



European Council for Optometry and Optics

# **Guidelines for the accreditation of qualifications which meet the standards of the European Diploma in Optometry**

## **Part III:**

### **Guidance for Training Institutions and Candidates**

## Introduction

The European Diploma is the highest non-therapeutic qualification in Europe and is equivalent to World Council of Optometry Category 3b. To demonstrate candidates have achieved this standard, a record needs to be kept of all the primary healthcare eye examinations that they have undertaken on real patients, either as a student in supervised university clinics, during externships or in professional practice following graduation. This evidence is presented in the form of a Portfolio and the European Diploma in Optometry (EDO) can only be awarded to candidates who successfully complete this.

The requirements for the Portfolio of Clinical experience are set out in the Exemplar Portfolio at the end of this document. To complete, 150 cases should be selected that demonstrate candidate's optometric knowledge and skills. For 130 of these cases, full clinical details are not required but you must include in the Portfolio a list of these cases. This could be in the tabular format shown in Section 1.2, so that these patient records could, when necessary, be retrieved from the practice and examined by assessors, either from a training institution or externally as part of the EDO Accreditation process. The remaining 20 cases are to be submitted with the Portfolio in sufficient detail to demonstrate that the candidate has been offering optometric care at the level of the EDO scope of practice. These should be cases that demonstrate the range of optometric skills and knowledge, and showcase effective clinical management of patients, accompanied by candidate's reflection of the case. Five detailed case descriptions are required under each of the following four areas: (i) Primary Care Eye Examinations, (ii) Abnormal Ocular Conditions, (iii) Contact lenses, and (iv) Dispensing.

In all, the Portfolio of clinical experience contains 20 detailed cases which reflect the breadth and variety of clinical experience and the 130 cases demonstrate the volume of experience that has been delivered to show evidence of practice at a level consistent with the standard of the European Diploma in Optometry.

This document provides guidance for candidates and the institutions where they train. It is possible that the Portfolio will be completed during the time spent at the Training Institution (pre-qualification), in which case Training Institutions need to guide their students as to what is required to successfully meet the Portfolio requirements of the EDO qualification. It is also possible that some of the Portfolio will be completed within a period of time after qualification (up to a maximum of two years). In both cases, the Training Institution will be responsible for the assessment of the portfolio, and needs to instruct candidates and provide a framework for completion of this. Training institutions be responsible for applying specific deadlines for portfolio submission.

Guidance is given below on each of the three sections of the Portfolio to help the Training Institution advise candidates when completing up their portfolio, and to help Candidates who have graduated from their Training Institution. It is hoped that this guidance will ensure consistency in the presentation of the patient experience data by candidates, guided by the staff of fully accredited institutions. The processes which Training Institutions put in place to instruct candidates in completion of their Portfolio of Clinical Experience, and the assessment framework they apply will be reviewed by the Accreditation panel for the EDO from ECOO.

## **The Purpose of the Portfolio**

The Portfolio provides ECOO with the evidence that candidates have the patient experience and clinical skills to offer optometric care at the level of the EDO. This Guidance is for candidates and the training institutions where they train, and for the Examiners. The purpose of this Guidance is to suggest what level of detail might be expected in the detailed cases and, in particular, how to present these data in the twenty detailed case studies.

### **1. Guidance for Candidates & their Training Institutions**

#### **Guidance for Completion of the Portfolio of Clinical Experience**

##### **1.1 Candidate Information**

In this section the Candidate provides his/her name, student identification number and address and contact details. Training institutions will need to capture details of the contact persons and locations where the candidate gained the experience captured in the portfolio, a record and validation of the work they conducted with clinical supervisors, and the dates and timeframe during which this experience occurred.

The remainder of this section lists the educational route the Candidate has followed to reach the stage of submitting the Portfolio and lists what supporting evidence is required.

