

5.7 The six professions that were part of this round of review do have a number of shared profession-specific standards. However, it would not be appropriate to reinstate these standards as generic standards, as the standards in question are not generic across all the professions we regulate. There are some professions on our Register which do not share many of the standards that respondents were concerned about. However, we have tried to retain as much consistency between different professions' standards wherever possible and appropriate.

'Be able to'

5.8 As we stated in the consultation document, we intentionally use phrases such as 'understand', 'know', and 'be able to' rather than 'must'. This is so the standards remain applicable to current registrants in maintaining their fitness to practise, as well as prospective registrants who have not yet started practising and are applying to be registered for the first time. The standards are also written in a similar way to the learning outcomes set for pre-registration education programmes.

5.9 It is important to note the current standards of proficiency use verbs and starting phrases in the same way as the proposed new profession-specific standards of proficiency. We have not experienced any difficulty in applying the current wording of the standards of proficiency in the way some of our respondents anticipated.

The standards and scope of practice

5.10 The standards set out the proficiencies required of applicants when they apply to join the Register. Once on the Register, every time registrants renew their registration, they are asked to confirm that they continue to meet the standards of proficiency that apply to their own

scope of practice—the area of their profession in which they have the knowledge, skills and experience to practise safely and effectively. We recognise that a registrant's scope of practice will change over time and that the practice of experienced registrants often becomes more focused and specialised than that of newly registered colleagues. That may mean that some registrants may not be able to continue to meet all the standards of proficiency required at entry to their profession. However, as long as those registrants continue to practise safely and effectively within their own scope of practice, and do not practise in the in the areas in which they are not proficient to do so, this is not a problem.

Relationship between standards of proficiency and conduct standards

5.11 The standards of proficiency and standards of conduct, performance and ethics play complementary but distinct roles in how we set requirements for our registrants. While the knowledge, skills, and experience of a professional play a part in their ability to behave and practise ethically, we consider that it is important that our conduct standards remain separate from those which are purely about a professional's proficiency to practise.

5.12 We received some comments about the generic standards of proficiency and the standards of conduct, performance and ethics. These standards were not the subject of this consultation and so we have not reflected them in appendix two or three. However, we will consider these comments when we review each set of standards. We have started our review of the standards of conduct, performance and ethics, and expect to consult on changes to those standards in 2013/14.

English language competency

5.13 Some respondents were concerned that the English language requirements do not apply equally to all applicants to the Register. European Union law limits the ability of regulators such as the HCPC to systematically test the language competency of EEA applicants to our Register, so it would not be possible to amend this requirement at the current time.

Responses to detailed comments about the standards

5.14 In this section, we have set out our responses to suggestions for additional standards or changes to the existing standards. All the proposed additional standards and suggested changes to specific standards are set out in appendix two and three of this document.

5.15 We have not responded to every suggestion individually here, but we have explained the general principles we applied when considering suggested amendments. Where respondents were particularly concerned about certain issues, we have addressed those below under the heading of the relevant standard.

5.16 When we receive suggestions for changes to the standards (including revisions to existing standards or proposed additional standards), we consider the following in deciding whether we should make the change:

- Is the standard necessary for safe and effective practice?
- Is the standard set at the threshold level for entry to the Register?
- Does the standard reflect existing requirements for orthoptists on entry into the profession?
- Does the standard reflect existing training provision?
- Is the standard written in a broad and flexible way so that it can apply to different environments in which orthoptists might practice or different groups that orthoptists might work with?

5.17 We write the standards of proficiency in a broad, flexible way and at a higher level of generality so that registrants working in different settings and in different ways can still meet the standards. For this reason, we use words that are able to be understood in their widest sense. When making decisions about whether to make changes to the standards, we must also consider whether the changes would make the standards too specific or would limit the scope of the standards.

5.18 The standards set out the abilities necessary to practise in a profession. However, the standards are not a curriculum document nor are they intended to be a list of activities which registrants must undertake in any situation. For example, a registrant needs to 'be able to maintain confidentiality' on entry to the Register. However, this is an ability and does not mean that there will not be situations where information might need to be shared with, or disclosed to others in the interests of service users or the public.

5.19 Part of our focus for the review of the standards is to ensure that the standards are relevant to the range of practice of each profession. We also aim to avoid duplication in the standards, to ensure they are clearly worded, and to maintain consistency between different professions' standards wherever possible and appropriate.

Our decisions

5.20 We have made a number of changes to the standards based on the comments we have received in the consultation. We have set out the draft revised standards following consultation in appendix one.

Additional standards

5.21 We have added standards on the following areas:

Standard 7

- Recognising and responding appropriately to situations where it is necessary to share information to safeguard others. This is in response to the range of comments that suggested that the confidentiality standards could be clearer about when registrants should disclose confidential information for the safety of others.

