

**Pearson
BTEC Level 3
Certificate for Optometric
Clinical Assistant**

**Pearson
BTEC Level 3
Certificate for Ophthalmic
Dispensing Assistant**

Specification

BTEC Specialist qualifications

First teaching August 2014

Issue 3

Edexcel, BTEC and LCCI qualifications

Edexcel, BTEC and LCCI qualifications are awarded by Pearson, the UK's largest awarding body offering academic and vocational qualifications that are globally recognised and benchmarked. For further information, please visit our qualifications website at qualifications.pearson.com. Alternatively, you can get in touch with us using the details on our contact us page at qualifications.pearson.com/contactus

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This specification is Issue 3. Key changes are listed in the summary table on the next page. We will inform centres of any changes to this issue. The latest issue can be found on the Pearson website: qualifications.pearson.com

These qualifications were previously known as:

Pearson BTEC Level 3 Certificate for Optometric Clinical Assistant (QCF)

Pearson BTEC Level 3 Certificate for Ophthalmic Dispensing Assistant (QCF)

The QNs remain the same.

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All information in this specification is correct at time of publication.

ISBN 9781446939963

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**Summary of specification Issue 3 changes for:
 Pearson BTEC Level 3 Certificate for Optometric Clinical Assistant
 Pearson BTEC Level 3 Certificate for Ophthalmic Dispensing Assistant**

Summary of changes made between previous Issue 2 and this current Issue 3	Page/section number
All references to QCF have been removed throughout the specification	Throughout
Definition of TQT added	Section 1
Definition of sizes of qualifications aligned to TQT	Section 1
TQT value added	Section 2
QCF references removed from unit titles and unit levels in all units	Section 12
Guided learning definition updated	Section 12

Earlier issue(s) show(s) previous changes.

If you need further information on these changes or what they mean, contact us via our website at: qualifications.pearson.com/en/support/contact-us.html.

Please note the main changes that have been made are to update the specification to match the current Pearson branding and formatting.

There have also been changes in wording to the following sections:

Qualification number and qualification title (under Section 2)

Section 11 Access to qualifications for learners with disabilities or specific needs

Additional resources (under Section 13)

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The purpose of a specification as defined by Ofqual is to set out:

- the qualification's objective
- any other qualification that a learner must have completed before taking the qualification
- any prior knowledge, skills or understanding that the learner is required to have before taking the qualification
- units that a learner must have completed before the qualification will be awarded and any optional routes
- any other requirements that a learner must have satisfied before they will be assessed or before the qualification will be awarded
- the knowledge, skills and understanding that will be assessed as part of the qualification (giving a clear indication of their coverage and depth)
- the method of any assessment and any associated requirements relating to it
- the criteria against which the learner's level of attainment will be measured (such as assessment criteria)
- any specimen materials
- any specified levels of attainment.

1 Introducing Pearson BTEC Specialist qualifications

What are BTEC Specialist qualifications?

BTEC Specialist qualifications are work-related qualifications available from Entry to Level 3 in a range of sectors. They give learners the knowledge, understanding and skills they need to prepare for employment in a specific occupational area. The qualifications also provide career development opportunities for those already in work. The qualifications may be offered as full-time or part-time courses in schools or colleges. Training centres and employers may also offer these qualifications.

Sizes of Specialist qualifications

For all regulated qualifications, we specify a total number of hours that learners are expected to undertake in order to complete and show achievement for the qualification – this is the Total Qualification Time (TQT). The TQT value indicates the size of a qualification.

Within the TQT, we identify the number of Guided Learning Hours (GLH) that a centre delivering the qualification needs to provide. Guided learning means activities that directly or immediately involve tutors and assessors in teaching, supervising, and invigilating learners, for example lectures, tutorials, online instruction and supervised study.

As well as guided learning, there may be other required learning that is directed by tutors or assessors. This includes, for example, private study, preparation for assessment and undertaking assessment when not under supervision, such as preparatory reading, revision and independent research.

As well as TQT and GLH, qualifications can also have a credit value – equal to one tenth of TQT, rounded to the nearest whole number.

TQT and credit values are assigned after consultation with users of the qualifications.

BTEC Specialist qualifications are available in the following sizes:

- Award – a qualification with a TQT value of 120 or less (equivalent to a range of 1–12 credits)
- Certificate – a qualification with a TQT value in the range of 121–369 (equivalent to a range of 13–36 credits)
- Diploma – a qualification with a TQT value of 370 or more (equivalent to 37 credits and above).

2 Qualification summary and key information

Qualification Number (QN)	601/1839/8
Regulation start date	21/10/2013
Operational start date	01/08/2014
Approved age ranges	16-18 19+
Credit value	30
Assessment	Centre-devised assessment (internal assessment)
Total Qualification Time (TQT)	300
Guided learning hours	171
Grading information	The qualification and units are at pass grade.
Entry requirements	No prior knowledge, understanding, skills or qualifications are required before learners register for this qualification. However, centres must follow the Pearson Access and Recruitment policy (see <i>Section 10 Access and recruitment</i>).
Funding	Qualifications eligible and funded for post-16-year-olds can be found on the funding Hub. The Skills Funding Agency also publishes a funding catalogue that lists the qualifications available for 19+ funding.

Qualification Number (QN)	601/1796/5
Regulation start date	21/10/2013
Operational start date	01/08/2014
Approved age ranges	16-18 19+
Credit value	29
Assessment	Centre-devised assessment (internal assessment)
Total Qualification Time (TQT)	290
Guided learning hours	170
Grading information	The qualification and units are at pass grade.
Entry requirements	No prior knowledge, understanding, skills or qualifications are required before learners register for this qualification. However, centres must follow the Pearson Access and Recruitment policy (see <i>Section 10 Access and recruitment</i>).
Funding	Qualifications eligible and funded for post-16-year-olds can be found on the funding Hub. The Skills Funding Agency also publishes a funding catalogue that lists the qualifications available for 19+ funding.

Qualification number and qualification title

Centres will need to use the Qualification Number (QN) when they seek public funding for their learners. The qualification title, unit titles and QN are given on each learner's final certificate. You should tell your learners this when your centre recruits them and registers them with us. There is more information about certification in our *UK Information Manual*, available on our website, qualifications.pearson.com

Objective of the Pearson BTEC Level 3 Certificate for Optometric Clinical Assistant

The Pearson BTEC Level 3 Certificate for Optometric Clinical Assistant is for learners who work in, or want to work, in optometric clinical services.

It gives learners the opportunity to:

- develop knowledge related to optometry
- achieve a nationally-recognised Level 3 qualification
- develop their own personal growth and engagement in learning.

Relationship with previous qualifications

This qualification is a replacement for the EDI Level 3 Certificate for Optometric Clinical Assistant. Information about how the new and old units relate to each other is given in *Annexe B*.

Progression opportunities through Pearson qualifications

Learners who have achieved the Pearson BTEC Level 3 Certificate for Optometric Clinical Assistant can progress to:

- Pearson BTEC Level 3 Diploma in Optical Retail Skills
- Pearson BTEC Level 4 Certificate in Optical Dispensing
- higher level qualifications in the sector.

Objective of the Pearson BTEC Level 3 Certificate for Ophthalmic Dispensing Assistant

The Pearson BTEC Level 3 Certificate for Ophthalmic Dispensing Assistant is for learners who work in, or want to work in, the optical dispensing service.

It gives learners the opportunity to:

- develop knowledge related to ophthalmic dispensing
- achieve a nationally-recognised Level 3 qualification
- develop their own personal growth and engagement in learning.

Relationship with previous qualifications

This qualification is a replacement for the EDI Level 3 Certificate for Ophthalmic Dispensing Assistant. Information about how the new and old units relate to each other is given in *Annexe B*.

Progression opportunities through Pearson qualifications

Learners who have achieved the Pearson BTEC Level 3 Certificate for Ophthalmic Dispensing Assistant can progress to:

- Pearson BTEC Level 3 Diploma in Optical Retail Skills
- Pearson BTEC Level 4 Certificate in Optical Dispensing
- higher level qualifications in the sector.

Industry support and recognition

These qualifications are supported by Skills for Health, the Sector Skills Council for health-related qualifications.

3 Qualification structures

Pearson BTEC Level 3 Certificate for Optometric Assistant

The learner will need to meet the requirements outlined in the table below before Pearson can award the qualification.

Minimum number of credits that must be achieved	30
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1	R/505/5913	Anatomy, Physiology and Pathology of the Visual System	3	5	27
2	Y/505/5914	Use of Spectacles	3	4	24
3	T/505/5922	Optometric Function and Low Vision Service	3	5	29
4	F/505/5924	Contact Lens Practice	3	4	22
5	J/505/5925	Roles and Responsibilities in Optical Practice	3	5	26
6	L/505/5926	Procedures in Contact Lens Practice	3	4	24
7	J/505/5939	Supporting the Provision of Spectacle Frames	3	3	19

Pearson BTEC Level 3 Certificate for Ophthalmic Dispensing Assistant

The learner will need to meet the requirements outlined in the table below before Pearson can award the qualification.

Minimum number of credits that must be achieved	29
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1	R/505/5913	Anatomy, Physiology and Pathology of the Visual System	3	5	27
2	Y/505/5914	Use of Spectacles	3	4	24
3	T/505/5922	Optometric Function and Low Vision Service	3	5	29
4	F/505/5924	Contact Lens Practice	3	4	22
7	J/505/5939	Supporting the Provision of Spectacle Frames	3	3	19
8	F/505/5941	Communication in Optical Customer Service	3	4	24
9	L/505/5943	Procedures in Optical Dispensing	3	4	25

4 Assessment

The table below gives a summary of the assessment methods used in the qualifications.