Candidates submitting the Portfolio will have successfully completed an ECOO-accredited course and the ECOO accreditation will cover the period when the student trained there. It is possible the course they took was only partially accredited by ECOO and a follow-up course (or additional ECOO-accredited learning) was undertaken at another Institution, or at the same Institution at a later time, in order to ensure that, in sum, their training leads to full ECOO accreditation of their programme of learning. In both of these scenarios, there are two possibilities:

- (i) Candidates fully complete their Portfolio whilst registered as a student in a Training Institution which has been approved by ECOO or
- (ii) Candidates that are unable to gain sufficient diversity or volume of patient experience within their period of training for them to fulfil the Portfolio requirements. In this scenario, the Candidate completes a Portfolio after graduation containing any suitable patient experience gained within the training programme and further patient experience gained as a qualified optometrist. The candidate then submits this to the Training Institution and this is assessed by the Training Institution based on the criteria of the European Diploma Portfolio requirements.

For both (i) & (ii), the following information is required: The name of the training programme(s) attended, the name and address of the Training Institution, the starting and

finishing dates of study at the Institution. The name and address of the practice(s) where the candidate gained clinical experience, who their supervisor/manager was, and the start and finish dates for any placements during which clinical experience that appears in the Portfolio was gained. For (ii) it is expected that the Training institution has quality assurance procedures in place to evaluate the quality and nature of experience the candidate undertakes.

## 1.2 Evidence of Clinical Experience

The objective of this section is to broadly define the nature and extent of the Candidate's own optometric experience on the basis of the approximate numbers of patients seen over a time period up to a maximum of two years post-qualification from their institution with their nationally recognised qualification. Training institutions be responsible for applying specific deadlines for portfolio submission. Patient experience should reflect a breadth and depth of clinical experience reflective of conducting primary eye care examinations.<sup>1</sup> It is for Training Institutions to set up a process to capture patient episodes (cases) to enable candidates to track and record their clinical experience, and this experience should include: Routine eye examinations; detection and management of ocular disease and abnormalities; binocular vision and low vision cases, examinations which include ophthalmic dispensing experience; Contact lens fitting and aftercare cases (RGP and Soft).

To give an example of how clinical experience may be captured, the following table shows how the required information could be recorded. Note that **the** 130 patients must **not** be identified by name but by a unique reference number that will permit the original record to be retrieved if necessary.

Note also that ophthalmic dispensing cases alone would not count as one of the 130 cases because the dispensing aspect of the case needs to be presented in the report alongside the other clinical information from the complete eye examination conducted by the same student/candidate. In addition, it is important to stress that contact lens aftercare cases (without fitting) should only account for up to 10% of the 130 cases. We recognise that candidates may gain valuable experience in ophthalmology eye clinics or other specialist clinics and hospitals. However, the experience gained in such settings may be observational in capacity only or may consist only of a limited aspect of an eye examination, rather than the format of primary care eye examinations which is the main focus of the Portfolio of Clinical Experience. Thus, these experiences should not be presented as part of the 20 detailed case reports, but if candidates are gaining a substantive patient experience in which they are leading on the eye examination or providing clinical management, these experiences may be counted in the 130 cases of clinical experience, but only up to a maximum of 10% of the 130 cases.

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<sup>1</sup> ECOO CONTENTS OF AN OPTOMETRIC EYE EXAMINATION: <https://www.ecoo.info/wp-content/uploads/2012/10/ECOO-Press-Release-and-P-P.pdf>

**Table recording summary details of 130 patients seen by the candidate**

Training institution																										
Candidate ID																										
Date of clinical experience			To:																							
Location of clinical experience:																										
DATE	PATIENT INFORMATION			PATIENT TYPE	OCULAR ABNORMALITY					DILATED EYE EXAM	CONTACT LENSES			LOW VISION PATIENT	OPHTHALMIC DISPENSING		MANAGEMENT									
	PATIENT ID REF	SEX	AGE OF PATIENT	ETHNICITY	PRESBYOPE	PRE-PRESBYOPE	CHILD	CATARACT	AMD	DIABETES	GLAUCOMA	BV ISSUE	OTHER (Describe)	YES/NO	RGP FIT	RGP A/C	SOFT FIT (Describe)	SOFT A/C	SPECIALITY	Describe	SV	PROGRESSIVE	BIFOCAL	Describe		