Standard 13

- Understanding the structure and function of health and social care services in the UK. The standards already include a requirement for orthoptists to recognise the role of other health and social care professions. We felt that it was appropriate to include an additional requirement to understand the wider structure of health and social care services across the UK.

Changes to specific standards

5.22 We have made the following changes to some standards:

Standard 3

- We have made a minor amendment to clarify our requirements around professional conduct.

Standard 5

- We have removed a qualifying phrase from one standard to widen the range of possibilities orthoptists need to consider in adapting their practice to meet the needs of service users.

Standard 9

- We have made minor amendments to some standards to more accurately reflect the range of health or social care professionals orthoptists may need to work with.

Standard 10

- We have made some minor amendments to clarify the requirements of our record-keeping requirements, and to remove one standard which duplicated requirements set out in other standards.

Standard 13

- We have made a minor amendment to a standard to clarify the range of knowledge orthoptists must have of human anatomy and physiology.
- We have also made minor amendments to a standard to clarify that orthoptists need to be aware of the psychosocial effects of a range of ocular conditions.

Standard 14

- We have moved a standard about diagnosing conditions to beneath generic standard 14, and amended this standard and another slightly to remove some duplication about referring to others.
- We have made a minor amendment to standard 14.4 to clarify the meaning.

Suggested changes we have not included

5.23 Some of the changes suggested by respondents were not included in the standards because we felt they would duplicate content already contained within the standards we set, or they would not make our requirements clearer. This section does not address every suggested change to the standards, but focusses on responding to overarching themes or areas of concern.

Leadership

- For our response to the suggestions for standards related to the issue of leadership, please see paragraphs 5.3-5.4.

Training and mentoring others

- We received a range of suggestions for standards about the requirement for orthoptists to train and mentor others. We considered that these requirements were aimed at a more advanced level of practice than would be relevant for newly-qualified orthoptists.

Professional behaviour

- Some respondents made a range of suggestions for additional standards or amendments on the issue of professional conduct. We consider that the draft standards address these proficiencies in adequate detail.

6. List of respondents

Below is a list of all the organisations that responded to the consultation.

Betsi Cadwaladr University Health Board

Colchester Hospital University NHS Foundation Trust

Derby Hospitals NHS Foundation Trust

NHS Education for Scotland

NHS Leadership Academy

NHS Midlands and East

Northern Trust

Public Health Agency, Northern Ireland

Western Health and Social Care Trust

Appendix 1: Draft standards of proficiency for orthoptists

New standards and amendments to standards are shown in **bold and underlined**. Deletions are shown in ~~strikethrough~~. The standards in this section may be subject to minor editing amendments prior to publication.

No.	Standard
1.	**be able to practise safely and effectively within their scope of practice**
1.1	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 effectively and be able to practise accordingly
2.	**be able to practise within the legal and ethical boundaries of their profession**
2.1	understand the need to act in the best interests of service users at all times
2.2	understand what is required of them by the Health and Care Professions Council
2.3	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	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	know about current legislation applicable to the work of their profession
2.6	understand the importance of and be able to obtain informed consent
2.7	be able to exercise a professional duty of care
3.	**be able to maintain fitness to practise**
3.1	understand the need to maintain high standards of personal **and professional** conduct

No.	Standard
3.2	understand the importance of maintaining their own health
3.3	understand both the need to keep skills and knowledge up to date and the importance of career-long learning
4.	**be able to practise as an autonomous professional, exercising their own professional judgement**
4.1	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
4.2	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	be able to initiate resolution of problems and be able to exercise personal initiative
4.4	recognise that they are personally responsible for and must be able to justify their decisions
4.5	be able to make and receive appropriate referrals
5.	**be aware of the impact of culture, equality, and diversity on practice**
5.1	understand the requirement to adapt practice to meet the needs of different groups and individuals
5.2	understand the need to take account of physical, psychological, and cultural needs when planning and delivering treatment~~, such as considering the educational as well as visual needs of a school-aged child undergoing occlusion therapy~~
6.	**be able to practise in a non-discriminatory manner**
7.	**understand the importance of and be able to maintain confidentiality**
7.1	be aware of the limits of the concept of confidentiality
7.2	understand the principles of information governance and be aware of the safe and effective use of health and social care information

No.	Standard
7.3	**be able to recognise and respond appropriately to situations where it is necessary to share information to safeguard service users or the wider public**
8.	**be able to communicate effectively**
8.1	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	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[3]
8.3	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, physical ability, capacity and learning ability
8.4	be able to select, move between, and use appropriate forms of verbal and non-verbal communication with service users and others
8.5	be aware of the characteristics and consequences of verbal and non-verbal communication and how this can be affected by factors such as culture, age, ethnicity, gender, religious beliefs and socio-economic status
8.6	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	understand the need to assist the communication needs of service users such as through the use of an appropriate interpreter, wherever possible
8.8	recognise the need to use interpersonal skills to encourage the active participation of service users
8.9	recognise the need to modify interpersonal skills for the assessment and management of children

[3] The International English Language Testing System (IELTS) tests competence in ~~spoken and written~~ **the** English **language**. Applicants who have qualified outside of the UK, whose first language is not English and who are not nationals of a country within the European Economic Area (EEA) or Switzerland, ~~have to~~ **must** provide evidence that they have reached the necessary standard. ~~We also accept the TOEFL test as an equivalent.~~ Please visit our website for more information.