Units	Assessment method
All units	Centre-devised assessment

Centre-devised assessment (internal assessment)

Each unit has specified learning outcomes and assessment criteria. To pass an internally assessed unit, learners must meet all the learning outcomes. Centres may find it helpful if learners index and reference their evidence to the relevant learning outcomes and assessment criteria.

Centres need to write assignment briefs for learners to show what evidence is required. Assignment briefs should indicate clearly which assessment criteria are being targeted.

Assignment briefs and evidence produced by learners must meet any additional requirements in the *Information for tutors* section of the unit.

Unless otherwise indicated in *Information for tutors*, the centre can decide the form of assessment evidence (for example, performance observation, presentations, projects, tests, extended writing) as long as the methods chosen allow learners to produce valid, sufficient and reliable evidence of meeting the assessment criteria.

Centres are encouraged to give learners realistic scenarios and maximise the use of practical activities in delivery and assessment.

To avoid over-assessment centres are encouraged to link delivery and assessment across units.

There is more guidance about internal assessment on our website. See *Section 13. Further information and useful publications*.

5 Recognising prior learning and achievement

Recognition of Prior Learning

Recognition of Prior Learning (RPL) is a method of assessment (leading to the award of credit) that considers whether a learner can demonstrate that they can meet the assessment requirements for a unit through knowledge, understanding or skills they already possess and so do not need to develop through a course of learning.

Pearson encourages centres to recognise learners' previous achievements and experiences in and outside the workplace, as well as in the classroom. RPL provides a route for the recognition of the achievements resulting from continuous learning.

RPL enables recognition of achievement from a range of activities using any valid assessment methodology. If the assessment requirements of a given unit or qualification have been met, the use of RPL is acceptable for accrediting a unit, units or a whole qualification. Evidence of learning must be sufficient, reliable and valid.

Further guidance is available in the policy document *Recognition of Prior Learning Policy*, which is on our website, qualifications.pearson.com

6 Centre resource requirements

As part of the approval process, centres must make sure that the resource requirements below are in place before offering the qualification.

General resource requirements

- Centres must have appropriate physical resources (for example, equipment, IT, learning materials, teaching rooms) to support the delivery and assessment of the qualifications.
- Staff involved in the assessment process must have relevant expertise and occupational experience.
- There must be systems in place to ensure continuing professional development for staff delivering the qualifications.
- Centres must have appropriate health and safety policies in place relating to the use of equipment by learners.
- Centres must deliver the qualifications in accordance with current equality legislation. For further details on Pearson's commitment to the Equality Act 2010, please see *Section 10 Access and recruitment* and *Section 11 Access to qualifications for learners with disabilities or specific needs*. For full details on the Equality Act 2010, please go to the Home Office website, www.gov.uk/government/organisations/home-office

7 Centre recognition and approval

Centres that have not previously offered Pearson qualifications need to apply for, and be granted, centre recognition as part of the process for approval to offer individual qualifications.

Existing centres will be given 'automatic approval' for a new qualification if they are already approved for a qualification that is being replaced by a new qualification and the conditions for automatic approval are met.

Guidance on seeking approval to deliver Pearson BTEC qualifications is available at qualifications.pearson.com.

Approvals agreement

All centres are required to enter into an approval agreement that is a formal commitment by the head or principal of a centre to meet all the requirements of the specification and any associated codes, Conditions or regulations. Pearson will act to protect the integrity of the awarding of qualifications. If centres do not comply with the agreement, this could result in the suspension of certification or withdrawal of approval.

8 Quality assurance of centres

Quality assurance is at the heart of vocational qualifications. The centre assesses Pearson BTEC qualifications. The centre will use quality assurance to make sure that their managers, internal verifiers and assessors are standardised and supported. Pearson use quality assurance to check that all centres are working to national standards. It gives us the opportunity to identify and provide support, if needed, to safeguard certification. It also allows us to recognise and support good practice.

For the qualifications in this specification, the Pearson quality assurance model will follow one of the processes listed below.

- 1 Delivery of the qualification as part of a BTEC apprenticeship ('single click' registration):
 - an annual visit by a Standards Verifier to review centre-wide quality assurance systems and sampling of internal verification and assessor decisions
- 2 Delivery of the qualification outside the apprenticeship:
 - an annual visit to the centre by a Centre Quality Reviewer to review centre-wide quality assurance systems
 - Lead Internal Verifier accreditation. This involves online training and standardisation of Lead Internal Verifiers using our OSCA platform, accessed via Edexcel Online. Please note that not all qualifications will include Lead Internal Verifier accreditation. Where this is the case, we will allocate a Standards Verifier annually to conduct postal sampling of internal verification and assessor decisions for the Principal Subject Area.

For further details, go to the *UK BTEC Quality Assurance Handbook* on our website.

9 Programme delivery

Centres are free to offer the qualifications using any mode of delivery (for example full time, part time, evening only, distance learning) that meets their learners' needs. Whichever mode of delivery is used, centres must make sure that learners have access to the resources identified in the specification and to the subject specialists delivering the units.

Those planning the programme should aim to enhance the vocational nature of the qualification by:

- liaising with employers to make sure a course is relevant to learners' specific needs
- accessing and using non-confidential data and documents from learners' workplaces
- developing up-to-date and relevant teaching materials that make use of scenarios that are relevant to the sector
- giving learners the opportunity to apply their learning in practical activities
- including sponsoring employers in the delivery of the programme and, where appropriate, in the assessment
- making full use of the variety of experience of work and life that learners bring to the programme.

Centres must make sure that any legislation taught is up to date.

10 Access and recruitment

Pearson's policy regarding access to our qualifications is that:

- they should be available to everyone who is capable of reaching the required standards
- they should be free from any barriers that restrict access and progression
- there should be equal opportunities for all those wishing to access the qualifications.

Centres are required to recruit learners to Pearson BTEC Specialist qualifications with integrity.

Applicants will need relevant information and advice about the qualification to make sure it meets their needs.

Centres should review the applicant's prior qualifications and/or experience, considering whether this profile shows that they have the potential to achieve the qualification.

For learners with disabilities and specific needs, this review will need to take account of the support available to the learner during teaching and assessment of the qualification. The review must take account of the information and guidance in *Section 11 Access to qualifications for learners with disabilities or specific needs*.

Learners may be aged between 14 and 16 and therefore potentially vulnerable. Where learners are required to spend time and be assessed in work settings, it is the centre's responsibility to ensure that the work environment they go into is safe.

11 Access to qualifications for learners with disabilities or specific needs

Equality and fairness are central to our work. Pearson's Equality Policy requires all learners to have equal opportunity to access our qualifications and assessments and that our qualifications are awarded in a way that is fair to every learner.

We are committed to making sure that:

- learners with a protected characteristic (as defined by the Equality Act 2010) are not, when they are undertaking one of our qualifications, disadvantaged in comparison to learners who do not share that characteristic
- all learners achieve the recognition they deserve from undertaking a qualification and that this achievement can be compared fairly to the achievement of their peers.

For learners with disabilities and specific needs, the assessment of their potential to achieve the qualification must identify, where appropriate, the support that will be made available to them during delivery and assessment of the qualification. Please see the information on reasonable adjustments and special consideration in *Section 4, Assessment*.

Learners taking a qualification may be assessed in British sign language or Irish sign language where it is permitted for the purpose of reasonable adjustments.

12 Units

Units have the following sections.

Unit title

This is the formal title of the unit that will appear on the learner's certificate.

Unit reference number

Each unit is assigned a unit reference number that appears with the unit title on the Register of Regulated Qualifications.

Level

All units and qualifications have a level assigned to them. The level assigned is informed by the level descriptors defined by Ofqual, the qualifications regulator.

Credit value

When a learner achieves a unit, they gain the specified number of credits.

Guided learning hours

Guided Learning Hours (GLH) is the number of hours that a centre delivering the qualification needs to provide. Guided learning means activities that directly or immediately involve tutors and assessors in teaching, supervising, and invigilating learners, for example lectures, tutorials, online instruction and supervised study.

Unit aim

This gives a summary of what the unit aims to do.

Essential resources

This section lists any specialist resources needed to deliver the unit. The centre will be asked to make sure that these resources are in place when it seeks approval from Pearson to offer the qualification.

Learning outcomes

The learning outcomes of a unit set out what a learner knows, understands or is able to do as the result of a process of learning.

Assessment criteria

Assessment criteria specify the standard required by the learner to achieve each learning outcome.

Unit amplification

This section clarifies what a learner needs to know to achieve a learning outcome.

Information for tutors

This section gives tutors information on delivery and assessment. It contains the following subsections.

- *Delivery* – explains the content’s relationship to the learning outcomes and offers guidance on possible approaches to delivery.
- *Assessment* – gives information about the evidence that learners must produce, together with any additional guidance if appropriate. This section should be read in conjunction with the assessment criteria.
- *Indicative resource materials* – lists resource materials that can be used to support the teaching of the unit, for example books, journals and websites.

Unit 1: Anatomy, Physiology and Pathology of the Visual System

Unit reference number: R/505/5913

Level: 3

Credit value: 5

Guided learning hours: 27

Unit aim

This unit enables learners to gain knowledge and understanding of the biology of the eye, problems which can occur and the safe use, storage and supply of ophthalmic drugs.

Essential resources

There are no special resources needed for this unit.

Learning outcomes, assessment criteria and unit amplification

To pass this unit, the learner needs to demonstrate that they can meet all the learning outcomes for the unit. The assessment criteria determine the standard required to achieve the unit.