Note that for Patient Identification (ID) reference, this should be sufficiently detailed to allow the actual record to be viewed. A/C = aftercare SV = single vision lenses, AMD = age related macular degeneration, BV = binocular vision, RGP = rigid gas permeable contact lens

### 1.3 Evidence of scope of practice: Twenty detailed case reports

The requirement of this section is that the candidate presents **twenty detailed case reports** that demonstrate experience of the whole range of optometric practice at the level of the European Diploma in Optometry (WCO Category 3b).

**Primary Care Eye Examinations (5)** – All the reports must contain a complete eye examination undertaken by the candidate,<sup>2</sup> starting with a summary of the history, any previous treatment up to the time of the examination and follow the guidance given below. Relevant diagrams or photographs should be included as part of the report. The five patients selected should include **two with different binocular vision** anomalies, **one patient with low vision** and **one patient who is 12 years of age or younger**.

**Abnormal Ocular Condition Cases (5)** – All the reports must contain a complete eye examination undertaken by the candidate, starting with a summary of the history, any previous treatment up to the time of the examination and follow the guidance given below. The discussion should include a description of the abnormal ocular condition and how the presentation in this case differs from the text book description. Relevant diagrams or photographs should be included as part of the report. **Three** of the cases should include (anonymized) letters referring the patient to an ophthalmologist, or onto the next step in the health system ladder.

**Contact lenses (5)** including **1 RGP fitting** – All the reports must contain a complete eye examination undertaken by the candidate, starting with a summary of the history, any previous treatment up to the time of the examination and follow the guidance given below. The contact lens examinations should be illustrated with appropriate diagrams, supplementary material or photographs that are contained within the portfolio.

**Dispensing (5)** - These reports should reflect patient encounters where the ophthalmic dispensing presented a particular challenge or more than one challenge. They must describe the nature of the dispensing difficulty/difficulties and justify the solution(s) chosen. All the reports should also contain details of the eye examination, starting with a summary of the history, any previous treatment up to the time of the examination and follow the guidance given below. Relevant diagrams or photographs should be included as part of the report.

#### 1.3.1 Presentation of the 20 detailed case reports

ECOO do not supply a standard template for how to present the twenty detailed cases. Candidates should present these cases comprehensively as they think most appropriate and the reports may be all in the same format for each patient or in different formats for different

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<sup>2</sup> ECOO CONTENTS OF AN OPTOMETRIC EYE EXAMINATION: <https://www.ecoo.info/wp-content/uploads/2012/10/ECOO-Press-Release-and-P-P.pdf>

patients. The 20 patients must **not** be identified by name but by a unique reference number that will permit the original record to be retrieved if necessary. However, information pertinent to the clinical case like age and sex, however, should be provided.

There are many ways of presenting these detailed reports and it is for the Training Institution to guide the candidates on what format and content is most effective for each report. The diagnosis and management must be evidence-based and, as far as is possible, the evidence should be described.

The important thing is that in each of these twenty detailed reports the candidates should demonstrate:

- their understanding of the patient's problems
- differential diagnoses
- how they decide which clinical tests are appropriate
- appropriate documentation of the clinical test results
- how they interpret their clinical findings
- how they come to a diagnosis, reflecting upon differential diagnoses
- the logic of their management plan
- a brief discussion of the case with supportive information used for management plan and/or prognosis
- a reflection by the Candidate of their own performance in dealing with the patient, e.g., a synopsis of what they feel they did well and what could have been done better; the latter could include what additional tests might have been useful, what tests that were conducted need not have run and how the management of the case may have been differently or better.

The following list of headings and content might be useful when deciding on how to present a particular case. These are just suggestions for you to consider and obviously not all are relevant to all patients.