No.	Standard
9.	**be able to work appropriately with others**
9.1	be able to work, where appropriate, in partnership with service users, other professionals, support staff, and others
9.2	understand the need to build and sustain professional relationships as both an independent practitioner and collaboratively as a member of a team
9.3	understand the need to engage service users and carers in planning and evaluating diagnostics, treatments and interventions to meet their needs and goals
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 ~~ophthalmologists, optometrists and~~ 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** ~~others,~~ ~~such as the training of health visitors in the practice of visual screening~~
10.	**be able to maintain records appropriately**
10.1	be able to keep accurate, ~~legible~~ **comprehensive and comprehensible** records **in accordance with applicable legislation, protocols, and guidelines**
10.2	recognise the need to manage records and all other information in accordance with applicable legislation, protocols and guidelines
~~10.3~~	~~understand the need to use only accepted terminology in making records~~
11.	**be able to reflect on and review practice**
11.1	understand the value of reflection on practice and the need to record the outcome of such reflection
11.2	recognise the value of case conferences and other methods of review

No.	Standard
12.	**be able to assure the quality of their practice**
12.1	be able to engage in evidence-based practice, evaluate practice systematically, and participate in audit procedures
12.2	be able to gather information, including qualitative and quantitative data, that helps to evaluate the responses of service users to their care
12.3	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	be able to maintain an effective audit trail and work towards continual improvement
12.5	be aware of, and able to participate in quality assurance programmes, where appropriate
12.6	be able to evaluate intervention plans using recognised outcome measures and revise the plans as necessary in conjunction with the service user
12.7	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
13.	**understand the key concepts of the knowledge base relevant to their profession**
13.1	understand the structure and function of the human body, together with knowledge of health, disease, disorder and dysfunction relevant to their profession
13.2	be aware of the principles and applications of scientific enquiry, including the evaluation of treatment efficacy and the research process
13.3	recognise the role of other professions in health and social care
13.4	**understand the structure and function of health and social care services in the UK**
13.5	understand the theoretical basis of, and the variety of approaches to, assessment and intervention

No.	Standard
13.6	understand ocular alignment and binocular single vision and stereopsis, and the sensory and motor elements required to attain and maintain these
13.7	understand the principles of uniocular and binocular perception, and the anatomical substrate of these functions
13.8	understand refractive error and its effect on ocular alignment and visual development
13.9	understand binocular vision and the factors which can cause its disruption
13.10	understand ocular motility systems, the laws associated with them, and their neural control
13.11	know the adaptive mechanisms that occur in order to compensate for strabismus and abnormalities of binocular vision
13.12	understand human anatomy and physiology, ~~and~~ **including** the central nervous system, brain and ocular structures **as it relates to the practice of orthoptics**
13.13	understand human growth and development across the lifespan, as it relates to the practice of orthoptics
13.14	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
13.15	know about the range of ophthalmic conditions which can disrupt vision, binocular vision and produce eye movement disorders
13.16	know the factors which influence individual variations in human ability and development
13.17	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
13.18	understand neuroanatomy and the effects of disruption of neural pathways on the visual system, cranial nerves and supranuclear control of eye movements
13.19	understand the development of anatomical substrates and their relevance to the development of binocular single vision and visual function

No.	Standard
13.20	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
13.21	be aware of human behaviour and recognise the need for sensitivity to the psychosocial aspects of **ocular conditions, including** strabismus
13.22	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
13.23	know the principles governing ocular motility and their relevance to diagnosis and patient management, and be able to apply them to clinical practice
13.24	know the principles governing visual function and the development of vision, and be able to apply them to clinical practice
13.25	recognise the functional and perceptual difficulties that may arise as a result of defective visual, binocular or ocular motor functions
13.26	be able to plan, operate and evaluate appropriate vision screening programmes
13.27	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
14.	**be able to draw on appropriate knowledge and skills to inform practice**
14.1	be able to conduct appropriate diagnostic or monitoring procedures, treatment, therapy, or other actions safely and skillfully
14.2	be able to formulate specific and appropriate management plans, and set timescales
14.3	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	be able to effect ~~a~~ change in visual stimuli resulting in a clinically defined outcome, which can be recorded and monitored in a manner appropriate to safe orthoptic practice

No.	Standard
14.5	be able to change their practice as needed to take account of new developments or changing contexts
14.6	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 thorough investigation of ocular motility
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~~, and instigate investigations and referrals where appropriate~~
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~~, and refer to the appropriate specialist to undertake or arrange these~~
14.20	be able to analyse and critically evaluate the information collected