1	Understand the structure and function of the eye	1.1	Identify external and internal ocular structures of the eye	<ul style="list-style-type: none"> □ External: eyelids, eyelashes, lacrimal glands, extraocular muscles. □ Internal: cornea, pupil, ciliary body, iris, lens, aqueous humour, retina, macula, fovea, optic nerve, vitreous gel, sclera, choroid.
		1.2	Explain the structural and functional characteristics of the eye for: <ul style="list-style-type: none"> • internal ocular structure • external ocular structure 	<ul style="list-style-type: none"> □ Internal: ciliary body - controls movement of lens; cornea - refractive structure; iris-gives colour, regulates amount of light entering; lens-refracts light; pupil-lets in light; aqueous humour - maintains shape of eye; retina-captures/converts light; macular-central vision; fovea-cone cells - colour vision; optic nerve-connects eye to brain; vitreous gel-maintains shape; sclera-protective layer, choroid - blood supply to eye. □ External: eyelids-covers and protects; eyelashes-protection from debris; epithelium-blocks dust/debris, absorbs oxygen/cell nutrients from tears; lacrimal glands-secretes tears; extraocular muscles-controls eye movements.
		1.3	Describe the basic processes involved in the perception of colour and detail	<ul style="list-style-type: none"> □ Colour: eye and brain together translate light into colour; light receptors in the eye transmit messages to the brain; brain produces the sensations of colour. □ Detail: visual acuity; macula is an area on the retina that helps the eyes see fine details; contains mainly cones and few rods.

2	Understand common ocular problems	2.1	Identify the correct terminology to describe common ocular problems	<ul style="list-style-type: none"> □ Macular degeneration; temporal arteritis; cataracts; presbyopia; tearing; corneal diseases; conjunctivitis; eyestrain; glaucoma; retinal disorders; strabismus; conjunctivitis.
		2.2	Describe the common types of pathology which affect the eye including their risk factors	<ul style="list-style-type: none"> □ Injury; types of illness; types of disease; pre-existing pathology; symptoms; defect; ageing process; medication. □ Risk: progression of pathological conditions; age, treatment; diagnosis; individual risk factors of specific pathology; post-treatment aftercare; monitoring; long-term well-being; environmental influence.
		2.3	Describe the signs which might indicate a serious or urgent problem	<ul style="list-style-type: none"> □ Inflammation; redness; sudden blurring; flashes and floaters; pain; discharge; head ache; itching; puffiness; swelling; distortion; injury; bleeding; sudden changes to vision, loss of vision/colour.
		2.4	Explain when to seek advice regarding ocular problems	<ul style="list-style-type: none"> □ No stabilisation; increased number of /flashes and/or floaters; tearing; detachment; pain; roles/responsibilities; risk; pathology presenting; contraindications; bleeding.
		2.5	Explain the appropriate action to take if a serious or urgent problem occurs	<ul style="list-style-type: none"> □ Practitioner; emergency services; incident reporting; recording; support; advice/guidance; positioning/activity of patient.

3	Understand the relevant legislation surrounding the storage and supply of ophthalmic drugs	3.1	Explain the classification of ophthalmic drugs	<ul style="list-style-type: none"> □ Pharmacy; prescription only; over the counter/general sales list.
		3.2	Explain how classification relates to receipt, storage, supply and use	<ul style="list-style-type: none"> □ Security; signing; roles/responsibilities; competence; training; access; disposal; availability; non-prescription; contraindications; special instructions.
		3.3	Explain the key features of drug: <ul style="list-style-type: none"> • packaging • dosage • application method 	<ul style="list-style-type: none"> □ Packaging: patient information leaflet; drug/brand name; strength; warning statements; name of medication in Braille; manufacturer; strength. □ Dosage: frequency; dose; route; special instructions/precautions; time of dosage. □ Application method: infection control considerations; amount; method; precautions; special instructions.
		3.4	Explain how optical practices and staff comply with legislative requirements	<ul style="list-style-type: none"> □ Receipt; storage; administration; ordering; stock control; stock rotation; labelling; roles/responsibilities; disposal; administration; recording; reporting; training; currency; updates; application.

4	Understand the basic principles of the actions and uses of ophthalmic drugs	4.1	Explain the reasons for the use of ophthalmic drugs	<ul style="list-style-type: none"> □ Treatment; infections; inflammation; irritation; allergy; to relieve pressure; pain relief; treating: glaucoma, conjunctivitis, rhinitis, ocular hypertension, macular degeneration, corneal ulcers, retinal vein occlusion, diabetic retinal disease; testing; diagnosis; monitoring.
		4.2	Explain the therapeutic uses of ophthalmic drugs	<ul style="list-style-type: none"> □ Pain relief; symptom relief; reduction of inflammation/irritation; improvement to vision; test validity.
		4.3	Explain the side effects of ophthalmic drugs	<ul style="list-style-type: none"> □ Blurred vision; burning/stinging, redness, dry eyes, lid crusting; allergic reaction; puffiness; rash; dermatitis, changes in eye lash number/colour/length/thickness.
		4.4	Explain precautions taken and advice given to the patient before and following the administration of ophthalmic drugs	<ul style="list-style-type: none"> □ Monitoring; observation; prevention; avoidance; application; instructions; emergency contact details; activities; driving; vision; abnormalities.

Information for tutors

Assessment

The centre will devise and mark the assessment for this unit.

Learners must meet all assessment criteria to pass the unit.

Unit 2: Use of Spectacles

Unit reference number: Y/504/1074

Level: 3

Credit value: 4

Guided learning hours: 24

Unit aim

This unit enables learners to gain knowledge and understanding of how the eye focuses light and different spectacle lenses and materials.

Essential resources

There are no special resources needed for this unit.

Learning outcomes, assessment criteria and unit amplification

To pass this unit, the learner needs to demonstrate that they can meet all the learning outcomes for the unit. The assessment criteria determine the standard required to achieve the unit.

1	Understand how the eye focuses light from an object and common refractive problems	1.1	Describe how light is affected by the refracting structures of the eye in the normal eye	<ul style="list-style-type: none"> □ Air/tear interface on the surface of the cornea; lens; integrity of these structures; shapes of the cornea and lens; depth of the anterior chamber of the eye; length of the eye from front to back-the axial length.
		1.2	Describe the different types of problems that can affect the refraction of light by the eye	<ul style="list-style-type: none"> □ Refractive errors: myopia astigmatism and hyperopia; squint; presbyopia.
		1.3	Describe the basic principles of correcting refractive problems with spectacle lenses	<ul style="list-style-type: none"> □ Correct refractive errors by focusing light directly on the retina; lens shape; lens strength; concave/convex lens; cylinder lens; multifocal lens; frame selection.

2	Understand the practical application of spectacle lenses	2.1	Explain the terms: <ul style="list-style-type: none"> • focal power • focal length 	<ul style="list-style-type: none"> □ Focal power: the ability of a lens to converge a parallel beam of light; equals the reciprocal of the focal lens □ Focal length: index of refraction of the glass, the radii of curvature of the surfaces, medium in which the lens reside.
		2.2	Explain how to calculate focal lengths and powers	<ul style="list-style-type: none"> □ Length: distance from the lens to the virtual focus □ Power: reciprocal of the focal length, focal length is measured in meters.
		2.3	Identify the unit of measurement for power	<ul style="list-style-type: none"> □ Diopters (D)
		2.4	Identify the unit of measurement for focal length	<ul style="list-style-type: none"> □ Meters (m)
		2.5	Explain how lenses correct vision	<ul style="list-style-type: none"> □ Bending light rays so the image can be focused sharply on the retina; the better the retina records the image, the brain will interpret the image, the image will be seen more clearly.
		2.6	Explain the relationship between surface power and radius of curvature	<ul style="list-style-type: none"> □ Less curvature a surface has the less it will bend the ray and therefore the less power it will have; more curvature a surface has, the more it will change the direction of a light ray and have greater power.

3	Know the properties of spectacle lens material	3.1	Describe the different lens materials	<ul style="list-style-type: none"> □ CR-39 plastic; crown glass; polycarbonate; trivex; high index glass; high index plastics.
		3.2	Explain the different lens forms	<ul style="list-style-type: none"> □ Single vision; bifocals; varifocals; aspheric; executive lens. □ Lens coatings: scratch resistant, anti reflective, ultra violet protection.
4	Understand simple ophthalmic prescriptions	4.1	Identify terms used in writing a prescription	<ul style="list-style-type: none"> □ Identification of which eye/s; dioptres-the unit used to measure the correction; Sph refers to the 'spherical' portion of the prescription which is the degree of short-sightedness or long-sightedness; Cyl refers to the 'cylinder' or degree of astigmatism present, can be a negative or a positive number; axis is a number anywhere between 0 and 180 degrees- orientation of the astigmatism; 'prism' indicates the amount of correction that may be needed to align the image on the retina.
		4.2	Explain the terms: <ul style="list-style-type: none"> • refractive index • density • V-value 	<ul style="list-style-type: none"> □ Refractive index: classification of lens materials □ Density: weight of lens materials □ V-value: dispersive power; optical clarity
		4.3	Explain how changing the refractive index, density and V-value parameters affect the lens and visual comfort	<ul style="list-style-type: none"> □ Lenses correct refractive errors by refracting light as it passes through the lens; greater clarity; less stress on eyes; range of materials available; type/form of lens; enhanced vision; minimising lens thickness/weight.

