TITLE: Bachelor of Optometry

FIELD: Health Sciences & Social Sciences

SUBFIELD: Curative Health

NQF LEVEL: 8

CREDITS: 572

RATIONALE FOR QUALIFICATION:
Over 90% of the world’s blind live in developing nations and avoidable blindness, secondary to refractive error, accounts for 13% of all blindness. Seventy five percent of blindness and visual impairment in SA results from preventable or treatable conditions including refractive errors, cataracts and low vision. Visual impairment and the burden of disease causing blindness have an enormous impact on the overall quality of life including the psychological, economic and social aspects, of the individual and the broader society. As many of the conditions leading to blindness are preventable there is a need for eye care services to be more accessible within both the public and private sectors and at all levels of care.

The field of eye care comprises a complex spectrum of skills wherein optometry serves to provide both a horizontal level of integration with other eye and health care professionals involved in primary eye care as well as vertical articulation in eye health and vision science development. The qualification will allow the practitioner to make a contribution at all levels of the health care system (primary to quaternary) and within all sectors of healthcare services delivery. The qualification will additionally equip the practitioner to be able to function in all contexts relevant and appropriate to the specific needs of the country and ensuring successful participation in the global society.

The qualification will provide learners with a general interest in health care and specific interest in eye health care. It will also provide the opportunity to acquire an appropriate qualification to function in independent clinical practice within the private and public sectors, in industry, academia, technological and medical scientific development. The scope of optometry involves numerous fields eg. pediatric eye care, public health, ocular diseases, vision science, contact lenses, environmental and occupational eye health etc. within which the qualifying learners can practice on completion of the qualification.
The qualification will equip learners with competencies which are designed to be progressive in depth and complexity, allowing the learner to integrate professional specific with critical cross-field outcomes. It will also enable the application of skills and knowledge in general settings towards engaging in lifelong learning through research and professional development.

The qualification is designed to meet the challenges of a transforming society by including aspects that warrant continual, socially accountable engagement and alignment with external realities at all levels of study. The qualification retains the strengths and addresses the flaws of past offerings towards ensuring fitness and suitability of the qualification for its intended purpose as required by the NQF.

**PURPOSE**

- To contribute to making vision and eye health care accessible by providing the learner with the necessary awareness, understanding, knowledge, skills and values to function as an independent practitioner within the eye care field.
- To provide an opportunity for individuals to realize their full potential and make a significant, relevant contribution to society in the field of eye care delivery.
- To ensure professional and clinical responsibilities are upheld within the relevant regulatory frameworks and national health policy.
- To remove barriers to effective competition for social and economic benefits locally whilst allowing global competitiveness.
- To apply scientific health care skills and technologies in the examination of the eye and related conditions within the context of the scope of practice and appropriate to the needs of the individual and community.
- Interact consultatively in the management and delivery of eye care products, therapy and medication, with knowledge of minimum standards of optometric care.
- Record and maintain legible, secure data and patient information while adhering to appropriate medico-legal ethics, health and safety regulations and codes of conduct.
- Manage and administer human, financial, technical and other resources to ensure optimal delivery of eye and vision care products/services.
- To be socially accountable and responsive to societal needs by applying self-reflective learning strategies and external engagement towards the continual improvement of the health care services and community well-being, appropriate to the specific community needs.
RULES OF COMBINATION

Total number of credits for qualification: 572

Number of credits in each component ~ 150

NO ELECTIVE COMPONENT

FUNDAMENTAL COMPONENTS: Basic sciences, numeracy and literacy are included

ACCESS TO QUALIFICATION
Minimum NQF Level 4: Mathematics / physical / life sciences/ communication

LEARNING ASSUMED TO BE IN PLACE: Acquired competencies in basic science, skills in numeracy and language and an understanding of basic life skills.

QUALIFICATION RULES:  
All exit level competencies must have been achieved prior to the qualification being granted.
# EXIT LEVEL OUTCOMES: BACHELOR OF OPTOMETRY

## EXIT LEVEL OUTCOME ONE

Ensure professional and clinical responsibilities are upheld within the relevant regulatory frameworks and national health policy.