No.	Standard
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
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 ~~demonstrate a level of skill in the~~ use ~~of~~ information and communication technologies appropriate to their practice
14.29	**know the role,** ~~understand the~~ 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
14.34	know the principles and application of measurement techniques used to assess binocular vision and other ocular conditions
15.	**understand the need to establish and maintain a safe practice environment**
15.1	understand the need to maintain the safety of both service users and those involved in their care

No.	Standard
15.2	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	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	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

Appendix 2: Suggested additional standards

No.	Standard	
1.	be able to practise safely and effectively within their scope of practice	Respondents suggested a number of different standards covering the following areas: • knowing when and from whom to seek help; • knowing when to use skills available to them and when not to;
2.	be able to practise within the legal and ethical boundaries of their profession	Respondents suggested a number of different standards covering the following areas: • person/patient-centred care; • respecting the dignity of service users; • more explicit reference to professionalism and conduct; • requirement to contribute to the development of the profession (through research, role-modelling, mentorship, challenging poor/practice/unprofessional behaviour in others) • reference to specific legislation when dealing with children and vulnerable people/adults, and a requirement to update knowledge in this area; • knowing when disclosure of information is permitted under the law – being aware or when a duty to disclose overrides duty to maintain confidentiality; • knowledge of legal requirements for driving so can carry out DVLA assessments
3.	be able to maintain fitness to practise	Respondents suggested a number of different standards covering the following areas: • being able to demonstrate an acceptable and reasonable standard of care; • maintaining knowledge and expertise while employed in wholly managerial roles which do not apply orthoptic skills
4.	be able to practise as an autonomous professional, exercising their own professional judgement	Respondents suggested a number of different standards covering the following areas: • requirement to actively promote autonomy by encouraging people who use their

		service to be active participants in their own care; • ensuring decisions are evidence-based, justified, and not influenced by commercial factors Suggested new standards to underpin the Clinical Leadership Competency Framework elements: • understand the need to be aware of their own values, principles and assumptions and the impact of their behaviour on others; • be able to act in a manner consistent with the values and priorities of their organisation and profession; • be able to contribute their unique perspective to team, department, system and organisational decisions, as appropriate;
5.	be aware of the impact of culture, equality, and diversity on practice	Respondents suggested a number of different standards covering the following areas: • the ability to demonstrate empathy; • the need to be aware of their own feelings/beliefs/prejudices and the need to put these to one side in providing care; • requirement to take account of sensory/deficits/impairments and modify approach accordingly (could also sit under standard 8);
6.	be able to practise in a non-discriminatory manner	Respondents suggested a number of different standards covering the following areas: • being able to promote equality and diversity within their practice; • understanding the need to promote equality and culturally sensitive services
7.	be able to maintain confidentiality	Respondents suggested a number of different standards covering the following areas: • being able to recognise and respond appropriately to situations where it is necessary to share information to safeguard service users or the wider public
8.	be able to communicate effectively	Respondents suggested a number of different standards covering the following areas: • understanding of the concepts of motivational interviewing

		• the ability to explain orthoptic and ophthalmological conditions to patients, carers, and other health professionals
9.	be able to work appropriately with others	Respondents suggested a number of different standards covering the following areas: • additional requirements around collaborative working; • recognise and understand the roles, responsibilities, and value base of other professionals within the multi-disciplinary team • standards around understanding the importance of teaching and training others (also see comments under standard 14) including: – understanding the principles of teaching and learning for undergraduate and postgraduate students; – recognising the importance of the orthoptist's role in teaching and training students and practitioners from all health and social care professions as appropriate; – Supporting students to identify the roles, responsibilities and values of their profession and how orthoptists interact with others in the multidisciplinary team; • more emphasis on health and social care integration; • understanding the need to maintain professional behaviours and to display these at all times when interacting with users of the service, colleagues and team members; • ability to develop effective/therapeutic relationships with members of the healthcare team; • emphasise importance of rehabilitation and re-enablement; • emphasise the need/importance of involving patients/service users in all decisions, and ensuring that all decisions are person-centred; • ensuring that decisions taken are in the best interests of patients/service users and do not reflect only the values of healthcare providers; • motivating service users to adapt/change behaviour

		• guidance for orthoptists working in management roles Suggested new standards to underpin the Clinical Leadership Competency Framework elements: • understand the need to work with those who provide services in and across different sectors; • recognise the need to participate effectively in the planning, implementation and evaluation of multi-professional approaches to healthcare delivery by liaising with other healthcare professionals; • be able to contribute effectively to work undertaken as part of a multi-disciplinary team; • understand the value of enabling and empowering service users with the aim of enhancing their access to all services and opportunities which are available to them, as appropriate; • understand group dynamics and roles, and be able to facilitate group work, in order to maximise support, learning and change within groups and communities; • understand the value of encouraging dialogue and debate with a wide range of people including service users, other professionals, support staff and others and recognising different perspectives.
10.	be able to maintain records appropriately	
11.	be able to reflect on and review practice	Respondents suggested a number of different standards covering the following areas: • importance of having insight and being self aware, and modifying behaviour where necessary – linked to reflective and conscientious practice; • seeking and responding to feedback, and being seen to demonstrate the same; • participating in supervision Suggested new standards to underpin the Clinical Leadership Competency Framework elements: • recognise the value of multi-disciplinary team review and other methods of review; • be able to change behaviour in light of feedback and reflection, as appropriate;

