



# **The European Council of Optometry and Optics**

**Re-Accreditation of the Department of Optometry**

**Bachelors in Optometry programme at Hogeschool, Utrecht, the  
Netherlands**

**Against the Knowledge Base, Competencies  
and Portfolio of the  
ECOO European Diploma in Optometry**

**21-22<sup>nd</sup> September 2022**

## 1. Background

The Department of Optometry in the Hogeschool University (HU), Utrecht, the Netherlands was one of the early programmes in the ECOO European Diploma in Optometry Accreditation scheme to undertake the accreditation process, and achieved full accreditation of their programme in 2016.

The Department of Optometry continues to run the BSc Optometry programme. To meet the requirements of the European Diploma, candidates must complete the BSc, and prior to graduating, complete the Portfolio of Clinical Experience for the European Diploma in Optometry (EDO). This includes documentation of the 150 cases, 20 of which are presented as detailed case studies covering a variety of requirements. For the BSc Optometry qualification at HU, students also need to complete a similar portfolio evidencing their clinical experience, but they only need to submit 5 detailed cases used for oral examination clinical reasoning, in the same format as required for the EDO Portfolio. This also includes detailed reflection, supported by the students completing a critical appraisal of the condition/treatment relevant to the case.

The timing of the re-accreditation visit was delayed by the global pandemic COVID-19. There were significant disruptions to delivery of education and restrictions on work and travel throughout 2020 and 2021. In response to this, the European Qualifications Board for ECOO extended the accreditation period until such time as a face-to-face visit could be conducted, supported by ongoing annual monitoring information supplied by the institution. Accordingly, this visit was scheduled for September 2022. Prior to the re-accreditation visit, documentation was received from the course team, coordinated by Dr Mirjam van Tilborg.

The BSc Optometry in Utrecht is the only optometry programme in the Netherlands, and the staff work closely with the national association, the Optometristen Vereniging Nederland (OVN), to ensure the education delivered is appropriate for the profession. The OVN have published guidance, called the 'Professional Competence Profile for an optometrist', and this was last reviewed in 2020. The BSc Optometry programme at Utrecht aligns with this framework. Optometry in the Netherlands is a primary care profession, with optometrists also working in private optometry practice, ophthalmology clinics and hospitals, and also in public hospitals. There are approximately 1250 optometrists in the Netherlands and graduates are in demand with high employability rates. Optometry in the Netherlands is set at Level 3b of the World Council of Optometry Scope of Practice, with the right to use diagnostic drugs to deliver eyecare. It is not mandatory for optometrists to be registered as a health professional, but there is possibility to register for a personal AGB code (a care provider registration for healthcare insurers), and approximately

70% of optometrists are on the Paramedics Quality Register (the KP register), a register for a range of allied health professionals.

The Visitor Panel consisted of:

Prof Brendan Barrett

Dr Julie-Anne Little

Prof John Siderov

## **2. Overarching analysis of the programme**

There are ~21FTE staff in the Department of Optometry, including full and part-time academic teachers and clinical tutors. The department is managed by a 'kernteam' of four academics and the optometry programme is one of eight programmes within the Institute of Paramedical Studies. There is a sister orthoptic programme, with some shared aspects of teaching, particularly in the 1<sup>st</sup> year.

Student numbers are approximately 110 on entry, with a maximum of 140 students being admitted in the 1<sup>st</sup> year of study. During the first year of the programme and again at the end of the 1<sup>st</sup> year, there is a significant dropout rate, with students either changing course or not meeting the standards for continuing on the programme. In 2<sup>nd</sup> year onwards there are approximately 50/60 students on the BSc programme. Education costs approximately €2,000 per year, and the government gives some assistance with travel costs to university students in the Netherlands. Students also have the opportunity to access means-tested student loans to support them during their education.

With regard to facilities, there is space for clinical practice for 1<sup>st</sup> and 2<sup>nd</sup> year students on the BSc programme, enabling practice in refraction, the assessment of binocular vision, keratometry, slit lamp and Volk techniques, BIO and artificial eyes to practice retinoscopy. There is also a laboratory for basic optics and the optic store for the dispensing and assembly of spectacles. The volume of space that the Department has access to appears appropriate for the delivery of the course, and the quality and range of clinical equipment shown to the Visitors was impressive and of the appropriate standards to deliver the required outcomes.

There are 9 fully equipped clinical testing rooms with additional access to Humphrey perimetry and retinal imaging facilities, including Ocular coherence tomography (OCT) and Optos Ultrawide field retinal imaging. Members of the public that wish to attend for an eye examination contact the clinic for an appointment. The service is free and includes the dispensing of spectacles. The majority of patients are from HU staff (and all HU staff aged 40+ years that use computers for occupational use are directed to attend for eye examination). Members of the public cannot be dispensed

spectacles as there is no mechanism by which these services could be paid for at the University. Instead, they are given a prescription to take to an optical practice. In the 3<sup>rd</sup> year of the programme, students enter the internal clinics (split into two groups of ~25 students). During this time, they undertake 6-8 primary eye care examinations, and a binocular vision, paediatric, and contact lens (CL) examination. Diagnostic drugs are routinely used in the clinic and Goldmann tonometry is undertaken. The staff-student supervision ratio for these clinics is 1:3/4. Primary eye care clinics run during each semester on three days/week, and there are additional binocular vision and contact lens clinics, offering 9-10 clinical episodes during the week. Since the COVID-19 pandemic, the Department are building up their patient base again, and currently finding it more difficult to fill CL clinics with patients.