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<tr>
<th>SPECIFIED OUTCOMES</th>
<th>ASSESSMENT CRITERIA</th>
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</table>
| 1.1. Ensures that optometric knowledge, clinical skills and equipment remains appropriate and current. | ▪ The maintenance and development of optometric knowledge and clinical skills can be demonstrated.  
▪ Recent developments in clinical knowledge, optometric techniques and technology relevant to clinical practice can be evaluated.  
▪ New and existing procedures and techniques are applied and adapted to improve patient care.  
▪ Clinical experiences and discussions with professional colleagues are used to improve patient care.                                                                                                                                                                                      |
| 1.2. Practices without the need for supervision.                          | ▪ Professional independence in optometric decision-making and conduct is maintained.  
▪ Possible consequences of actions and advice are considered and responsibility for one’s own actions is accepted.  
▪ Advice is sought from optometrists as well as other relevant healthcare and/or social science professionals when the optometrist deems a further opinion is required.  
▪ Understands one’s limitations and refers patients appropriately.  
▪ Understands and applies a multi-disciplinary approach when managing the patient.                                                                                                                                                                                                                                         |
| 1.3. Acts in accordance with the standards of behaviour of the profession. | ▪ Demonstrates knowledge of the relevant regulatory frameworks governing practice standards and professional conduct.  
▪ Optometric services provided are necessary for the care of the patient or are initiated by the patient.  
▪ Patient interests are held ahead of self-interest.  
▪ Knowledge of the rights of patients and responsibilities of practitioner is clearly demonstrated.  
▪ Advantage (in a physical, emotional or other way) is not taken of the patient, irrespective of the |
| 1.4. Provides advice and information to patients and others. | • Information is clearly communicated to patients, patient carers, staff, colleagues and other professionals.  
• Liaison with other health professionals and relevant community sectors is maintained.  
• Recognize and report unusual clinical presentations and communicates that to other relevant sector agencies or other practitioners involved in the patient’s care with consent of the patient.  
• Effectively communicate and convey complex information to a lay person in such a way as to facilitate understanding of visual disorders and health care in general. |
| --- | --- |
| 1.5. Utilises resources from optometry and other organizations to enhance patient care. | • Understands and utilize the various functions and resources available from Optometric and other organizations.  
• Understands the advantages and limitations of different information sources. |
| 1.6. Understand the principles of the planning, establishment, development and maintenance of an optometric practice. | • Awareness of the roles of other practice staff is demonstrated.  
• Maintenance of equipment in a safe, accurate, working state is ensured.  
• Personal and general hygiene is maintained in the practice.  
• Patient appointments are scheduled according to the time required for procedures.  
• Safe access by patients and staff is considered in the layout of a practice. |
| 1.7. Understands the legal obligations involved in optometric practice | ▪ Familiarity with all current, relevant legislative frameworks can be demonstrated.  
▪ Optometric fee structures are understood.  
▪ Statutory and common law obligations relevant to practice are understood. |
|---|---|
| 1.8. Provides for the specific special needs and interests of patients. | ▪ The ability to provide domiciliary optometric care is demonstrated.  
▪ Demonstrates awareness of social sectors relevant to patient support. |
| 1.9. Ensures emergency optometric care is available or referred appropriately. | ▪ Emergency facilities are available at all times with appropriate protocols in place.  
▪ Emergency ocular treatment and first aid procedures can be provided or referred appropriately. |
| 1.10. Promotes issues of eye and vision care to the community | ▪ Information on matters of visual health and welfare (including the need for regular eye examinations), ophthalmic products and treatment modality developments can be provided.  
▪ Advice is provided on eye protection in the home, work environment and in recreational pursuits. |
| 1.11. Understands factors affecting the community’s needs for optometric services. | ▪ The demography and epidemiology of health conditions affecting the community and the population are understood. |

**EXIT LEVEL OUTCOME TWO**
Apply knowledge, communication and health care skills in conducting a patient history, whilst adhering to the appropriate medico-legal ethical framework.