		• be able to acknowledge mistakes and treat them as learning opportunities; • understand the need for change and questioning the status quo, as appropriate, and its impact on people and services.
12.	be able to assure the quality of their practice	Respondents suggested a number of different standards covering the following areas: • the need to be able to demonstrate accountability for practice as well as being responsible for it; • being able to provide rationale for all decisions take and demonstrate consideration of alternative courses of action; Suggested new standards to underpin the Clinical Leadership Competency Framework elements: • understand the need to actively contribute to plans to achieve service goals; • understand the value of supporting plans for services that are part of the strategy for the wider healthcare system, as appropriate; • understanding what resources are available, and understanding the need for using resources effectively, safely, and reflecting the diversity of needs; • be able to hold themselves and others accountable for service outcomes, as appropriate; • be able to use evidence, both positive and negative, to identify options; • be able to use systemic ways of assessing and minimising risk; • be able to monitor the effects and outcomes of change; • understand the value in measuring and evaluating outcomes, taking corrective actions where necessary, as appropriate.
13.	understand the key concepts of the knowledge base relevant to their profession	Respondents suggested a number of different standards covering the following areas: • understand and use the principles of shared leadership; - or alternatively the range of standards suggested under generic standards 4, 9, 11, 12, 13, 14); Suggested new standards to underpin the Clinical Leadership Competency Framework elements:

		• understand the value of actively contributing to change processes that lead to improving healthcare, as appropriate;
14.	be able to draw on appropriate knowledge and skills to inform practice	Respondents suggested a number of different standards covering the following areas: • responsibility to promote health and healthy lifestyles– identifying when there are problems with a service user's health generally and knowing when to suggest they should seek support; • understanding of their role as an educator and be able to draw on principles and techniques that facilitate learning in others • understanding of their role as a leader and be able to draw on principles and techniques to underpin their leadership approach; (also see comments under generic standards 4, 9, 11, 12, 13); Suggested new standards to underpin the Clinical Leadership Competency Framework elements: • understand the structure and function of health, education and social care services in the UK and current developments
15.	understand the need to establish and maintain a safe practice environment	Respondents suggested a number of different standards covering the following areas: • knowing that maintaining fitness to practise, upholding high standards of personal conduct, maintaining their own health, and keeping knowledge and skills up to date contributes to a safe practice environment

Appendix 3: Detailed comments on the draft standards

Respondents' proposed deletions are indicated in the text by ~~strikethrough~~ whilst additions are shown in **bold.**

This section does not include comments received about the generic standards, as they were not within the scope of the consultation.

No.	Standard	
1.	**be able to practise safely and effectively within their scope of practice**	
1.1	know the limits of their practice and when to seek advice or refer to another professional	One respondent suggested the following amendment: • recognise the need to manage their own workload and resources effectively **to support service needs** and be able to practise accordingly
1.2	recognise the need to manage their own workload and resources effectively and be able to practise accordingly	
2.	**be able to practise within the legal and ethical boundaries of their profession**	
2.1	understand the need to act in the best interests of service users at all times	
2.2	understand what is required of them by the Health and Care Professions Council	

No.	Standard	
2.3	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	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	One respondent suggested the following amendment: • recognise that relationships with service users **and professionals** 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	know about current legislation applicable to the work of their profession	
2.6	understand the importance of and be able to obtain informed consent	
2.7	be able to exercise a professional duty of care	One respondent felt that the term 'professional' needs to be defined.
3.	**be able to maintain fitness to practise**	
3.1	understand the need to maintain high standards of personal conduct	One respondent suggested the following amendment: • understand the need to maintain high standards of personal **and professional** conduct
3.2	understand the importance of maintaining their own health	One respondent felt that there should be additional clarity around what is meant by 'health' in this standard
3.3	understand both the need to keep skills and knowledge up to date and the importance of career-long learning	One respondent felt it was important to quantify the amount of clinical exposure necessary to maintain professional standards and fitness to practise.