### **History and Symptoms (Anamnesis):**

Age, gender, ethnical background (pertinent for differential diagnosis)

Chief complaint: Why does the patient want an eye examination?  
Signs and symptoms as described by patient  
What additional information do you obtain about the patient's complaints?  
For contact lens or spectacle follow-up, what additional information is needed for you to evaluate compliance?

Refractive history: Does the patient wear glasses, contact lenses (solutions used), etc.

Ocular history: Did the patient have problems in the past? Did or does he/she have medical or surgical treatments in the past or currently? If so, when and where?

Systemic history: Pertinent information about systemic disease such as diabetes, hypertension, thyroid disease, etc.

Medication use: Does the patient use medication (think of side effects)? If so, what type and how often? Compliance? Including rewetting-drops for ocular problems.

Family history: Any history of ocular disease or pertinent systemic conditions in family?

**Differential diagnosis:**

Based on the obtained information provided by the patient during history taking, you should be able to provide at least two diagnoses which could be the cause of the patient's complaints. Which condition do you need to rule in or out during your examination? Based on the differential diagnoses, you then build your examination strategy.

**Clinical Investigation:**

List the tests and the test results you performed to evaluate the patient. These should include examination of the anterior and posterior segments of the eye, cover test, ocular motility, objective and subjective refraction and any other tests as required, supporting photographs, printouts, visual fields, details of diagnostic drugs used etc. Indicate whether test results are outside normal limits and whether findings are different from what you would expect considering age, gender, appearance etc. It is essential that your examination of the eye is undertaken by direct or indirect ophthalmoscopy and that you include a description of this in your detailed cases. Fundus photographs alone do not give sufficient evidence of your clinical investigatory skills.

**Pictorial evidence:** Including drawings, diagrams, visual field plots and photographs in the record is recommended. If a photo slit-lamp is not available it is possible to take reasonable quality photographs of the external eye with a normal digital camera or a smartphone. Sometimes photographing through the slit lamp eye piece can give adequate results. Note all pictorial evidence should be contained within the Portfolio rather than being located elsewhere, and inclusion of such evidence should be discussed in the narrative of the case report.

**Tentative Diagnoses:**

Provide a list of possible diagnoses. Think of refractive problems, ocular disease primary or secondary to systemic disease, systemic diseases that potentially could cause the current or future ocular problems.

**Management Plan:**

Each diagnosis should go along with a plan that you make on how to approach or solve the patient's problems. The plan should contain pertinent information on

- Your clinical judgment (i.e., situation stable, better, worse)
- Are there other tests you need to perform to come up with a definite diagnosis?
- Your advice and explanation to the patient
- Whether or not you need to refer the patient, to whom and the timeframe
- Do you need to see the patient again for follow-up? If so, when?
- What is the appropriate refractive correction?
- How should the refractive correction be dispensed? Spectacles or contact lenses
- Specification of spectacles lenses and frame/Contact lenses.
- Instructions for wear
- Behavioural instructions

**Discussion & Reflection**

Provide a brief discussion of your case. What problems did you encounter? Describe the thinking process of how you came up with the differential diagnosis after history. Describe



how you came to the final diagnosis and why you did or did not refer the patient. Justify your refractive correction. Why and when you want to see the patient again for a follow-up? What did you do well? What could you have done differently? Did you align with evidence-based practise?

### 1.3.2 Additional guidance for Contact lens fitting case reports

#### **Example of information needed on Portfolio contact lens report.**

A contact lens case should not only contain the contact lens specific information but also a baseline full eye examination including posterior segment assessment prior to lens fitting.

The following is an example of the information needed for a contact lens case:

1. Full eye examination (see above)
2. Contact lens specific testing
  - Refraction
  - Cornea topographical data:
    - Central and peripheral keratometry readings OR
    - Corneal topography pictures with readable K-readings
  - Data of the selected preliminary lens
  - Evaluation of the preliminary lens including supporting evidence
    - Drawings, photos (or movie) showing the movement and positioning of the lens
    - Fluorescein evaluation (drawing or photo) for RGP lenses
  - Refraction with preliminary lens
  - Tentative Diagnoses (see information above)
  - Management Plan (see information above plus)
    - Include changes you need to make to improve the lens fitting
    - Provide an explanation why you need to make the changes
    - Include a follow-up visit with the evaluation of the adjusted lens
    - Include the data of the lens prescribed
  - Discussion (see information on discussion above)

It would be sensible to choose contact lens cases to show your skills e.g.