5	Understand lenses used for non-spherical prescriptions	5.1	Describe the uses of optical prisms	<ul style="list-style-type: none"> □ Change direction of light travel at designated angle; correction of imbalance/errors in eye orientation by aligning image at the level of the retina.
		5.2	Describe how optical prisms are prescribed	<ul style="list-style-type: none"> □ Incorporated into lens; decentration; degree/direction of prism; correct tolerances.
		5.3	Describe different types of astigmatism	<ul style="list-style-type: none"> □ Simple hyperopic astigmatism-first focal line coincides with the retina while the second is located behind the retina; simple myopic astigmatism-first focal line is located in front of the retina while the second focal line is located on the retina; compound hyperopic astigmatism-both focal lines are located behind the retina; compound myopic astigmatism-both focal lines are located in front of the retina; mixed astigmatism-focal lines are on both sides of the retina/straddling the retina. □ Regular astigmatism - where cornea is curved more in one direction than the other; Irregular astigmatism - curvature of cornea uneven across the whole of the cornea (curved in multiple directions) usually due to eye injury.
		5.4	Explain how spectacles lenses are used to correct astigmatism	<ul style="list-style-type: none"> □ Correction of refractive error by glasses or contact lenses; spherical lens power used for correction, 'cylinder' lens power to correct the difference between the powers of the two principal meridians of the eye (astigmatism) .
		5.5	Describe how to carry out transposition of spherocylindrical prescriptions	<ul style="list-style-type: none"> □ Sphere/cylinder powers; minus – plus or vice versa; axis value.

Information for tutors

Assessment

The centre will devise and mark the assessment for this unit.

Learners must meet all assessment criteria to pass the unit.

Unit 3: Optometric Function and Low Vision Service

Unit reference number: L/504/1072

Level: 3

Credit value: 5

Guided learning hours: 29

Unit aim

This unit enables learners to gain knowledge and understanding of health issues related to eye examination and optical services for patients with low vision.

Essential resources

There are no special resources needed for this unit.

Learning outcomes, assessment criteria and unit amplification

To pass this unit, the learner needs to demonstrate that they can meet all the learning outcomes for the unit. The assessment criteria determine the standard required to achieve the unit.

1	Understand the legal, professional and ethical framework surrounding the eye examination and low vision assessment	1.1	Describe the professions and the groups working in the provision of eye care and low vision services in the UK	<ul style="list-style-type: none"> □ Carers; dispensing opticians; general practitioners; occupational therapists; clinicians; ophthalmic nurses; ophthalmologists; optometrists; orthoptists; rehabilitation workers/officers; clinical assistants; social workers; voluntary workers.
		1.2	Explain the legal requirements of the eye examination	<ul style="list-style-type: none"> □ Requirements of statutory eye test; recording of findings; Data Protection Act 1998; Equality Act 2010; payments; patient to be given copy of prescription; testing to determine defects/treatment; conduct of test; external ocular examination; intra-ocular examination; additional examinations as necessary.
		1.3	Explain the significance of key document requirements in optical practice to include: <ul style="list-style-type: none"> • legal • professional • National Health Service 	<ul style="list-style-type: none"> □ Patient details; products; reason for visit; history and symptoms; results of examination; prescription; fees paid; invoicing.
		1.4	List the definitions relating to visual impairment	<ul style="list-style-type: none"> □ Partially sighted; severe sight impairment; blindness; low vision.
		1.5	Explain the ethical responsibilities of the assistant in optical practice	<ul style="list-style-type: none"> □ Equality; choice; preferences; treatment options; responsibility; dignity; privacy; rights; currency of knowledge; personal beliefs do not prejudice treatment; confidentiality.
		1.6	Describe the assistant's role in optical practice	<ul style="list-style-type: none"> □ Customer service; welcoming patients; advisor; maintenance of records; testing; liaison with practice staff; responsibility for appointments; dispensing; stocking; ordering; health and safety; taking payments; dealing with concerns/issues/problems.

2	Understand the procedures and terminology associated with an optometric consultation	2.1	Explain the purpose of a history and symptoms interview at an optometric consultation	<ul style="list-style-type: none"> □ Baseline measurements; pre-existing conditions; medication; lifestyle; medical and ocular history; family history; expectations; issues; wellbeing.
		2.2	Explain the procedures and documentation used during an optometric consultation	<ul style="list-style-type: none"> □ Internal/external examination; establish visual acuity; full examination. □ Patient record card; prescription; fees; outcome of consultation.
		2.3	Identify the terminology used in relation to refraction	<ul style="list-style-type: none"> □ Axis; optical centre; concave lens; convex lens; testing.
		2.4	Explain the common tests which form part of the eye examination	<ul style="list-style-type: none"> □ Internal/external examination; establish visual acuity; functional testing; anatomical examination; visual acuity tests (refraction, retinoscopy); visual fields; tonometry; pupil responses; ocular motility; eye alignment/movement; keratometry.
		2.5	Describe features of a prescription	<ul style="list-style-type: none"> □ Identification of which eye/s; dioptries-the unit used to measure the correction; Sph refers to the 'spherical' portion of the prescription which is the degree of short-sightedness or long-sightedness; Cyl refers to the 'cylinder' or degree of astigmatism present, can be a negative or a positive number; axis is a number anywhere between 0 and 180 degrees- orientation of the astigmatism; 'prism' indicates the amount of correction that may be needed to align the image on the retina to manage diplopia.

3	Understand the results of tests used in the eye examination and advice given	3.1	Explain the significance of the results of different parts of the consultation	<ul style="list-style-type: none"> □ Treatment options available; further testing; referral; consultation; medication; prescription changes advised; abnormalities, advise on ocular medication/eye drops if required.
		3.2	Explain the results which will affect the dispensing of spectacles to the patient	<ul style="list-style-type: none"> □ Changes in refractive error; disease; illness; abnormalities; review of prescription; treatment options available; further testing.
		3.3	Explain ongoing management of the patient after the eye examination	<ul style="list-style-type: none"> □ Referral; testing; diagnosis; prescription; review; amendment; after care; support needs; re-examination.
		3.4	Describe how the optometrist communicates information about the results of the eye examination to: <ul style="list-style-type: none"> • the patient • other members of the practice team 	<ul style="list-style-type: none"> □ The patient-verbal communication; written confirmation; clarity; assistant's role; privacy; responding to queries; aftercare; encouraging questions; use of interpersonal skills; avoiding use of jargon/acronyms/terminology which could confuse. □ Other members of the practice team-patient data; test results; required documentation; clarity; roles and responsibilities.
		3.5	Describe the limits of the role of the assistant in the dispensing process	<ul style="list-style-type: none"> □ Responsibilities; competence; knowledge; skills; risk; referrals; interface with patients; provision of data; signposting to other organisations.

4	Understand the basic principles of the management of emergency health problems which may arise in optical practice	4.1	Describe emergencies that are most likely to occur in the practice	<ul style="list-style-type: none"> □ Sprains; strains; falls; trips; chest pains; breathing difficulties; stomach pains; insect bites; allergic reaction; optical injury.
		4.2	Explain what procedures should be followed if an optical emergency occurs	<ul style="list-style-type: none"> □ Use of effective communication; assess situation; reassure patient; call emergency services; clear area; support casualty; report/record incident; contact relatives/next of kin.
		4.3	Describe ways to differentiate urgent from non-urgent requests for appointments	<ul style="list-style-type: none"> □ Assess situation and ask relevant questions, knowledge; risk; pre-existing conditions; needs; check patient records; urgency; pain; prescriptions; details given.
5	Understand issues associated with visual impairment	5.1	Explain the common causes of visual impairment	<ul style="list-style-type: none"> □ Detached retina; glaucoma; age-related macular degeneration; cataracts; diabetic retinopathy, vein occlusions.
		5.2	Describe the difficulties experienced by patients with different types of visual impairment	<ul style="list-style-type: none"> □ Impact on working life; social life; independence/dependence; self-esteem; self-worth; risk; dignity; resources; finance.
6	Understand the products and services available to help patients with visual impairment	6.1	Describe products and services available for patients with visual impairment	<ul style="list-style-type: none"> □ Support groups; carers; social services; adaptations; third sector organisations; funding; benefits; long cane; guide dog; glasses; contact lenses; medication; surgery; treatment; GPS systems; low vision aids; rehabilitation; occupational therapists; advocates.
		6.2	Describe the information and assistance that can be given by an assistant for patients with visual impairment	<ul style="list-style-type: none"> □ support groups/networks; advice; guidance; demonstration; after care appointments; funding information.

Information for tutors

Assessment

The centre will devise and mark the assessment for this unit.

Learners must meet all assessment criteria to pass the unit.

Unit 4: Contact Lens Practice

Unit reference number: D/504/1075

Level: 3

Credit value: 4

Guided learning hours: 22

Unit aim

This unit enables learners to gain knowledge and understanding of the optical service for contact lens wearers

Essential resources

There are no special resources needed for this unit.

Learning outcomes, assessment criteria and unit amplification

To pass this unit, the learner needs to demonstrate that they can meet all the learning outcomes for the unit. The assessment criteria determine the standard required to achieve the unit.

1	Understand the requirements for a contact lens service	1.1	Explain the legal and professional requirements for the sale and supply of contact lenses	<ul style="list-style-type: none"> □ Roles/responsibilities; fitting; issuing of contact lens specification; registered practitioner; after care; lens insertion and removal taught; sale of contact lens solutions; explain/written confirmation on lens hygiene and possible lens mishaps/allergies/reactions to solutions and do's and don'ts.
		1.2	Explain the service process for a contact lenses service	<ul style="list-style-type: none"> □ Prescription; fitting; instructions; issuing of contact lens specification; guidance on use and aftercare.
		1.3	Explain patient characteristics which suggest contact lenses may be beneficial	<ul style="list-style-type: none"> □ Lifestyle; prescription; results from examination; preference; age; correction of eyesight; safety; comfort; ability; mobility; dexterity; appearance.
		1.4	Explain what characteristics would be beneficial for patients who wish to wear contact lenses	<ul style="list-style-type: none"> □ Comfort; safety; security; improvements in visual acuity; appearance; field of vision; not susceptible to fogging/dirt; aftercare; sports use; job role.
		1.5	Explain the effects of contact lens wear which may be detrimental to their success	<ul style="list-style-type: none"> □ level of visual acuity not achieved; high refractive errors; ill fitting lens causing discomfort and/or ocular problems; loss; aftercare; ongoing costs; handling damage; follow-up visits; cleaning; storage; remaining in situ.