No.	Standard	
4.	**be able to practise as an autonomous professional, exercising their own professional judgement**	
4.1	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	
4.2	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	be able to initiate resolution of problems and be able to exercise personal initiative	
4.4	recognise that they are personally responsible for and must be able to justify their decisions	
4.5	be able to make and receive appropriate referrals	One respondent felt that it would be more appropriate to make and accept appropriate referrals, as they would not be able to control whether a referral was appropriate and would only accept appropriate referrals: • be able to make and ~~receive~~ **accept** appropriate referrals
5.	**be aware of the impact of culture, equality, and diversity on practice**	
5.1	understand the requirement to adapt practice to meet the needs of different groups	

No.	Standard	
5.2	understand the need to take account of physical, psychological and cultural needs when planning and delivering treatment, such as considering the educational as well as visual needs of a school-aged child undergoing occlusion therapy	Some respondents were concerned about the number of examples related to child-specific practice within the standards of proficiency, suggesting that it may be appropriate to widen the scope of these standards – particularly 5.2, 8.9, and 9.7 to include other areas of practice. One respondent felt the specific mention of children in this standard was unnecessary as it is covered by standard 5.1: • understand the need to take account of physical, psychological and cultural needs when planning and delivering treatment~~, such as considering the educational as well as visual needs of a school-aged child undergoing occlusion therapy~~
6.	**be able to practise in a non-discriminatory manner**	
7.	**understand the importance of and be able to maintain confidentiality**	
7.1	be aware of the limits of the concept of confidentiality	
7.2	understand the principles of information governance and be aware of the safe and effective use of health and social care information	
8.	**be able to communicate effectively**	
8.1	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	

No.	Standard	
8.2	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[4]	
8.3	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, physical ability, capacity and learning ability	
8.4	be able to select, move between and use appropriate forms of verbal and non-verbal communication with service users and others	
8.5	be aware of the characteristics and consequences of verbal and non-verbal communication and how this can be affected by factors such as culture, age, ethnicity, gender, religious beliefs and socio-economic status	
8.6	understand the need to provide service users or people acting on their behalf with the information necessary to enable them to make informed decisions	

[4] The International English Language Testing System (IELTS) tests competence in spoken and written English. Applicants who have qualified outside of the UK, whose first language is not English and who are not nationals of a country within the European Economic Area (EEA) or Switzerland, have to provide evidence that they have reached the necessary standard. We also accept the TOEFL test as an equivalent. Please visit our website for more information.

No.	Standard	
8.7	understand the need to assist the communication needs of service users such as through the use of an appropriate interpreter, wherever possible	
8.8	recognise the need to use interpersonal skills to encourage the active participation of service users	
8.9	recognise the need to modify interpersonal skills for the assessment and management of children	Some respondents were concerned about the number of examples related to child-specific practice within the standards of proficiency, suggesting that it may be appropriate to widen the scope of these standards – particularly 5.2, 8.9, and 9.7 to include other areas of practice. One respondent suggested the following amendment: • recognise the need to modify interpersonal skills for the assessment and management of ~~children~~ **service users**
9.	**be able to work appropriately with others**	
9.1	be able to work, where appropriate, in partnership with service users, other professionals, support staff, and others	One respondent felt that standards 9.1 and 9.6 were more general points with 9.5 being the more profession-specific area related to this standard. They suggested amalgamating all three into one standard. One respondent felt that the terms 'partnership' and 'collaboration' should be used together in this standard as they felt the term 'collaboration' is more general and could apply to sharing of information, referrals, or more sustained teamwork, rather than partnership which implies shared decision-making and an equal status. Respondents suggested the following amendments: • be able to work, where appropriate, in partnership with service users, other professionals, support staff, communities, and others **and encourage their contribution** • be able to work, where appropriate, in partnership **and collaboration** with service users, other professionals, support staff, and others

No.	Standard	
9.2	understand the need to build and sustain professional relationships as both an independent practitioner and collaboratively as a member of a team	
9.3	understand the need to engage service users and carers in planning and evaluating diagnostics, treatments and interventions to meet their needs and goals	
9.4	be able to diagnose a range of vision, binocular vision and ocular motility defects and all categories of strabismus, and instigate investigations and referrals where appropriate	One respondent felt that the requirements of this standard are adequately covered elsewhere in the standards. Another respondent suggested that this standard should be moved to sit beneath generic standard 4, as it is about appropriate onward referral for treatment.
9.5	recognise the need to participate effectively in the planning, implementation and evaluation of multi-professional approaches to healthcare delivery by liaising with ophthalmologists, optometrists and other healthcare professionals	One respondent felt that standards 9.1 and 9.6 were more general points with 9.5 being the more profession-specific area related to this standard. They suggested amalgamating all three into one standard. One respondent suggested the following amendment: • recognise the need to participate effectively in the planning, implementation and evaluation of multi-professional approaches to healthcare delivery by liaising with ~~ophthalmologists, optometrists and other healthcare~~ **health and social care** professionals
9.6	be able to contribute effectively to work undertaken as part of a multi-disciplinary team	One respondent felt that standards 9.1 and 9.6 were more general points with 9.5 being the more profession-specific area related to this standard. They suggested amalgamating all three into one standard.

