



**An explanation of the Competencies required for entry to the Optometry Additional Supply and Supplementary Prescribing Specialist Registers.**

The following pages reproduce Appendix 1 of the General Optical Council Handbook for the accreditation of therapeutic programmes/assessments for optometrists. The handbook defines the content and the standard of education and training (including practical experience) required for the purpose of achieving competencies required for entry to:

[a] the specialist register for additional therapeutic supply by optometrists;  
and

[b] the specialist register of optometrists who may practice as  
Supplementary Prescribers.

Appendix 1 of the Handbook is an extract from "The Competency framework for prescribing optometrists". The competencies were defined for Independent Prescribing (which is not yet enacted for optometrists).

4.5 of Appendix 1 gives the variation of the competencies for  
**Supplementary Prescribing.**

The competency framework given at Appendix 1 will apply to the **Additional Supply** specialist register.

The outline curriculum and learning outcomes given at Appendix 2[A] (Additional Supply) and 2[B] (Supplementary Prescribing) give greater clarity on the respective outcomes for training and assessment for these two specialist registers.

## APPENDIX 1

### Extract from 'The Competency Framework for Prescribing Optometrists'

#### 4 Introducing the competency framework for optometrist prescribers

##### 4.1 Who is the framework for?

As prescribing responsibilities are extended to optometrists, the competency framework on pages 15–17 of this section will be relevant to:

- Optometrist independent prescribers
- Optometrist supplementary prescribers (the framework should be used with the modifications detailed on page 8)

The competency framework will also help optometrists using any extended exemptions to the Medicines Act to identify competencies that they may need.

##### 4.2 The structure of the framework

###### **Key point**

The framework contains NINE competencies. For ease, these have been grouped into three areas, with three competencies in each area.

This competency framework for optometrist prescribers is made up of the following components:

- There are three areas of competency in the framework:
  - The consultation
  - Prescribing effectively
  - Prescribing in context
- Each of these three areas contains three competencies. This framework, therefore, consists of NINE different competencies
- Each of the nine competencies has:
  - An overarching statement which gives a general flavour of what the competency is about
  - A number of statements which represent how optometrists who have that competency will be behaving in practice

This outline structure is illustrated in figure 1 below.

**Figure 1: Outline structure of the competency framework**

|   |  |   |  |
|---|--|---|--|
| <b>THE CONSULTATION</b>                               |  |   | <p><i>Establishing options</i></p> <p><b>(overarching statement)</b></p> <p><i>Makes a diagnosis and generates management options for the patient.<br/>Follows up treatment.</i></p> <p><b>(behavioural indicators)</b></p> <ul style="list-style-type: none"> <li>• Takes a comprehensive medical and medication history including presenting symptoms</li> <li>• Assesses the clinical condition using appropriate equipment and techniques</li> <li>• Identifies the nature, severity and significance of the clinical problem (i.e. formulates a ‘working’ diagnosis from differential diagnosis)</li> </ul> |
| <b>(competency area)</b>                              |  |   |  |
| <b>Clinical and pharmaceutical knowledge</b><br><br>1 | <b>Establishing options</b><br><br>2       | <b>Communicating with patients</b><br><br>3     |  |
| <b>PRESCRIBING EFFECTIVELY</b>                        |  |   |  |
| <b>(competency area)</b>                              |  |   |  |
| <b>Prescribing safely</b><br><br>4                    | <b>Prescribing professionally</b><br><br>5 | <b>Improving prescribing practice</b><br><br>6  |  |
| <b>PRESCRIBING IN CONTEXT</b>                         |  |   |  |
| <b>(competency area)</b>                              |  |   |  |
| <b>Information in context</b><br><br>7                | <b>The NHS in context</b><br><br>8         | <b>The team and individual context</b><br><br>9 |  |

**4.3 Key features of the framework**

**Key point**  
**Before** using the competency framework read these key features. They will help you interpret this multidisciplinary framework

- This framework is an **outline framework** which can be used by ALL prescribing optometrists, regardless of the area in which they are practicing.
- All nine competencies will be relevant to all optometrists. However, some of the statements supporting the competencies will be **more relevant to some optometrists than others**
- The framework should, therefore, be used as a **starting point for discussion** about the competencies required by optometrist prescribers
- Initially, **using this framework effectively will take time**. How each of the statements supporting the nine competencies applies to optometrists (or groups of optometrists) must be considered
- When considering these statements, be aware that some are more complex than others. **Expect to spend more time on the more complex statements**
- The bullet pointed statements in each competency should be read one after another **DOWN** the list, **NOT** across competency boxes

#### **4.4 The outline framework of prescribing competencies for optometrists**

The competency framework for all optometrist prescribers is outlined on the following three pages. There are several modifications and additions to the framework which apply specifically to supplementary prescribers (see page 8). Where statements have been modified for supplementary prescribers this is cross referenced in the framework itself.