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<tr>
<th>SPECIFIED OUTCOMES</th>
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</table>
| 2.1 Communicates with the patient. | ▪ Appropriate modes and methods of communication are employed which take into account the physical, emotional, intellectual and cultural background of the patient.  
▪ A structured, efficient, rational and comfortable |
exchange of information between the optometrist and the patient takes place.

| 2.2. Makes general observations of patient. | ▪ Physical and behavioural characteristics of the patient are noted and taken into account. |
| 2.3. Obtains the case history. | ▪ The reasons for the patient’s visit are elicited in a structured way, with special attention to visual/ocular complaints.  
▪ Information required for diagnosis and management is elicited from the patient and/or others. |
| 2.4. Obtains and interprets patient information from other professionals. | ▪ Pertinent information from previous assessments by other professionals is sought and interpreted (with the patient’s permission). |

**EXIT LEVEL OUTCOME THREE**

Apply knowledge, scientific health care skills and technologies in the examination of the eye and related conditions within the context of the scope of practice and appropriate to the needs of the individual and community, while adhering to appropriate medico-legal ethics, health and safety regulations and codes of conduct.

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<th>SPECIFIED OUTCOMES</th>
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</table>
| 3.1. Formulates an examination plan. | ▪ An examination plan based on the patient history is designed to obtain necessary diagnosis and management.  
▪ Tests and procedures appropriate to the patient’s conditions and abilities are selected. |
| 3.2. Implement examination plan. | ▪ Tests and procedures which will efficiently provide information required for diagnosis are performed.  
▪ The examination plan and procedures are progressively modified on the basis of findings. |
| 3.3. Assess the eye and ocular adnexae. | ▪ The structure and health of the ocular adnexae and their ability to function are assessed.  
▪ The structure and health of the anterior segment and its ability to function are assessed.  
▪ The structure and health of the ocular media and their ability to function are assessed.  
▪ The structure and health of the posterior segment and its ability to function are assessed.  
▪ The nature of the disease state is determined.  
▪ Appropriate laboratory tests are ordered.  
▪ Ocular disease conditions are managed in accordance with the regulated scope of practice. |
| 3.4. Assess central and peripheral sensory visual function and the integrity of the visual pathways. | ▪ Visual function is assessed  
▪ Visual fields are measured.  
▪ Colour vision is assessed.  
▪ Pupil function is assessed. |
| 3.5. Assess the refractive status | ▪ Ability to objectively and subjectively evaluate the patient, and determine the refractive status of the eye. |
| 3.6 Assess oculomotor, accommodative and non-strabismic functions | ▪ Eye alignment and the state of fixation are assessed.  
▪ The quality and range of the patient’s eye movements are determined.  
▪ The status of sensory fusion is determined.  
▪ The adaptability of the vergence system is determined.  
▪ Status and function of accommodation are assessed.  
▪ The effect of systemic diseases on the binocular vision system is understood. |
| 3.7 Assess strabismus, amblyopia and associated conditions | ▪ All motor and sensory adaptations of a strabismus are assessed  
▪ Determine the effects of systemic and neurological conditions on strabismus and amblyopia  
▪ Recognise, determine and understand the causative factors of strabismus and amblyopia |
| 3.8 Assess visual status, visual efficiency and ocular health status of the pediatric patient (infants, toddlers and school-going children) | ▪ Use of age appropriate tests to evaluate visual acuity  
▪ Refractive error, visual efficiency and ocular health of the paediatric patient are assessed according to specific age and developmental levels  
▪ Utilizes appropriate pharmacological agents and dosages to determine the refractive error and ocular health of the child |
<table>
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<tr>
<th>3.9 Assess visual information processing skills</th>
<th>- Use and application of an appropriate level of communication suitable to the developmental stage / level of the paediatric patient</th>
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<tr>
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<td>- The use of recognized tests and diagnostic tools to determine the following visual perceptual abilities: Visual analysis skills</td>