2	Understand contact lens types, features and benefits	2.1	Describe key characteristics of materials used in contact lenses and their relation to performance	<ul style="list-style-type: none"> □ GP lenses, or rigid gas permeable lenses are made from a rigid material, and are particularly suitable for astigmatism, keratoconus and presbyopia. Scleral lenses are type of gas permeable lenses, larger in diameter than conventional RGP used for Stevens-Johnson syndrome, keratoconus, corneal grafts and chemical/thermal burn injuries. □ Soft lenses are made from hydrogel, a soft, flexible plastic. Materials include silicone hydrogel, which conveys more oxygen to the eye than the traditional hydrogel contact lenses. □ Hard lenses are rarely used, made from PMMA, which is a rigid plastic that does not enable oxygen to pass through to the eye.
		2.2	Outline the features of contact lenses to include the: <ul style="list-style-type: none"> • manufacture • shape • size • care of 	<ul style="list-style-type: none"> □ Variety of materials; fittings; powers; designs to correct vision; soft lenses incorporate water; must be kept in contact lens solution to prevent them from drying out; silicone hydrogels allow much more oxygen to pass through to the cornea; replacement frequency/wearing schedule; replacement can be daily, two weekly, monthly, three monthly, six monthly or less often; lenses may be used on a daily-wear basis or sometimes for up to 30 days of extended or continuous wear; no aftercare if disposable single-use; scleral lenses—large, rigid lenses; RGP—smaller lenses; use of contact lens solutions/storage containers; regular check-ups.
		2.3	Explain the features and benefits of contact lenses for patients	<ul style="list-style-type: none"> □ Comfort; use; risk; safety; security; improvements in visual acuity; appearance; field of vision; not susceptible to fogging/dirt; aftercare; sports use; job role; disposable; limited aftercare for some types.
		2.4	Explain the contact lens specification, and documentation relating to ordering contact lenses	<ul style="list-style-type: none"> □ Patient's name and address; date of birth; practitioner/registration number in the General Medical Council's register of registered medical practitioners; practice address; name of practice; date of fitting; details of lenses fitted; date the specification expires; any other information necessary; prescription/order; recall period for aftercare.

3	Understand contact lens care	3.1	Describe the requirements of contact lens care	<ul style="list-style-type: none"> □ Handling; fitting; cleaning; soaking; solutions; disposal; storage; cleaners; transference of germs; hygiene; disinfect; protein removal; infection control.
		3.2	Describe the consequences of poor adherence to advice on contact lens care	<ul style="list-style-type: none"> □ Infection; irritation; inflammation; allergy; impact on vision; injury; build-up of protein/lipids; itching; burning; tearing; foreign body sensation; pain; dry eyes; scratches to lenses; replacements required; dizziness; headaches.
		3.3	Describe how deposits and micro-organisms can affect the safety and comfort of contact lens wear	<ul style="list-style-type: none"> □ Disease; infection; impairment; blurred vision; discomfort; dryness; foreign body sensation; pain; headaches; feeling of imbalance; irritation; redness; puffiness.
		3.4	Explain the use of different types of contact lens care products to include: <ul style="list-style-type: none"> • the components of care solutions • the functions of care solutions 	<ul style="list-style-type: none"> □ Components: disinfectant; dual disinfectants; hydrogen peroxide. □ Functions: disinfecting; removal of proteins; removal of lipids; cleaning; comfort; compatibility; storage; buffers.

4	Understand how to support safe and effective contact lens wear	4.1	Explain why patients may need to adapt to contact lens wear	<ul style="list-style-type: none"> □ Fitting; use; maintenance; aftercare; risk; infection control; field of vision.
		4.2	Explain how to encourage safe and effective contact lens wear	<ul style="list-style-type: none"> □ Demonstration; verbal and written advice; guidance; follow-up appointments; contact details; importance of maintenance/cleanliness; leaflets.
		4.3	Explain the methods for contact lens: <ul style="list-style-type: none"> • insertion • removal • re-centration 	<ul style="list-style-type: none"> □ Insertion: wash hands with soap; dry hands with tissue not towel; remove one lens from case; place lens on index finger (right lens on the right hand); use left hand to hold both eyelids open; resist urge of blinking; place the lens on the cornea; slowly let go of eyelids held apart; can roll eyes to remove the bubble underneath the lens; blink gently a few times. Repeat for the other eye. □ Removal: wash and dry hands; use the index finger of opposite hand to pull up upper eyelid; use the middle finger of dominant hand with the contact on it to pull lower eyelid down; look up and slide the contact lens down, then pinch it out. □ Re-centration: locate lens on eye; slide to bottom part of eye; hold lens in place with gentle pressure in most temporal position; slide lens up to corneal surface.
		4.4	Describe common problems which may occur in contact lens wear	<ul style="list-style-type: none"> □ Loss, insertion; removal; re-centration; infection; irritation; allergy; impact on vision; injury; build-up of protein/bacteria; itching; burning; tearing; foreign body sensation; dry eyes; scratches to lenses; replacements required; dizziness; headaches; reactions to solutions.

Information for tutors

Assessment

The centre will devise and mark the assessment for this unit.

Learners must meet all assessment criteria to pass the unit.

Unit 5: Roles and Responsibilities in Optical Practice

Unit reference number: T/504/1079

Level: 3

Credit value: 5

Guided learning hours: 26

Unit aim

This unit enables learners to gain knowledge and understanding of the principles of the roles and responsibilities of different members of the practice team, including delegated functions and health and safety procedures.

Essential resources

There are no special resources needed for this unit.

Learning outcomes, assessment criteria and unit amplification

To pass this unit, the learner needs to demonstrate that they can meet all the learning outcomes for the unit. The assessment criteria determine the standard required to achieve the unit.

1	Understand features of effective communication in optical practice	1.1	Describe elements and styles of communication	<ul style="list-style-type: none"> □ Passive; assertive; open; use of body language; non verbal communication; clear/direct; use of jargon/terminology; active listening; observation; responding to questions/queries.
		1.2	Explain the principles of effective communication	<ul style="list-style-type: none"> □ Shared understanding; exchange of information; sender/receiver; delivery; style/use of questioning; use of body language; content; accuracy; consistency; positive approach; clarifying understanding; intonation.
		1.3	Explain how to adapt communication to different situations relating to optical practice	<ul style="list-style-type: none"> □ Use of terminology; checking understanding; repetition; starting point; use of questioning; clarification; break down of information; references; confidentiality.
		1.4	Explain how communication can be used to give a patient a positive experience	<ul style="list-style-type: none"> □ Focus on benefits; positive approach; sharing of information; understanding; advice; guidance; support.

2	Understand the principles and procedures involved in tasks supported by the assistant	2.1	Explain how to provide accurate optimal clinical information to patients and others	<ul style="list-style-type: none"> □ Maintenance of own knowledge/competence/practice; checking details/data; currency of information; sources.
		2.2	Explain the purpose of non-contact tonometry to include: <ul style="list-style-type: none"> • the instruments used • methods of use • the results 	<ul style="list-style-type: none"> □ Does not touch eye/s; uses a puff of air to flatten cornea; used to check intraocular pressure; does not use numbing eyedrops; tonometer used; measuring by sensing deflections of the cornea in reaction to a puff of pressurised air.
		2.3	Explain who may benefit from tonometry	<ul style="list-style-type: none"> □ Patients with a family history of glaucoma; any patient suspect of raised pressure due to injury, trauma; one of the ways to aid diagnose detached retina (usually low pressure in the detached eye).
		2.4	Explain the significance of intraocular pressure	<ul style="list-style-type: none"> □ Fluid pressure inside the eye; detection of glaucoma; ocular hypertension; detection of other pathologies like retinal detachment.
		2.5	Identify the sources of error in non-contact tonometry	<ul style="list-style-type: none"> □ Faults with non-contact tonometer; skill in fixation; height of pressure; abnormalities to cornea, ptosis.
		2.6	Explain how to correct sources of error in non-contact tonometry	<ul style="list-style-type: none"> □ Maintenance of equipment; explanation to patient of need for testing; replacement/service of equipment; repeat reading.
		2.7	Explain the purpose of visual field testing to include: <ul style="list-style-type: none"> • patient selection • instruments used • results 	<ul style="list-style-type: none"> □ Can detect dysfunction in central/peripheral vision which may be caused by various medical conditions such as age-related macular degeneration, optic neuropathy, retinal detachment; screening tests include confrontational visual field testing and use of an Amsler grid; quantitative measurements using manual or automated perimetry; use of results to determine extent of field of vision.