- 2 cases Soft-toric contact lenses (astigmatism > 2 dioptres)
- 2 cases RGP-toric contact lenses (astigmatism > 2 dioptres)
- 1 case Specialty contact lens (i.e., keratoconus, keratoplasty after refractive surgery, bifocal RGP lens, multifocal RGP or soft contact lens, scleral lens, orthokeratology, etc.)

*The above example is based on and specific to a contact lens case report. Candidates will need to develop a similar testing and reporting scheme for other cases, e.g., the binocular vision, abnormal ocular disease and dispensing case reports.*

## **2. Guidance for Training Institutions and Examiners assessing the Portfolio**

This advice is additional to and should be read together with earlier section 1: Guidance for Candidates.

The Portfolios of clinical experience reflect optometric experience on the basis of the approximate numbers of patients seen over a time period up to a maximum of two years post-qualification from their institution with their national recognised qualification. However, it for **the Training institution to decide on the timeframe and assessment framework that is feasible within their institutional requirements.**

Training Institutions that seek to be accredited with the European Diploma need to demonstrate their procedures for assessment of Portfolios, and their guidance for students in how to successfully collect and present evidence of their skills and experience. This will include guidance for students in how to reflect on their performance and develop their writing skills to create case reports of sufficient quality for their portfolio. These guidelines should be consulted when assessing their students' patient experience to ensure that it is at an equivalent standard to that described below.

Training institutions are welcome to contact ECOO Accreditation agency for further support and examples of case reports within Portfolios of Clinical experience.

### **Notes for Assessors**

#### **Section 2: The list of 130 cases**

The patients presented should cover all the classifications documented in the Exemplar Portfolio. A system should be in place for the validity of these case records to be checked, perhaps by request for a specified 10% sample of patient records, quality assurance processes with the clinical supervisor, or by oral examination of candidate.

#### **Section 3: The 20 detailed cases**

The assessment is based on the completeness and coherence of the detailed cases.

#### **Points to consider in assessment of the case reports**

- Is the case report comprehensive, containing images (where appropriate) and a sufficient level and volume of data?
- Has the candidate gained sufficient information from the patient?
- Is there an adequate description of the ocular and general health of the patient?
- Is the relationship between unaided vision, refractive error and corrected acuity plausible? Is the relationship between the objective refraction, the subjective refraction and the final prescription plausible? Are any differences noted and discussed?
- In the different case reports, is there a reasonable range of numerical descriptors e.g., C/D ratio, A/V ratio, phoria, anterior chamber angle, IOP etc.

- In terms of management and differential diagnoses, have all likely possibilities been explored? Have inconsistencies in the findings been noted and discussed?
- Has the student reflected on the case report and experience gained, and have they included an evaluation of their own performance in dealing with the patient' primary and any secondary issues
- Overall are you convinced that the Candidate understood the problems of the patient, performed an adequate investigation and provided a safe and satisfactory service to the patient?
- Are the detailed reports convincing as an eye examination performed by a reasonably experienced (1-3 years), and competent optometrist working independently with patients at the level of the European Diploma?
- Does this conform to the standard you have set out in your assessment procedures?

### **Points to consider in setting up the processes for assessment of the case reports**

- What is the timing of submission of case reports?
- Do you have agreed protocols for how much support will be given to candidates in preparing their portfolios?
- What occurs in the instances where the portfolio contains cases that are not at the required standard?
- How much support is to be offered to revise and improve these and how many additional attempts does the candidate get to 'pass'?
- What procedures can Training institutions put in place to support clinical supervisors and tutors?

**- END -**