No.	Standard	
9.7	be aware of the orthoptist's role in the promotion of visual health by others, such as the training of health visitors in the practice of visual screening	Some respondents were concerned about the number of examples related to child-specific practice within the standards of proficiency, suggesting that it may be appropriate to widen the scope of these standards – particularly 5.2, 8.9, and 9.7 to include other areas of practice. Respondents suggested the following amendment • be aware of the orthoptist's role in the promotion of visual health by others, such as the training of health visitors **professionals** in the practice of visual screening • be aware of the orthoptist's role in the promotion of visual health by others~~, such as the training of health visitors in the practice of visual screening~~ • be aware of the orthoptist's role in the promotion of visual health by others, such as the training of health visitors **and health care assistants** in the practice of visual screening
10.	**be able to maintain records appropriately**	
10.1	be able to keep accurate, legible records	Respondents suggested the following amendments: • be able to keep accurate, legible, **timely** records
10.2	recognise the need to manage records and all other information in accordance with applicable legislation, protocols and guidelines	
10.3	understand the need to use only accepted terminology in making records	One respondent felt that there was a need to clarify what is meant by 'accepted terminology' in records
11.	**be able to reflect on and review practice**	
11.1	understand the value of reflection on practice and the need to record the outcome of such reflection	Respondents suggested the following changes: • understand the value of reflection on practice and the need to record and critically evaluate the outcome of such reflection;

No.	Standard	
11.2	recognise the value of case conferences and other methods of review	One respondent suggested the following amendment to use language more appropriate to the practice of orthoptists: • recognise the value of case ~~conferences~~ **reviews** and other methods of review
12.	**be able to assure the quality of their practice**	
12.1	be able to engage in evidence-based practice, evaluate practice systematically, and participate in audit procedures	One respondent suggested the following amendment: • be able to engage in evidence-based practice, evaluate practice systematically, and participate in **clinical and other** audit procedures
12.2	be able to gather information, including qualitative and quantitative data, that helps to evaluate the responses of service users to their care	
12.3	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	be able to maintain an effective audit trail and work towards continual improvement	One respondent commented that this requirement seemed to be ambiguous
12.5	be aware of, and able to participate in quality assurance programmes, where appropriate	
12.6	be able to evaluate intervention plans using recognised outcome measures and revise the plans as necessary in conjunction with the service user	

No.	Standard	
12.7	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	
13.	**understand the key concepts of the knowledge base relevant to their profession**	
13.1	understand the structure and function of the human body, together with knowledge of health, disease, disorder and dysfunction relevant to their profession	
13.2	be aware of the principles and applications of scientific enquiry, including the evaluation of treatment efficacy and the research process	One respondent suggested the following amendment: • be aware of the principles and applications of scientific **and research** enquiry, including the evaluation of treatment efficacy and the research process
13.3	recognise the role of other professions in health and social care	
13.4	understand the theoretical basis of, and the variety of approaches to, assessment and intervention	
13.5	understand ocular alignment and binocular single vision and stereopsis, and the sensory and motor elements required to attain and maintain these	

No.	Standard	
13.6	understand the principles of uniocular and binocular perception, and the anatomical substrate of these functions	
13.7	understand refractive error and its effect on ocular alignment and visual development	
13.8	understand binocular vision and the factors which can cause its disruption	
13.9	understand ocular motility systems, the laws associated with them, and their neural control	
13.10	know the adaptive mechanisms that occur in order to compensate for strabismus and abnormalities of binocular vision	
13.11	understand human anatomy and physiology, and the central nervous system, brain and ocular structures	One respondent suggested the following amendment, to make the wording of this standard more in line with that in 13.12: • understand human anatomy and physiology, and the central nervous system, brain and ocular structures **as it relates to the practice of orthoptics**
13.12	understand human growth and development across the lifespan, as it relates to the practice of orthoptics	
13.13	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	

No.	Standard	
13.14	know about the range of ophthalmic conditions which can disrupt vision, binocular vision and produce eye movement disorders	
13.15	know the factors which influence individual variations in human ability and development	
13.16	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	
13.17	understand neuroanatomy and the effects of disruption of neural pathways on the visual system, cranial nerves and supranuclear control of eye movements	
13.18	understand the development of anatomical substrates and their relevance to the development of binocular single vision and visual function	
13.19	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	

No.	Standard	
13.20	be aware of human behaviour and recognise the need for sensitivity to the psychosocial aspects of strabismus	One respondent queried by strabismus has been specifically highlighted in this standard, and suggested that it would be better if orthoptists were required to be aware of the psychosocial aspects of all ocular conditions – or, if strabismus still requires highlighting, perhaps it could be used as an example: • be aware of human behaviour and recognise the need for sensitivity to the psychosocial aspects of **ocular conditions, including** strabismus
13.21	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	
13.22	know the principles governing ocular motility and their relevance to diagnosis and patient management, and be able to apply them to clinical practice	
13.23	know the principles governing visual function and the development of vision, and be able to apply them to clinical practice	
13.24	recognise the functional and perceptual difficulties that may arise as a result of defective visual, binocular or ocular motor functions	
13.25	be able to plan, operate and evaluate appropriate vision screening programmes	Some respondents felt that the expectation that all orthoptists should be able to plan screening programmes was not realistic as it would depend on their role and level of responsibility, and some junior orthoptists would not be expected to do this