		2.8	Explain the procedures for using visual field screeners	<ul style="list-style-type: none"> □ Confrontation visual field testing – patient covers their right eye with their right hand, vice versa when testing the opposite eye, sitting directly across from the patient, the patient should direct their gaze to the corresponding eye of the examiner, show patient bead on a stick and move it inwards from outside the field of view, patient needs to indicate when he/she first sees the target. Do the same for the eight principal radial meridians. Amsler grid testing – consists of a grid of evenly spaced horizontal and vertical lines, a small dot is located in the middle of the grid for the person taking the test to focus on, while staring at the dot, the person will look for wavy lines and missing areas of the grid.
		2.9	Describe the normal visual field and visual field loss	<ul style="list-style-type: none"> □ Normal visual field: 50° superiorly and nasally, 60° inferiorly and 90° temporally to central fixation. visual field loss: loss of part of the usual field of vision, does not include blindness of either one eye or both, lesion may be anywhere along the optic pathway; retina to occipital cortex.
		2.10	Explain how to minimise sources of error in visual field screening	<ul style="list-style-type: none"> □ Effective communication; check equipment; monitor use; check results; correct use of equipment.
		2.11	Describe common causes of visual field loss	<ul style="list-style-type: none"> □ Glaucoma; optic neuritis; stroke; optic neuropathy; macular holes; cone dystrophies; retinal detachment; retinitis pigmentosa; chorioretinitis; vein occlusions; macular degeneration.
		2.12	Explain the measurement of visual acuity in young children	<ul style="list-style-type: none"> □ Picture/shape tests; matching tests; Snellen chart.
		2.13	Explain colour vision defects including their frequency and significance for patient: <ul style="list-style-type: none"> • lifestyles • occupations 	<ul style="list-style-type: none"> □ Unable to see colours clearly and accurately; difficult to distinguish between different colours; difficulty identifying pale colours or deep colours if the lighting is poor; impact on job roles due to difficulty distinguishing colours-risk; health and safety; well-being; opportunities.

		2.14	Explain the purpose of tests to detect and assess colour vision defects	<ul style="list-style-type: none"> □ Ishihara test – often used to diagnose red-green colour deficiencies; City University test also helps distinguish red-green deficiencies and/or blue colour deficiency; the Colour Assessment and Diagnosis (CAD) test – used in addition to the Ishihara test, can be used for both red-green and blue colour deficiency.
		2.15	Explain stereopsis and the monocular visual field	<ul style="list-style-type: none"> □ Stereopsis-the impression of depth that is perceived when a scene is viewed with both eyes by someone with normal binocular vision. □ Monocular vision is vision in which each eye is used separately.
		2.16	Explain stereopsis measurement and its limitations	<ul style="list-style-type: none"> □ Stereogram–separate panels are shown to each eye by superimposing them in a stereoscope using prisms or goggles with colour or polarising filters or alternating occlusion; chart, similar to the Snellen visual acuity chart; limitations in terms of application of testing; disparity may not be factored in; object shapes may be known.
3	Understand the information required for delegated or supported tasks	3.1	Describe how to record the results of common delegated tasks including information given by the patient	<ul style="list-style-type: none"> □ Agreed forms; consistency; continuity; legibly; confidentiality; accuracy.
		3.2	Explain what a patient record is	<ul style="list-style-type: none"> □ Date of the test; patient details; results of tests; clinical details; dispensing details; people responsible for tests/assessments/recording; prescriptions; referrals; advice given; recall period.
		3.3	Identify common terms and abbreviations used in optometric services	<ul style="list-style-type: none"> □ Optometry; optometrist; optician; visual perception; glaucoma; ocular hypertension; depth perception; diabetic retinopathy; visual acuity; floaters; flashes; retinal detachment; macular degeneration; ABDO Association of British Dispensing Opticians; AO Accredited Optometrist; AOP Association of Optometrists; CoO College of Optometrists; FODO Federation of Dispensing Opticians; GOC General Optical Council; GP General Practitioner; IOP Intra-ocular pressure; VA Visual Acuity; VF Visual Field.

		3.4	Describe the information about tests and results that may be communicated to the patient by an assistant	<ul style="list-style-type: none"> □ Process of testing; outcome; problems with testing.
4	Understand selected health and safety procedures and standards	4.1	Explain the procedures involved in maintaining the consulting room	<ul style="list-style-type: none"> □ Hygiene; health and safety; infection control; currency of information; maintenance of equipment; stock maintenance and control; accessibility of records/information.
		4.2	Explain the procedures for infection control and hygiene	<ul style="list-style-type: none"> □ Hand washing; disposal of used equipment; sterility; personal protective equipment (PPE); raising awareness of patient role.

Information for tutors

Assessment

The centre will devise and mark the assessment for this unit.

Learners must meet all assessment criteria to pass the unit.

Unit 6: Procedures in Contact Lens Practice

Unit reference number: K/504/1080

Level: 3

Credit value: 4

Guided learning hours: 24

Unit aim

This unit enables learners to gain knowledge and understanding of contact lens aftercare and uses of contact lenses for non-routine purposes.

Essential resources

There are no special resources needed for this unit.

Learning outcomes, assessment criteria and unit amplification

To pass this unit, the learner needs to demonstrate that they can meet all the learning outcomes for the unit. The assessment criteria determine the standard required to achieve the unit.

1	Understand contact lens aftercare	1.1	<p>Explain the characteristics of aftercare appointments to include:</p> <ul style="list-style-type: none"> • significance • purpose • content • timing 	<ul style="list-style-type: none"> □ Significance: continuing care; maintenance; legislative requirements; duty of care; contractual requirements; wellbeing. □ Purpose: advice; guidance; checks; assessment; comfort; vision; clarify. □ Content: assessment; checks; guidance; re-fitting if required; comfort; vision after care; cleaning/storage; contact lens check; ocular health check; removal/insertion; approval of further lenses. □ Timing: agreed times; legislative requirements; contractual agreements; post-trial use; length of wearing; flexibility around timing; supply; fitting.
		1.2	<p>Explain the role of the assistant in the aftercare of contact lenses</p>	<ul style="list-style-type: none"> □ Advice; guidance; support; demonstration; ordering; sign posting; checking; approval of ordered lenses.
		1.3	<p>Identify the information which should be obtained from and shared with the patient</p>	<ul style="list-style-type: none"> □ Comfort; wearing pattern; vision; problems; discomfort; adjustments; new products; assessment; solution sensitivity.

2	Understand the problems which may be detected at aftercare	2.1	Describe the problems which can occur in contact lens wear to include: <ul style="list-style-type: none"> • risk factors • signs • symptoms • management 	<ul style="list-style-type: none"> □ Risk factors: lifestyle; use; infection; irritation; loss; scratching; damage; lens stuck; aftercare; storage. □ Signs: redness; puffiness; swelling; bleeding; poor vision. □ Symptoms: itching; headaches; blurred vision; dryness. □ Management: cleaning; storage insertion; removal; disposal.
		2.2	Explain the procedures used in aftercare to: <ul style="list-style-type: none"> • detect problems • assess their severity 	<ul style="list-style-type: none"> □ Detect problems: assessment; observation; questioning; feedback; use of lenses; care of lenses. □ Assess their severity: observation; feedback; inflammation; pain levels; impact on vision; issues indicated.
3	Understand surgical alternatives to contact lenses and spectacles	3.1	Explain when surgical alternatives may be necessary	<ul style="list-style-type: none"> □ Cataracts; injury; unable to wear lenses/glasses; damage to eyes; astigmatism; near-sightedness; farsightedness; presbyopia; lifestyle; occupation.
		3.2	Describe refractive surgery	<ul style="list-style-type: none"> □ Any surgical procedure used to correct vision problems; vision correction surgery work by reshaping the cornea so that light travelling through it is properly focused onto the retina located in the back of the eye; other types involve replacing the eye's natural lens and inserting a powered intra ocular lens.

4	Understand contact lenses for non-spherical prescriptions and special uses	4.1	Explain the assessment of contact lens patients with astigmatism	<ul style="list-style-type: none"> □ History of compliant; past ocular history; test each eye; contact lenses in situ; near and distance vision; suitability; preferences.
		4.2	Describe the designs of lenses for patients with astigmatism	<ul style="list-style-type: none"> □ Soft lenses; toric lenses; bitoric lenses; rigid gas permeable.
		4.3	Explain the methods of contact lens correction used for patients who are presbyopic	<ul style="list-style-type: none"> □ Bifocal lenses; monovision with full addition no non dominant eye; partial monovision contact lenses, where two-thirds of the near vision addition is on the non-dominant eye; multifocal lenses.
		4.4	Explain tinted and cosmetic contact lenses and their uses	<ul style="list-style-type: none"> □ Enhancement; lifestyle; comfort; preference; appearance; safety; leisure activities.
		4.5	Explain the uses of therapeutic contact lenses	<ul style="list-style-type: none"> □ Healing properties; abrasions; wound closure; application of medication; ulcers; chemical burns; lacerations; post-operative use; sealant.
		4.6	Describe the current role of extended or continuous wear regimes	<ul style="list-style-type: none"> □ Convenience; lifestyle; leisure/sport activities; travelling; work patterns; capabilities; abilities; resources; access to resources/solutions.

Information for tutors

Assessment

The centre will devise and mark the assessment for this unit.

Learners must meet all assessment criteria to pass the unit.

Unit 7: Supporting the Provision of Spectacle Frames

Unit reference number: M/504/1078

Level: 3

Credit value: 3

Guided learning hours: 19

Unit aim

This unit enables learners to gain knowledge and understanding of spectacle lenses and materials

Essential resources

There are no special resources needed for this unit.

Learning outcomes, assessment criteria and unit amplification

To pass this unit, the learner needs to demonstrate that they can meet all the learning outcomes for the unit. The assessment criteria determine the standard required to achieve the unit.