If you are unclear about the format refer to the notes earlier in this section which highlight key features and explain the structure of the framework.

| <b>THE CONSULTATION</b>  |  |   |
|--|--|---|
| <b>1 CLINICAL AND PHARMACEUTICAL KNOWLEDGE</b>   | <b>2 ESTABLISHING OPTIONS</b>  | <b>3 COMMUNICATING WITH PATIENTS<br/>(parents, carers and advocates where appropriate)</b>  |
| <i>Has up-to-date clinical and pharmaceutical knowledge relevant to own area of practice.</i>  | <i>Makes a diagnosis and generates management options for the patient. Follows up treatment.</i>   | <i>Establishes a relationship based on trust and mutual respect. Sees patients as partners in the consultation. Applies the principles of concordance.</i>  |
| <ol style="list-style-type: none"> <li>1 Understands the conditions being treated, their natural progress and how to assess the severity of disease</li> <li>2 Understands different non-pharmacological and pharmacological approaches to modifying disease and promoting health, desirable and undesirable outcomes, and how to identify and assess them</li> <li>3 Understands the mode of action and pharmacokinetics of medicines and how these mechanisms may be altered (e.g. by age, renal impairment etc.) and how this affects dosage</li> <li>4 Understands the potential for unwanted effects (e.g. allergy, adverse drug reactions [ADRs], drug interactions, special precautions and contraindications) and how to avoid /minimise, recognise and manage them</li> <li>5 Maintains an up-to-date knowledge of products in the BNF / drug tariff (e.g. doses, formulations, pack sizes, storage conditions, costs)</li> <li>6 Understands how medicines are licensed, supplied and monitored (e.g. ADR reporting)</li> <li>7 Applies the principles of evidence-based medicine, and clinical and cost-effectiveness</li> <li>8 Understands the public health issues related to medicines use</li> <li>9 Appreciates the misuse potential of drugs</li> <li>10 Is aware of infection control procedures</li> </ol> | <ol style="list-style-type: none"> <li>1 Takes a comprehensive medical and medication history, including presenting symptoms*</li> <li>2 Assesses the clinical condition using appropriate equipment and techniques*</li> <li>3 Identifies the nature, severity and significance of the clinical problem (i.e. formulates a 'working' diagnosis from differential diagnosis)*</li> <li>4 Requests and interprets relevant diagnostic tests</li> <li>5 Views and assesses the patient's needs holistically (psychosocial, physical)</li> <li>6 Considers no treatment, non-drug and drug treatment options (including referral and preventative measures)</li> <li>7 Assesses the effect of multiple pathologies, existing medication and contraindications on treatment options</li> <li>8 Assesses the risks and benefits to the patient of taking / not taking a medicine (or using / not using a treatment)</li> <li>9 Selects the most appropriate drug, dose and formulation for the individual patient</li> <li>10 Monitors effectiveness of treatment and potential side-effects</li> <li>11 Makes changes to the treatment plan in light of ongoing monitoring and the patient's condition and preferences*</li> <li>12 Establishes, and maintains, a plan for reviewing the therapeutic objective / end point of treatment and discharge</li> <li>13 Ensures that patients can access ongoing supplies of their medication (repeat prescribing)</li> <li>14 Accesses and interprets all relevant patient records to ensure knowledge of the patient's management</li> </ol> | <ol style="list-style-type: none"> <li>1 Approaches the consultation in a structured way</li> <li>2 Listens to and understands patients' beliefs and expectations</li> <li>3 Understands the cultural, linguistic and religious implications of prescribing</li> <li>4 Adapts consultation style to meet the needs of different patients (e.g. for age, level of understanding, physical impairments etc.)</li> <li>5 Deals sensitively with patients' emotions and concerns</li> <li>6 Creates a relationship which does not encourage the expectation that a prescription will be supplied</li> <li>7 Explains the nature of the patient's condition and the rationale behind, and potential risks and benefits of, management options</li> <li>8 Helps patients to make informed choices about their management</li> <li>9 Negotiates an outcome of the consultation that both patient and prescriber are satisfied with</li> <li>10 Encourages patients to take responsibility for their own health and to self-manage their conditions</li> <li>11 Gives clear instructions to the patient about their medication (e.g. how to take / administer it, where to get it from, possible side-effects etc.)</li> <li>12 Checks patients' understanding of, and commitment to, their management and follow up</li> </ol> |
| * These statements are modified for supplementary prescribers; refer to page 8   |  |   |