During the visit, the Visitors met with a sample of students from 2<sup>nd</sup>/3<sup>rd</sup>/4<sup>th</sup> years of the BSc programme. There was a mixed profile of educational backgrounds, with most students currently working part-time in optometric practice. Student feedback was largely positive regarding the course teaching and feedback on assessments and progress. Students were also positive about the support they receive from staff. There was limited knowledge amongst the students of the European Diploma in optometry, and some students were unaware of OVN.

The students undertake four placements during their BSc: one week in the 1<sup>st</sup> year, 1 day per week for 30 weeks throughout the 2<sup>nd</sup> year. They then complete a 10-week optometry rotation and a 20-week ophthalmology rotation externship in the latter part of the 3<sup>rd</sup> and the 4<sup>th</sup> years, respectively, of the programme. In the first and second year, the students organise these placement opportunities themselves, however, there is a quality assurance (QA) framework in place, managed by the University, with a list of criteria for requirements for workplaces. These include the need for a minimum level of equipment, and the ability to provide students with experience of a range of cases. The optometrist needs to have at least 2 years of experience to be able to supervise the student, and also needs to be physically present in the practice to supervise the student. In the optometry and ophthalmology externship rotations there is more directed support for matching students to appropriate placements. Placement supervisors are invited at least twice a year to the University for training (and this has been offered online since COVID-19). The supervisors need to follow the course, which includes teaching of effective coaching, as part of the quality assurance system of being a supervisor. Their involvement as supervisors helps them to acquire credit points to fulfil their ongoing KP registration. The Visitors met a range of placement supervisors from primary eyecare and hospital settings. Supervisors were satisfied with the communication between the University and student regarding the placement, and clear in their understanding of student requirements, and expectations for them as supervisors.

For the optometry and ophthalmology rotations, there is a checklist of experiences that students need to gain during these externships. Students keep a list of patient episodes, and they have to discuss two cases per day with their supervisor. They have to bring 2 cases to the clinical reasoning sessions during these rotations. There are at least 8 clinical reasoning sessions, meaning that students prepare at least 16 cases. From these, they select five interesting cases across a breadth of case types (anterior segment/posterior segment issues, contact lens, binocular vision and subnormal vision/low vision) to write up as detailed case records for their oral examination clinical reasoning. Supervisors sign off on the student experience.

With regard to practical paediatric eyecare experience, students all see one child in the 3<sup>rd</sup> year internal clinic, working alongside an orthoptic student. That child will be 6+ years old, and cycloplegic refraction will be carried out by the optometry students. In the ophthalmology rotation externship, there are also two days of 'hands-on' orthoptic experience.

In addition to demonstrations of simulated low vision and the use of low vision aids and electronic devices, low vision practical experience is gained through students attending Dutch Visio or Bartimaeus Institutes for one day of experience during their 3<sup>rd</sup> year. During this visit, there is a mix of observation and actually conducting eye examinations. During the ophthalmology rotation, there are also at least two half days of low vision clinical experience.

With regard to dispensing experience, the students' clinical experience in practice in the 2<sup>nd</sup> year of the programme ensures that they have good experience of spectacle dispensing of a range of cases including progressive lenses and dispensing for vocational purposes. While the knowledge base for eye protective lenses, including case discussion, is delivered, it was noted that students may not all gain direct experience of dispensing eye protection.

The structure of the programme across three years builds on knowledge of optics and human anatomy and physiology to develop clinical skills and in-depth knowledge of ocular disease. At certain time-points in the programme, if a student has not passed the required clinical skills assessment, they are held back from undertaking internal HU eye clinic and/or externships. For example, at the end of the second year, there is a 'big bang' examination of conducting a complete eye examination (called the OBO) and student needs to pass this to progress to the next stage of the programme. Information provided prior to the visit was insufficient to accurately map the self-assessment document. However, during the visit, the Visitor panel had opportunities to talk to key module leads from the course team, and were given the additional information they requested, including access to University e-learning platform, Canvas. After the visit, the Course team updated the self-assessment document with additional details. Through these efforts, the Visitor panel were able to view in detail the required content and assessment for modules and gain the

required understanding of how the programme is delivered and the assurances that learning outcomes and practical competencies are achieved.