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<tr>
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<td>Visual motor integration skills</td>
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<td></td>
<td>Visual auditory integration skills</td>
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<td>Visual spatial skills</td>
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<td></td>
<td>- Screening for, assessment and diagnosis of learning disabilities and other learning related disorders</td>
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<td></td>
<td>- Screening for and assessment of visual skills related to reading, learning and related aspects</td>
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<tr>
<th>3.10 Knowledge of the use and application of electrodiagnostic and physiological techniques in the assessment of visual function and abilities of the paediatric patient (infant, toddler and school-going child)</th>
<th>- Use of electrophysiological techniques to determine visual acuity</th>
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<tr>
<th>3.11 Ability to assess childhood developmental delays and associated conditions</th>
<th>- Understand the underlying conditions and assess appropriately, according to the developmental level of the paediatric patient (infant, toddler and school-going).</th>
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<td>- Assess and diagnose specialized congenital, neurological and oculomotor dysfunctions</td>
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<tr>
<th>3.12 Application of the neurological functioning of the visual system</th>
<th>- Understands anatomy of the visual system in visual processing and their defects.</th>
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<td>- Understands the physiology of the retina.</td>
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<td>- Able to explain the function of the different visual pathway structures and their role in vision. To understand the defects of the visual pathway.</td>
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<td>- Differentiates the different eye movement systems and trace their neurological pathway.</td>
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<td>- Understands visual processing based on spatial analysis.</td>
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<td></td>
<td>- Understands the use of electrodiagnostic tests in assessing the integrity of the visual system.</td>
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</table>
| 3.13 Application of the optical and physiological principles of the human eye. | ▪ Understands the eye as an optical system and refractive error  
▪ Able to demonstrate an understanding by analyzing, identifying and explaining the accommodative concepts  
▪ Understands and compares the different types of aberrations and its management.  
▪ Able to describe the origins and types of entopic phenomena experienced by the eye  
▪ Able to perform calculations relating to spectacle and relative spectacle magnification and explain the differences in IOL’s, contact lenses and spectacles  
▪ Understands the differences between subjective and objective space.  
▪ Understands the concept of the horopter.  
▪ Able to explain the effects of distortion of space and apply these effects in the management of aniseikonic patients.  
▪ Able to explain the effects of distortion of space and apply these effects in the management of aniseikonic patients.  
▪ Understands and explains the concept of fixation disparity  
▪ Able to distinguish between local and global stereopsis and its clinical application.  
▪ Understands the physics of colour and the neurophysiological basis of colour vision. To be able to detect colour vision defects and manage. |
|---|---|
| 3.14 Application of the neurological functioning of the visual system | ▪ Understands anatomy of the visual system in visual processing and their defects.  
▪ Understands the physiology of the retina.  
▪ Able to explain the function of the different visual pathway structures and their role in vision. To understand the defects of the visual pathway.  
▪ Differentiates the different eye movement systems and trace their neurological pathway.  
▪ Understands visual processing based on spatial analysis.  
▪ Demonstrates knowledge of the use electrodiagnostic tests in assessing the integrity of the visual system. |
| 3.15 Assesses the significance of signs and symptoms found incidental to the ocular examination in relation to the patient’s eye and/or general health. | ▪ Pertinent non-ocular signs and symptoms found incidentally during the ocular examination are identified and considered.  
▪ Ensures that significant non-ocular signs and symptoms are investigated. |
3.16. Assesses vocational and recreational needs.