| <b>PRESCRIBING EFFECTIVELY</b>  |  |  |
|---|--|--|
| <b>4 PRESCRIBING SAFELY</b>   | <b>5 PRESCRIBING PROFESSIONALLY</b>  | <b>6 IMPROVING PRESCRIBING PRACTICE</b>  |
| <i>Is aware of own limitations.<br/>Does not compromise patient safety.<br/>Justifies prescribing decisions.</i>  | <i>Works within professional, organisational,<br/>and regulatory standards.</i>  | <i>Actively participates in the review and development of<br/>prescribing practice to improve patient care.</i>  |
| <p>1 Knows the limits of their own knowledge and skill, and works within them</p> <p>2 Knows when to refer to, or seek guidance from, another member of the team or a specialist*</p> <p>3 Prescribes a medicine only with adequate, up-to-date knowledge of its actions, indications, contraindications, interactions, cautions, dose and side-effects</p> <p>4 Knows about common types of medication errors and how to prevent them</p> <p>5 Makes prescribing decisions often enough to maintain confidence and competence</p> <p>6 Keeps up-to-date with advances in practice and emerging safety concerns related to prescribing</p> <p>7 Understands the need for, and makes, accurate and timely records and clinical notes</p> <p>8 Writes legible, clear and complete prescriptions which meet legal requirements</p> | <p>1 Accepts personal responsibility for their own prescribing and understands the legal and ethical implications of doing so</p> <p>2 Makes prescribing decisions based on the needs of patients and not the prescribers personal considerations</p> <p>3 Understands how current legislation affects prescribing practice</p> <p>4 Prescribes within current professional codes of practice</p> <p>5 Takes responsibility for their own continuing education and training, and continuing professional development</p> <p>6 Keeps prescription pads safely and knows what to do if they are stolen / lost</p> <p>7 Maintains patient confidentiality</p> | <p>1 Reflects on their own performance, can learn and change prescribing practice</p> <p>2 Shares and debates their own, and others' prescribing practice (e.g. audit, peer group review)</p> <p>3 Challenges colleagues inappropriate practice constructively</p> <p>4 Understands and uses tools to improve prescribing (e.g. review of prescribing data, audit)</p> <p>5 Reports prescribing errors and near misses, reviews practice to prevent recurrence</p> <p>6 Develops own networks for support, reflection and learning</p> |
| * This statement is modified for supplementary prescribers; refer to page 8   |  |  |

| <b>PRESCRIBING IN CONTEXT</b>   |  |   |
|---|--|---|
| <b>7 INFORMATION IN CONTEXT</b>   | <b>8 THE NHS IN CONTEXT#</b>   | <b>9 THE TEAM AND INDIVIDUAL CONTEXT</b>  |
| <i>Knows how to access relevant information. Can critically appraise and apply information in practice.</i>   | <i>Understands, and works with, local and national policies that impact on prescribing practice. Sees how own practice impacts on wider NHS.</i>   | <i>Works in partnership with colleagues for the benefit of patients. Is self-aware and confident in own ability as a prescriber.</i>  |
| <p>1 Understands the advantages and limitations of different information sources</p> <p>2 Uses relevant, up-to-date information; both written (paper / electronic) and verbal</p> <p>3 Critically appraises the validity of information (e.g. promotional literature, research reports) when necessary</p> <p>4 Applies information to the clinical context (linking theory to practice)</p> <p>5 Uses relevant patient record systems, prescribing and information systems, and decision support tools##</p> <p>6 Regularly reviews the evidence behind therapeutic strategies</p> | <p>1 Understands and works with local NHS organisations</p> <p>2 Works within local frameworks for medicines use as appropriate (e.g. formularies, protocols and guidelines)</p> <p>3 Works within the NHS / organisational code of conduct when dealing with the pharmaceutical industry</p> <p>4 Understands drug budgetary constraints at local and national levels; can discuss them with colleagues and patients</p> <p>5 Understands the national NHS frameworks for medicine use (e.g. National Institute for Clinical Excellence, National Service Frameworks, medicines management, clinical governance, IT strategy)##</p> | <p>1 Thinks and acts as part of a multidisciplinary team to ensure that continuity of care is not compromised</p> <p>2 Recognises and deals with pressures that result in inappropriate prescribing</p> <p>3 Is adaptable, flexible and responsive to change</p> <p>4 Negotiates the appropriate level of support for their role as a prescriber</p> <p>5 Establishes and maintains credibility with colleagues in the health care team</p> <p>6 Establishes relationships with colleagues based on trust and respect for each others roles</p> <p>7 Seeks or provides support, advice and training from / to other prescribers, team members and support staff where appropriate</p> |
| <p># This competency has an NHS focus. However, the principles underpinning several of the statements will apply to optometrists working in non-NHS organisations.</p> <p>## IT and decision support is likely to increase significantly over time. It is critical that optometrists are both aware of, and able to, use relevant IT systems.</p>   |  |   |