1	Understand the materials used in spectacle frames	1.1	List the materials used in the manufacture of spectacle frames	<ul style="list-style-type: none"> □ Cellulose acetate; cellulose propionate; monel; stainless steel; titanium; nickel alloy; memory alloy; nylon; Optyl.
		1.2	Describe the properties of spectacle frame materials	<ul style="list-style-type: none"> □ Durability; comfort; style; looks; price; non-allergenic; environmentally-conscious; flexibility; safety; weight; strength.
		1.3	Explain the advantages of different spectacle frame materials	<ul style="list-style-type: none"> □ Choice; preference; weight; comfort; durability; strength; range of sight; prescription.
		1.4	Explain the disadvantages of different spectacle frame materials	<ul style="list-style-type: none"> □ Cost; choice; durability; flexibility; safety; comfort; suitability.
2	Understand how spectacle frames are selected and adjusted	2.1	Describe the components of spectacle frames	<ul style="list-style-type: none"> □ Frame; nose pad; nose bridge; screws; hinges; pad arms; temple tips; fastener; lens.
		2.2	Describe the types of spectacle frame construction	<ul style="list-style-type: none"> □ Plastic/metal components; rimless; frame; nose pad; nose bridge; screws; hinges; pad arms; temple tips; fastener.
		2.3	Explain the advantages of different types of spectacle frame construction	<ul style="list-style-type: none"> □ Index; choice; preference; weight; comfort; durability; strength; range of sight; prescription.
		2.4	Explain the disadvantages of different types of spectacle frame construction	<ul style="list-style-type: none"> □ Cost; choice; durability; flexibility; safety; comfort; suitability; choice; index; weight.

3	Understand the British Standard of measurement of spectacle frames	3.1	Explain how to measure spectacle frames to British Standards	<ul style="list-style-type: none"> □ Lens diameter is the width of the lens in mm, measured from the bridge; arm length is one of three standards – 135, 140 or 145mm; adjustments made as necessary.
		3.2	Explain the dimensions of spectacle frames	<ul style="list-style-type: none"> □ The first number in the dimension is the distance across one lens of the eyeglass frame, does not include the frame; the second number in the dimension is the distance across the bridge on the frame; the third number is the length of the temple or arm piece from the front of the frame to the end of the temple.
		3.3	Explain how to measure the segment position for bifocal lenses	<ul style="list-style-type: none"> □ Ask patient about use of bifocals; segment surface; segment top; monocular pupil centre; patient’s posture when standing and sitting; lower limbus to the bottom of the lens.
		3.4	Explain how to measure the segment position for multifocal lenses	<ul style="list-style-type: none"> □ Consult with patient; natural head position of patient; sit at eye level with patient; remove the frames; monocular PD, measure the segment height from the top of the segment to the deepest point of the frame.
		3.5	Explain how to measure the fitting for progressive lenses	<ul style="list-style-type: none"> □ Select frame; pre-adjust frame; measure fitting heights - from pupil centre to bottom of the lens monocularly; measure distance PDs; verify cut-out; take free-form measurements.

Information for tutors

Assessment

The centre will devise and mark the assessment for this unit.

Learners must meet all assessment criteria to pass the unit.

Unit 8: Communication in Optical Customer Service

Unit reference number: K/504/1077

Level: 3

Credit value: 4

Guided learning hours: 24

Unit aim

This unit enables learners to gain the knowledge and understanding required to communicate effectively to optical sector customers.

Essential resources

There are no special resources needed for this unit.

Learning outcomes, assessment criteria and unit amplification

To pass this unit, the learner needs to demonstrate that they can meet all the learning outcomes for the unit. The assessment criteria determine the standard required to achieve the unit.

1	Understand the skills required for effective communication in optical customer service	1.1	Define the skills required when communicating with optical customers	<ul style="list-style-type: none"> □ Shared understanding; exchange of information; sender/receiver; delivery; style/use of questioning; use of body language; content; accuracy; consistency; positive approach; clarifying understanding; intonation; no jargon.
		1.2	Explain the techniques for communicating with different types of customer	<ul style="list-style-type: none"> □ Approach; open lines of communication; advice/guidance; level of support provided; access to after care; follow-up appointments; written communication; interpreter; translator; awareness of needs/preferences; intermediary; family member to support; guidance available in written format; sensory disability support.
		1.3	Describe concerns of the optical customer	<ul style="list-style-type: none"> □ Prescription; test results; options; cost; resources; availability; diagnosis; prognosis; outcomes; aftercare.
		1.4	Explain the importance of customer records	<ul style="list-style-type: none"> □ Currency; health and safety; allergy information; contact details; outcomes; advice given; assessments; testing; results.
		1.5	Explain the importance of good in-house relationships	<ul style="list-style-type: none"> □ Peer support; exchange of knowledge; advice; guidance; positive culture; confidence for patients.
2	Understand communication methods	2.1	Explain the advantages of the different communication methods	<ul style="list-style-type: none"> □ Understanding; reduction in errors/mistakes; good interpersonal skills; preferences; dignity; choice; customer benefits.
		2.2	Explain the disadvantages of the different communication methods	<ul style="list-style-type: none"> □ Mistakes; blame culture; interpretation; time; competence; ability; consistency; loss of customer base.

3	Understand customer service in the optical sector	3.1	Describe the principles of customer service management	<ul style="list-style-type: none"> □ Interaction; responding to needs of customers; retain customers; develop customer base; anticipate customer needs; increase value/choice; information sharing; interaction.
		3.2	Explain the importance of managing optical customers' expectations	<ul style="list-style-type: none"> □ Customer retention; risk; enhanced customer experience; duty of care; roles and responsibilities; requirements of service; customer engagement; customer satisfaction.
		3.3	Describe how to plan for the delivery of customer service within the optical sector	<ul style="list-style-type: none"> □ Sector changes; legislative/policy changes and demands; SWOT analysis; staffing levels; staff training/competence; qualifications.
		3.4	Describe the types of standards required in customer service within the optical sector	<ul style="list-style-type: none"> □ General Optical Council; company/organisational standards; Equality Act 2010; duty of care; Opticians Act; College of Optometrists Code of Conduct and Guidelines; Association of British Dispensing Opticians Guidelines; General Ophthalmic Services Regulations and Contract (for NHS patients); NHS complaints regulations; Single Operating Model for NHS contract compliance; Association of Contact Lens Manufacturers; the Association of Optometrists; the Federation of Manufacturing Opticians; Federation of Opticians; health and safety; the Data protection act.
		3.5	Explain how to manage customer behaviour in difficult situations	<ul style="list-style-type: none"> □ Non-aggressive approach; assertive; listen; two way communication; reporting; recording; identify issues; resolve issues; seek advice/guidance as necessary; roles and responsibilities.
		3.6	Explain how to handle complaints	<ul style="list-style-type: none"> □ Acknowledge complaint; listen; invite customer feedback; problem solve; communicate with customer; review procedures; seek support as necessary.
		3.7	Describe the principles of continuous improvement of customer service	<ul style="list-style-type: none"> □ Review; customer feedback; progression; adaptation; forward thinking; customer involvement; training; development.

Information for tutors

Assessment

The centre will devise and mark the assessment for this unit.

Learners must meet all assessment criteria to pass the unit.

Unit 9: Procedures in Optical Dispensing

Unit reference number: H/504/1076

Level: 3

Credit value: 4

Guided learning hours: 25

Unit aim

This unit enables learners to gain the knowledge and understanding required to support the provision of lenses.

Essential resources

There are no special resources needed for this unit.

Learning outcomes, assessment criteria and unit amplification

To pass this unit, the learner needs to demonstrate that they can meet all the learning outcomes for the unit. The assessment criteria determine the standard required to achieve the unit.

1	Understand ophthalmic lens properties and their effects on visual performance	1.1	<p>Explain the following in relation to ophthalmic lens materials:</p> <ul style="list-style-type: none"> • refractive index • specific gravity • V-value • relative curvature 	<ul style="list-style-type: none"> □ Refractive index: classification of lens materials □ Specific gravity: density of lens materials □ V-value: dispersive power; optical clarity □ Relative curvature: gives focus or changes focus of vision
		1.2	Explain how lens thickness can be altered using different lens materials	<ul style="list-style-type: none"> □ Material density increases as lens thickness is reduced by increasing refractive index.
		1.3	Explain how to estimate the finished thickness of a lens	<ul style="list-style-type: none"> □ Surface power, diameter, thickness; radius of curvature.
		1.4	Explain what needs to be considered when dispensing high-index materials	<ul style="list-style-type: none"> □ Frame choice; advice in relation to increased weight/decreased impact resistance; MAR coating; optical aberration and colour fringes higher in high refractive index lens materials.
		1.5	Identify what information needs to be given to the patient on high-index materials	<ul style="list-style-type: none"> □ Frame choice; advice in relation to increased weight/decreased impact resistance; aftercare; optical aberration and colour fringes higher in high refractive index lens materials - impact on driving.
		1.6	Explain decentration	<ul style="list-style-type: none"> □ A displacement, horizontal and/or vertical, of the centration point of a spectacle lens from the standard optical centre position.

		1.7	Explain visual distortions associated with ophthalmic lenses	<ul style="list-style-type: none"> □ Blurred vision; eyestrain; headaches; decrease in peripheral vision; halos; night blindness; alteration of a clear image; diplopia; coloured fringes.
		1.8	Explain what advice needs to be given to the patient on visual distortions	<ul style="list-style-type: none"> □ Referral–urgent/non-urgent; diagnosis; monitoring; activities–driving, work related, leisure, sports.