- Demonstrate knowledge of the minimum vocational visual requirements for operating on land, air and sea transport vessels.
- Demonstrate the ability to determine the minimum visual requirements for recreational activities.
- Utilize appropriate equipment to assess vision and visual functions with regard to vocational and recreational demands, taking into consideration the physiological factors.

**EXIT LEVEL OUTCOME FOUR**

Apply appropriate learning strategies in the diagnosis of eye and related conditions with knowledge of minimum standards of optometric care.

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<tr>
<th>4 SPECIFIED OUTCOMES</th>
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| 4.1 Interpret and analyses findings to establish a diagnosis | - Accuracy and validity of test results and information from the case history and other sources are critically appraised.  
- Examination findings and other information are analysed, interpreted and integrated to establish the diagnosis. |

**EXIT LEVEL OUTCOME FIVE**

Apply appropriate learning strategies in the management and delivery of eye care products, therapy and medication, with knowledge of minimum standards of optometric care and relevant consultations and consent.
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<th>5. SPECIFIED OUTCOMES</th>
<th>ASSESSMENT CRITERIA</th>
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| 5.1. Designs a management plan for each patient in consultation with the patient. | - The diagnosis is presented and explained to the patient or care-giver with cognizance of the case history and current clinical findings.  
- Consideration is given to the relative importance or urgency of the presenting problems and examination findings.  
- Management options to address the patient’s needs, including financial implications are explained.  
- A course of management is chosen with the patient, following counseling and explanation of the likely course of the condition, case management and prognosis.  
- The informed consent of the patient is obtained for the initiation and continuation of treatment.  
- Patient requiring ongoing care and review are recalled as their clinical condition indicates, and management is modified as indicated. |
| 5.2 Prescribes spectacles | - The suitability of spectacles as a form of correction for the patient is assessed.  
- Maintains knowledge of current lens technology and materials.  
- Prescribes the appropriate frame material according to the patient’s needs.  
- Ensures frame design is appropriate for the patient’s optical prescription and vocational needs.  
- Prescribes the appropriate ophthalmic lens in accordance with the patient’s prescription for vocational and recreational needs.  
- Dispense appropriate spectacles for visual therapy, cosmesis and rehabilitation.  
- Ensure that prescribed lenses for monocular, amblyopic and/or paediatric patients comply with safety standards.  
- The patient’s refraction, visual requirements and other findings are applied to prescribe the optimal ophthalmic device. |
| 5.3. Prescribes contact lenses. | - The suitability of contact lenses as a form of correction for the patient is assessed.  
- The patient’s refraction, ocular and general health status, visual requirements and other findings are applied to determine the appropriate contact lens design, material and prescription. |
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<tr>
<th>5.4. Prescribes low vision devices.</th>
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<td>▪ Cognizance is taken of the rehabilitative needs of the patient with respect to the disability.</td>
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<td>▪ Knowledge of a range of low vision devices is demonstrated.</td>
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<td>▪ Low vision devices suited to the patient’s visual requirements and functional needs are prescribed.</td>
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<td>▪ The patient is instructed in the use of low vision device.</td>
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<td>▪ The success of the low vision device is monitored and additional or alternative devices are prescribed.</td>
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<td>▪ The patient is informed of and, if necessary, referred to other rehabilitative / social services.</td>
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| 5.5. Demonstrates the knowledge to prescribe pharmacological treatment regimens | ▪ Knowledge of current relevant legislation  
▪ Shows ability to select appropriate pharmacological agents for the treatment of the patient’s condition.  
▪ Drug substitution factors are considered in the choice of therapeutic agent(s).  
▪ Available delivery systems are considered in the choice of therapeutic agent(s).  
▪ Ocular factors are considered in the choice of therapeutic agent(s).  
▪ Systemic factors (drug allergies and co-morbidities) are considered in the choice of therapeutic agent(s).  
▪ Pharmacological factors, side effects and drug interactions, are considered in the choice of pharmaceutical agent(s).  
▪ Microbiological factors are considered in the choice of therapeutic agent(s).  
▪ Shows knowledge of monitoring and modification of treatment regimen.  
▪ Has ability to instruct or counsel patient on the compliance and correct usages of the prescribed drugs. |
|---|---|
| 5.6. Dispenses optical prescriptions accurately | ▪ The prescription is interpreted and responsibility for dispensing is accepted.  
▪ The patient is dispensed the most appropriate optical device.  
▪ The optical device is dispensed in accordance with accepted standards.  
▪ The optical device is verified against the prescription prior to dispensing to the patient.  
▪ The optical device is fitted and adjusted on collection and the patient is instructed in the proper use and maintenance of the optical device, and of any adaptation effects which may be expected. |
| 5.7. Manages patients requiring vision therapy | ▪ Formulate a visual therapy treatment plan.  
▪ Treats patients with accommodative, vergence, ocular motilities, strabismic and amblyopic anomalies  
▪ Administer appropriate therapy for learning disabilities and visual processing.  
▪ The patient is instructed in the use and maintenance of vision training equipment.  
▪ Appropriate optical devices are prescribed.  
▪ Goals of the vision therapy program and criteria for completion are set.  
▪ Progress of the vision therapy program is monitored. |
|---|---|
| 5.8. Manages the treatment of ocular disease and injury | ▪ Non-pharmacological treatment or intervention procedures are performed.  
▪ Pharmacological treatment in accordance with the regulated scope of practice is performed.  
▪ Updated knowledge of pharmacological and or other regimens can be demonstrated.  
▪ Knowledge of consequence of regimens can be elicited.  
▪ Script writing is performed in accordance with expected standards  
▪ The patient is instructed in the use, administration, storage, side effects and disposal of pharmaceutical agents.  
▪ The effect of treatment is monitored and changes in management are recommended.  
▪ Familiarity with referral and management protocol of different ocular conditions in various health care environments is demonstrated.  
▪ Advice provided to patients on the virulence of disease and the considerations of environmental influences. |
5.9. Refers the patient.