## 4.5 Competencies for optometrist supplementary prescribers

The competencies for optometrist supplementary prescribers are those presented in the competency framework for optometrist prescribers (pages 15–17). However for supplementary prescribers, there are a few modifications and additions to the framework which reflect the supplementary prescribing concept. These modifications are presented in table 1 below and are cross referenced to the prescribing competency framework on pages 15–17.

Table 1: Modifications and additions to the optometrist prescribers competency framework relevant to optometrist supplementary prescribers

| <b>THE CONSULTATION</b>           |   |  |
|-----------------------------------|---|--|
| <b>Competency</b>                 | <b>Statement</b>  | <b>Modification / new statement</b>    |
| <b>Establishing options</b>       | Reviews diagnosis and generates treatment options for the patient within the clinical management plan. Always follows up management | <b>MODIFIED; overarching statement</b> |
|                                   | Reviews the medical and medication history including changes in symptoms  | <b>MODIFIED; statement 1</b>           |
|                                   | Assesses the clinical condition using agreed equipment and techniques   | <b>MODIFIED; statement 2</b>           |
|                                   | Reviews the nature, severity and significance of the clinical problem   | <b>MODIFIED; statement 3</b>           |
|                                   | Makes changes within the clinical management plan in light of ongoing monitoring and the patient’s condition and preferences        | <b>MODIFIED; statement 11</b>          |
| <b>PRESCRIBING EFFECTIVELY</b>    |   |  |
| <b>Competency</b>                 | <b>Statement</b>  | <b>Modification / new statement</b>    |
| <b>Prescribing safely</b>         | Knows how and when to refer back to, or seek guidance from, the independent prescriber, another member of the team or a specialist  | <b>MODIFIED; statement 2</b>           |
| <b>Prescribing professionally</b> | Understands the scope of own prescribing responsibility in the context of a shared clinical management plan                         | <b>NEW STATEMENT</b>                   |

|  |  |                                     |
|--|--|-------------------------------------|
|  | Ensures that the patient consents to be managed by a prescribing partnership                     | <b>NEW STATEMENT</b>                |
| <b>PRESCRIBING IN CONTEXT</b>          |  |                                     |
| <b>Competency</b>                      | <b>Statement</b>   | <b>Modification / new statement</b> |
| <b>The NHS in context</b>              | Understands the principles behind supplementary prescribing and how they are applied in practice | <b>NEW STATEMENT</b>                |
| <b>The team and individual context</b> | Proactively negotiates with the independent prescriber to develop clinical management plans      | <b>NEW STATEMENT</b>                |
|  | Relates to the independent prescriber as a partner   | <b>NEW STATEMENT</b>                |

**Outline curriculum for a training programme to prepare optometrists to sell, supply or write written (signed) orders for drugs (Additional Supply)**

**Aim**

To prepare optometrists to sell, supply or write written orders for drugs at Additional Supply and to meet the standards set by the General Optical Council for specialist listing in the Opticians Register.

**Learning outcomes**

Following completion of the appropriate training optometrists should be able to demonstrate:

- [a] an ability to take a comprehensive medical history and examine the eye using appropriate instrumentation and clinical techniques
- [b] knowledge of the pathophysiology, clinical features and natural course of the conditions being treated
- [c] an ability to identify the nature and severity of the presenting condition and generate an appropriate management plan
- [d] an ability to monitor the response to treatment and modify the management plan or refer if necessary
- [e] an ability to critically apply knowledge of pharmacology to prescribing practice
- [f] an ability to critically evaluate sources of information, advice and decision support in prescribing practice, taking into account current evidence based practice
- [g] knowledge of the indications, cautions, interactions and contraindications of ophthalmic medicines
- [h] an awareness of own limitations and an ability to practise within a framework of professional accountability and responsibility
- [i] an understanding of the legal basis of the use and supply of Exemptions Level 2 medicines
- [j] a reflective approach in the review and development of prescribing practice

**Indicative content**

Clinical and pharmaceutical knowledge

Anatomy and physiology of the eye and adnexae

General and ocular immunology

General and ocular microbiology

- Principles of pharmacology
  - Pharmacokinetics and pharmacodynamics
  - Drug design, formulation and delivery
  - Physiological/pathological alterations in drug response e.g. age, ethnicity, pregnancy, co-morbidity