2	Understand the dispensing of aspheric and progressive lenses	2.1	Describe the features and benefits of aspheric lenses	<ul style="list-style-type: none"> □ Aspheric lenses: where either one, or both, surfaces are non-spherical, which means it could be toroidal or cylindrical; best form lenses; cosmetic advantages; thinner, flatter and lighter lenses.
		2.2	Explain how to take measurements relating to aspheric lens dispensing	<ul style="list-style-type: none"> □ Pre-adjust the frame front with the right amount of vertex, face form and pantoscopic tilt; patient lifts their head until can see that the eyewire/demo lenses are straight up and down, orthoscopic, perpendicular to the ceiling and floor; spot the pupils; measure how many mm below the datum-line the dot is.
		2.3	Describe progressive lenses and focimetry	<ul style="list-style-type: none"> □ Corrective lenses used to correct presbyopia and other disorders of accommodation; gradual change in optical strength from the top of the lens to the bottom with multiple focal points that aids to see all distances and focus points through just one lens. □ Focimetry– to verify the correct prescription, to properly orient and mark uncut lenses, to confirm the correct mounting of lenses in frames.
		2.4	Explain how to take measurements and mark up lenses in progressive lens dispensing	<ul style="list-style-type: none"> □ Back vertex difference; pantoscopic tilt; facial wrap; frame adjustment; check positioning; verify distance prescription; remark/mark fitting crosses; verify centration; adjust frames; ensure fitting cross is aligned; pupillary distance monocularly.
		2.5	Explain the factors to be considered when assessing patient requirements for progressive lenses	<ul style="list-style-type: none"> □ Understanding; age; ability; lifestyle; job role; previous use of lenses; leisure/sport activities; risk; safety; health conditions.
		2.6	Explain the information needed by patients when progressive lens dispensing	<ul style="list-style-type: none"> □ Choice; reasons for limitations; clear explanations; prescription information; cost; lenses; usage; wearability; altering.
		2.7	Explain appropriate frame selection in progressive lens dispensing	<ul style="list-style-type: none"> □ Frame maintains adjustment; minimum depth of 16mm or more recommended; minimum fitting height; adjustable nose pad.

3	Understand ophthalmic lenses and their uses	3.1	Explain why lenses or safety wear might be needed for specific occupations or lifestyle activities	<ul style="list-style-type: none"> □ Risk, legislative requirement; infection control; personal protection; health and safety; pressures/forces/loads; viewing range.
		3.2	Explain the principles of dispensing for: <ul style="list-style-type: none"> • specific lifestyle • occupational purposes 	<ul style="list-style-type: none"> □ Specific lifestyle: choice; period/regularity of use; ability; activity; customer input; choice; preferences; testing. □ Occupational purposes: manufacturer's recommendation; legislative requirements; customer choice/preference; recommendations; available options; cost; testing.
		3.3	Describe lens types with particular occupational and lifestyle applications	<ul style="list-style-type: none"> □ Lighter/heavier lenses; close-work; distance-work; performance issues health and safety risk; disposal; aftercare; maintenance; repair.
		3.4	Outline the features of contact lenses to include the: <ul style="list-style-type: none"> • manufacture • common lens tints • lens coatings 	<ul style="list-style-type: none"> □ Soft contact lenses are mass-produced while rigid lenses are made-to-order; spin-cast; diamond-turned; moulded; range of colours; spectrum of colours; to match wearer's colour or contrast; patterns/designs on lens; plastic coatings; UV block.
		3.5	Describe how to dispense safety eyewear	<ul style="list-style-type: none"> □ Advice/guidance; demonstration; application; aftercare; monitoring of use; care of eyewear; dealing with problems; what to expect; comfort; viewing range.

Information for tutors

Assessment

The centre will devise and mark the assessment for this unit.

Learners must meet all assessment criteria to pass the unit.

13 Further information and useful publications

To get in touch with us visit our 'Contact us' pages:

- Edexcel, BTEC and Pearson Work Based Learning contact details: qualifications.pearson.com/en/support/contact-us.html
- books, software and online resources for UK schools and colleges: www.pearsonschoolsandcolleges.co.uk

Key publications:

- *Adjustments for candidates with disabilities and learning difficulties, Access and Arrangements and Reasonable Adjustments, General and Vocational qualifications* (Joint Council for Qualifications (JCQ))
- *Supplementary guidance for reasonable adjustments and special consideration in vocational internally assessed units* (Pearson)
- *General and Vocational qualifications, Suspected Malpractice in Examination and Assessments: Policies and Procedures* (JCQ)
- *Equality Policy* (Pearson)
- *Recognition of Prior Learning Policy and Process* (Pearson)
- *UK Information Manual* (Pearson)
- *BTEC UK Quality Assurance Centre Handbook*

All of these publications are available on our website.

Publications on the quality assurance of BTEC qualifications are also available on our website.

Our publications catalogue lists all the material available to support our qualifications. To access the catalogue and order publications, please visit our website.

Additional resources

If you need further learning and teaching materials to support planning and delivery for your learners, there is a wide range of BTEC resources available.

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14 Professional development and training

Pearson supports UK and international customers with training related to Pearson BTEC qualifications. This support is available through a choice of training options offered on our website.

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- building your team and teamwork skills
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Annexe A: Skills for Health Assessment Principles

Skills for Health Assessment Principles for Qualifications that Assess Occupational Competence

Version 2.6
October 2012

1. Introduction

1.1 Skills for Health is the Sector Skills Council (SSC) for the UK health sector.

1.2 This document sets out those principles and approaches for the unit/qualification assessment that are not already described in the Regulatory Arrangements. The information is intended to support the quality assurance processes of Awarding Organisations that offer qualifications in the Sector, and should be read alongside these. It should also be read alongside individual unit assessment requirements.

1.3 These principles will ensure a consistent approach to those elements of assessment which require further interpretation and definition, and support sector confidence in the new arrangements.

1.4 These principles apply to qualifications and the units therein that assess occupational competence i.e. those under Purpose D.

2. Assessment Principles

2.1 Learners must be registered with the Awarding Organisation before formal assessment commences.

2.2 Assessment decisions for competence based units must be made by an occupationally competent assessor primarily using evidence generated in the workplace during the learners normal work activity. Any knowledge evidence integral to these learning outcomes may be generated outside of the work environment.

2.3 Assessment decisions for competence units must be made by an assessor who meets the requirements set out in the qualification's assessment strategy. Where the Awarding Organisation requires that the assessor holds, or is working toward, a formal qualification, that qualification should be the Level 3 Certificate in Assessing Vocational Achievement. Assessors holding the D32/33 or A1 qualifications are not required to re-qualify. Where an Awarding Organisation does not expect the assessor to hold or be working toward a formal qualification we would expect that Awarding Organisation to ensure that the assessor meets the same standards of assessment practice as set out in the Learning and Development National Occupational Standard 09 Assess learner achievement.

2.4 Competence based units must include direct observation in the workplace as the primary source of evidence.

2.5 Simulation may only be utilised as an assessment method for learning outcomes that start with 'be able to' where this is specified in the assessment requirements of the unit. The use of simulation should be restricted to obtaining evidence where the evidence cannot be generated through normal work activity. Where this may be the case the use of simulation in the unit assessment strategy will be agreed with Skills for Health.

2.6 Expert witnesses can be used for direct observation where they have occupational expertise for specialist areas or the observation is of a particularly sensitive nature. The use of expert witnesses should be determined and agreed by the assessor.

2.7 Assessment decisions for knowledge only units must be made by an assessor qualified to make the assessment decisions as defined in the unit assessment strategy.

3. Internal Quality Assurance

3.1 Internal quality assurance is key to ensuring that the assessment of evidence for units is of a consistent and appropriate quality. Those carrying out internal quality assurance must be occupationally knowledgeable in the area they are assuring and be qualified to make quality assurance decisions.

3.2 Skills for Health would expect that where the Awarding Organisation requires those responsible for internal quality assurance to hold formal qualifications that these would be the Level 4 Award in the Internal Quality Assurance of Assessment Processes and Practice or the Level 4 Certificate in Leading the Internal Quality Assurance of Assessment Processes and Practice, as appropriate depending on the role of the individual. Those responsible for internal quality assurance holding the D34 or V1 qualifications are not required to re-qualify.

4. Definitions

4.1 Occupationally competent:

This means that each assessor must be capable of carrying out the full requirements within the competence unit/s they are assessing. Occupational competence must be at unit level which might mean different assessors across a whole qualification. Being occupationally competent means they are also occupationally knowledgeable. This occupational competence should be maintained through clearly demonstrable continuing learning and professional development. This can be demonstrated through current statutory professional registration.

4.2 Occupationally knowledgeable:

This means that each assessor should possess relevant knowledge and understanding, and be able to assess this in units designed to test specific knowledge and understanding, or in units where knowledge and understanding are components of competency. This occupational knowledge should be maintained through clearly demonstrable continuing learning and professional development.

4.3 Qualified to make assessment decisions:

This means that each assessor must hold a relevant qualification or be assessing to the standard specified in the unit/qualification assessment strategy.

4.4 Qualified to make quality assurance decisions:

Awarding Organisations will determine what will qualify those undertaking internal quality assurance to make decisions about that quality assurance.

4.5 Expert witness:

An expert witness must:

- have a working knowledge of the units on which their expertise is based
- be occupationally competent in their area of expertise
- have EITHER a qualification in assessment of workplace performance OR a professional work role which involves evaluating the everyday practice of staff.

Annexe B: Unit mapping overview

The table below shows the relationship between the new qualifications in this specification and the predecessor qualifications: EDI Level 3 Certificate for Optometric Clinical Assistant and EDI Level 3 Certificate for Ophthalmic Dispensing Assistant.

F								
	F							
		F						
			F					
				F				
					F			
						F		
							F	
								F

KEY

- P – Partial mapping (some topics from the old unit appear in the new unit)
- F – Full mapping (topics in old unit match new unit exactly or almost exactly)
- X – Full mapping + new (all the topics from the old unit appear in the new unit, but new unit also contains new topic(s))

December 2017

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