No.	Standard	
13.26	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	One respondent felt that this standard was overly specific – especially in comparison with other standards above.
14.	**be able to draw on appropriate knowledge and skills to inform practice**	
14.1	be able to conduct appropriate diagnostic or monitoring procedures, treatment, therapy, or other actions safely and skillfully	
14.2	be able to formulate specific and appropriate management plans, and set timescales	
14.3	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	be able to effect a change in visual stimuli resulting in a clinically defined outcome, which can be recorded and monitored in a manner appropriate to safe orthoptic practice	A number of respondents felt that they were not clear about what this standard means

No.	Standard	
14.5	be able to change their practice as needed to take account of new developments or changing contexts	Respondents suggested the following amendments: • be able to change their practice as needed to take account of new developments, **technologies**, or changing contexts
14.6	be able to gather appropriate information	One respondent suggested the following amendments: • be able to gather **and use** appropriate information **using appropriate methods**
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 thorough investigation of ocular motility	
14.12	be able to diagnose conditions and select appropriate management	
14.13	understand the principles and techniques used to perform an objective and subjective refraction	

No.	Standard	
14.14	understand the principles and techniques used to examine anterior and posterior segments of the eye	
14.15	understand the principles and techniques used to assess visual fields	
14.16	understand the principles and techniques used in electrophysiological assessment of visual function and the visual pathway	
14.17	be able to undertake or arrange investigations as appropriate	One respondent suggested that this standard should be more specific, as they felt registrants would need specific knowledge and expertise in particular areas before they would be able to undertake investigations appropriately, and that their ability to do this would also be determined by their role or working environment.
14.18	be able to identify where there is a clinical need for medical or neurological investigations, and refer to the appropriate specialist to undertake or arrange these	Some respondents queried whether it was appropriate to simply refer to a specialist to arrange for further investigation, or whether there should be a wider range of professionals suggested in the standard. Another respondent felt that often orthoptists are not able to independently make the decision for when a medical or neurological investigation should take place, but simply recommends that a service user should be referred. Respondents suggested the following amendments: • be able to identify where there is a clinical need for medical or neurological investigations, and **to have the knowledge to know when** refer to the appropriate **professional colleague** ~~specialist~~ to undertake or arrange these • be able to identify where there is a clinical need for medical or neurological investigations, and refer to the appropriate specialist to undertake ~~or arrange~~ these • be able to identify where there is a clinical need for medical or neurological investigations, and **make recommendations for referral** to the appropriate specialist to undertake or arrange these

No.	Standard	
14.19	be able to analyse and critically evaluate the information collected	
14.20	be able to identify pathological changes and related clinical features of conditions commonly encountered by orthoptists	
14.21	be able to demonstrate a logical and systematic approach to problem solving	
14.22	be able to use research, reasoning and problem solving skills to determine appropriate actions	
14.23	recognise the value of research to the critical evaluation of practice	
14.24	be aware of a range of research methodologies	
14.25	be able to evaluate research and other evidence to inform their own practice	
14.26	understand research in the fields of ocular motility, strabismus, amblyopia and binocular disorders and how it could affect practice	One respondent suggested the following amendment: • ~~understand~~ **keep up-to-date with** research in the fields of ocular motility, strabismus, amblyopia and binocular disorders and how it could affect practice
14.27	be able to demonstrate a level of skill in the use of information and communication technologies appropriate to their practice	

No.	Standard	
14.28	understand the pharmacological action, clinical indications and contra-indications of ophthalmic drugs and how they may be selected and used in orthoptic practice	One respondent felt that it was very broad to expect an orthoptist to know all the contra-indications of drugs they do not use and suggested the following amendment: • understand the pharmacological action, clinical indications and contra-indications of ophthalmic drugs **used in the field of orthoptics, eg. atropine** ~~and how they may be selected and used in orthoptic practice~~
14.29	understand the principles and application of orthoptic and ophthalmological equipment used during the investigative process	
14.30	know the tests required to aid in differential diagnosis	
14.31	know the effects of orthoptic and ophthalmological intervention on visual development	
14.32	know the means by which refraction and optics can influence vision and binocular vision	
14.33	know the principles and application of measurement techniques used to assess binocular vision and other ocular conditions	
15.	**understand the need to establish and maintain a safe practice environment**	
15.1	understand the need to maintain the safety of both service users and those involved in their care	

No.	Standard	
15.2	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	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	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	One respondent felt that the word immobilise is inappropriate in the context of orthoptic practice and suggested the following amendment: • know how to position ~~or immobilise~~ service users correctly for safe and effective interventions