- Disorders of the anterior eye
  - Pathogenesis, clinical features, management
- Ocular pharmacology and therapeutics
  - Indications, dose, precautions, contraindications, interactions

#### History taking, examination techniques and methods of monitoring

- History taking
  - Presenting symptoms
  - Medical and medication history
- Methods of ocular examination
  - Equipment and techniques
- Development of a clinical management plan
- Monitoring compliance and response to treatment
- Knowledge of natural history and clinical profile of conditions being treated
- Identifying and reporting adverse drug reactions
- Knowledge of own limitations and criteria for referral

#### Evidence based practice and clinical governance in relation to prescribing

- Principles of evidence based practice and critical appraisal skills
- Auditing, monitoring and evaluating prescribing practice
- Clinical governance
- Risk assessment and risk management

#### Legal basis of prescribing

- Drug legislation
- Drug licensing
- Exemptions to the Medicines Act
- Prescription writing

#### Prescribing safely and professionally

- Sources of drug information
- Record keeping
- Medication errors
- Influences on prescribing practice
- Patient confidentiality and data protection
- Professional codes of practice
- Public health policy e.g. antimicrobial use and resistance
- Inappropriate prescribing and misuse of medicines
- Reflective practice

***Note to Providers: Details of requirement for Practice-based Learning; assessment and Duration and academic level of training given in Section 2 and 3.***

## Outline curriculum for a training programme to prepare optometrists for supplementary prescribing

*Note words in italics are the additions made to the Additional Supply curriculum to achieve the Supplementary Prescriber curriculum.*

### Aim

To prepare optometrists to practice as supplementary prescribers and to meet the standards set by the General Optical Council for registration

### Learning outcomes

Following completion of the training programme optometrists should be able to demonstrate:

- [a] *The development of an effective relationship with an independent prescriber*
- [b] an ability to take a comprehensive medical history and examine the eye using *agreed* instrumentation and clinical techniques
- [c] knowledge of the pathophysiology, clinical features and natural course of the conditions of the conditions being treated
- [d] *an ability to develop and document a clinical management plan within the context of a prescribing partnership*
- [e] an ability to *review* the nature and severity of the presenting condition and *generate treatment options within the clinical management plan*
- [f] an ability to monitor the response to treatment and modify the *clinical* management plan or refer *back to the independent prescriber* if necessary
- [g] an ability to critically apply knowledge of pharmacology to prescribing practice
- [h] an ability to critically evaluate sources of information, advice and decision support in prescribing practice, taking into account current evidence based practice
- [i] knowledge of the indications, cautions, interactions and contraindications of ophthalmic medicines
- [j] *an awareness of own limitations*
- [k] *an understanding of the legal and professional framework for accountability and responsibility in relation to supplementary prescribing*

## **Indicative content**

### Clinical and pharmaceutical knowledge

- Anatomy and physiology of the eye and adnexa
- General and ocular immunology
- General and ocular microbiology
- Principles of pharmacology
- Pharmacokinetics and pharmacodynamics
- Drug design formulation and delivery
- Disorders of the anterior eye
- Pathogenesis, clinical features, management
- Ocular pharmacology and therapeutics
- Indications, dose, precautions, contraindications, interactions and adverse effects

### History taking, examination techniques and methods of monitoring

- History taking
- Presenting symptoms
- Medical and medication history
- Methods of ocular examination
- Equipment and techniques
- Development *and documentation* of a clinical management plan
- Monitoring compliance and response to treatment
- Knowledge of natural progress of conditions being treated
- Identifying and reporting adverse drug reactions
- Knowledge of own limitations and criteria for referral

### Evidence based practice and clinical governance in relation to *supplementary prescribing*

- Principles of evidence based practice and critical appraisal skills
- Auditing, monitoring and evaluating prescribing practice
- Clinical governance
- Risk assessment and risk management

### Legal basis of prescribing

- Drug legislation
- Drug licensing
- Prescription writing
- Legal and professional framework for accountability and responsibility in relation to supplementary prescribing*

Prescribing safely and professionally

- Sources of drug information
- Record keeping
- Medication errors
- Influences on prescribing practice
- Patient confidentiality and data protection
- Professional codes of practice
- Public health policy e.g. antibiotic use and resistance
- Inappropriate prescribing and misuse of medicines
- Reflective practice

***Note to Providers: Details of requirement for Practice-based Learning; Assessment and Duration and academic level of training given in Section 2 and 3.***