The BSc Optometry course format is being changed with even more focus on clinical decision making and reflection, and while the Visitor panel were concentrating on the programme current students and recent graduates have been undertaking, there was opportunity to discuss how the new programme will align with the competency framework of the European Diploma. It is recognised that the changes to the programme will require review of accreditation in 2024. One positive example of a programme development seen during the visit, is a tele-medicine initiative (TTT) which represents a collaboration between ophthalmology and optometry developed during the COVID-19 pandemic. This initiative sees 3<sup>rd</sup> year BSc Optometry students attending the nearby ophthalmology hospital department to undertake structured calls to patients on general ophthalmology waiting lists to ask about their current eye health. They scrutinise the case, develop a presentation and suggested course of action. These cases are presented to the overseeing ophthalmologist and decisions are discussed and actioned. The Visitor panel were impressed with the opportunity this offers for gaining experience of pathology and secondary/tertiary care pathways, and developing communication skills with patients and across-disciplines.

### **3. Analysis of the self-assessment document**

#### **Part A**

A number of modules, chiefly in years 1 and 2 of the BSc Optometry programme, support the subject areas and learning outcomes for Part A with sufficient depth. Practical competencies are achieved through successful completion of assessments and evidenced in logbooks in the OBL internship.

*Decision: Standard Met*

#### **Part B**

A large range of modules, across years 1, 2 and 3 of the BSc Optometry programme support the subject areas and learning outcomes for Part B with sufficient depth. These include modules on clinical investigative techniques and optometric practice, paediatric optometry and binocular vision, visual perception, ocular pathology and low vision.

Practical competencies are achieved through: clinical optometry, binocular vision, contact lenses and low vision experience at the internal HU eye clinic, the OBO and

OBL assessments, and via the Optometry and Ophthalmology rotations (externships).

*Decision: Standard Met*

### **Part C**

A large range of modules, across years 1, 2 and 3 of the programme, support the subject areas and learning outcomes for Part C with sufficient depth. These include ocular anatomy and physiology, human biology, pharmacology and pathology, investigative techniques and clinical practice, and ocular pathology.

Practical competencies are achieved through: the Clinical Practice modules in Years 2 and 3, Contact Lenses 2 module, and the Optometry and Ophthalmology externships. There are requirements for gaining experience of a range of ocular pathologies during externships.

*Decision: Standard Met*

### **Part D**

Learning outcomes for professional conduct and communication are delivered across a range of programmes, including clinical optometry, low vision and binocular vision. Practical competencies are achieved through experience gained in internal HU clinics and via the externships in years 3 and 4 of the programme, and assessed via the OBO.

*Decision: Standard Met*

## **4. Analysis of the Clinical Portfolio**

The Visitors reviewed a sample of portfolios randomly selected by the course team. They viewed the instructions the student receives, and the support they get in the process of completing their clinical portfolio through the Clinical Reasoning sessions offered regularly during the externships. Instructions include detailed descriptions of the nature and type of patient profiles required to show a breadth of experience.

Staff responsible for delivery of the portfolios have deadlines for completion of a portion of these detailed case reports and provide feedback to students on whether there is sufficient detail to deem each a complete and reflective record of the patient encounter. This iterative process ensures that candidates learn the required depth of description. Staff then assess the final submitted portfolio and determine whether it meets the requirements of the module benchmarked against the European Diploma of Optometry (EDO) Portfolio of clinical experience requirements. All

students have to complete 5 detailed case records as part of their BSc, but those undertaking the ED Portfolio need to complete 20.

The Visitors deemed the Portfolios of Clinical experience satisfactory and recognised that the externships provide all students with a rich experience and exposure to ~400 patient episodes overall. The Visitors were satisfied that the assessment process determines candidates' achievement to a robust and consistent standard. Just to note, while supplementary material including retinal imaging and OCT was regularly seen, there were fewer examples of cases containing perimetry results to aid the comprehensive presentation of the case description. The clinical portfolio would benefit from more than a written description of visual fields. Furthermore, building in a sampling requirement to check a number of the other 130 examinations would be important.

*Decision: Standard Met*

## **5. Conclusions**

Part A: *Standard Met*  
Part B: *Standard Met*  
Part C: *Standard Met*  
Part D: *Standard Met*  
Portfolio: *Standard Met*

The Visitors thank Dr Mirjam van Tilborg, the kernteam, the Institute director and the whole Department for their accommodation and organisation of the Re-accreditation visit. The Visitors recognise that this is a strong programme, which embeds significant clinical experience and graduates are working at the level of the European Diploma in Optometry. However, only a minority of students go on to complete the EDO Portfolio of Clinical experience, and given that the extra requirement is relatively modest, the Visitors would encourage the course team to consider full alignment with the European Diploma.

In conclusion, the Visitor Panel concludes that re-accreditation of the BSc Optometry at HU is successful, and that accreditation is granted for another 5 years: or in this case, until the new programme has produced graduates from the new programme. This decision will be passed to the ECOO European Qualifications Board for formal ratification.

## **Recommendations**



1. Undertake a random sampling of the other 130 cases listed in the EDO Portfolio of Clinical Experience
2. Consider how the EDO could be incorporated and fully aligned into the BSc programme.
3. Review their strategy and communication about the EDO to students and supervisors.
4. Consider how the teaching of Part D integral competencies could be more explicitly seen in the new programme.