- The need for referral to other professionals for assessment and/or treatment is recognized and discussed with the patient.
  - A suitable professional is recommended to the patient.
  - Timely referral, with supporting documentation, is made to other professionals.
  - Ability to jointly manage the patient with other health care practitioners.

5.10. Co-operates with ophthalmologist or other relevant health care professionals in the provision of pre-and post operative management of patients.

- Provides pre-operative assessment and advice.
  - Provide post-surgical follow-up assessment and monitoring of signs according to the surgeon’s requirements and the procedure undertaken.
  - Provides emergency management for observed post-operative surgical complication.
  - Arranges appropriate referral for further post-operative treatment or assessment of complications.

5.11. Provides appropriate correction on vision in the workplace

- Understands and applies the regulations governing vision screening in the workplace.
  - Ability to conduct visual screening for occupational or other purposes.
  - Advice is provided on eye protection, visual standards and visual ergonomics in the workplace.
  - Individuals are counseled on the suitability of their vision for certain occupations.
  - Certification of an individual’s visual suitability for designated occupations or tasks is provided.

**EXIT LEVEL OUTCOME SIX**

Record and maintain legible, secure data and patient information while adhering to appropriate regulatory requirements.

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<tr>
<td>6.1 Ensures that data is organized in a legible, secure, accessible, permanent and un-ambiguous manner.</td>
<td>All relevant information pertaining to the patient is recorded in a format, which is understandable and is usable by the optometrist and his/her colleagues.</td>
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<td>Patient records are kept in a readily retrievable format and are physically secure.</td>
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### EXIT LEVEL OUTCOME SEVEN

Manage and administer human, financial, technical and other resources to ensure optimal delivery of eye and vision care products/services.

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| 7.1 Manage available financial resources so that only necessary products or services are dispensed. | ▪ Awareness of costs involved in the procurement of various equipment and stock can be shown.  
▪ Accurate assessment of the necessity of specific equipment and stock can be made within contextual demands.  
▪ Knowledge of viable available financial resources can be shown and utilized appropriately.  
▪ Responsibility for purchases and sales of products or services can be shown. |
| 7.2 Apply management strategies to ensure a viable optometric practice | ▪ Awareness of economy pertaining to affordability of eyewear and related services can be demonstrated.  
▪ Knowledge of correct financial management and accurately record keeping can be demonstrated.  
▪ Knowledge of business ethics can be shown.  
▪ Understand the role of optometry in managing the patient within other Health management systems. |
| 7.3 Understand various aspects of legislation affecting employees. | ▪ Knowledge of relevant laws pertaining to the equity act is understood.  
▪ Knowledge of correct application of... |
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| 8.1 Identify and solve problems specific to the community/area in which service is offered. | ▪ Relevant knowledge of the health determinants, community needs and area profile.  
▪ Ability to participate in inter-disciplinary and inter-sectoral community based team initiatives.  
▪ Use of critical, creative thinking and problem solving skills can be applied.  
▪ Understands the regulatory guidelines and cultural frameworks for engagement at community level. |
| 8.2 Display responsible decision-making.                                            | ▪ Realistic management goals and strategies can be ascertained and implemented.  
▪ Consequences of decisions can be understood and accounted for.  
▪ Appropriate cultural sensitivity and respect of community contribution in decision making is demonstrated. |
| 8.3 Use programs to inform and educate people and communities on visual and ocular health and prevention of eye related problems within health care. | ▪ Demonstrates understanding of health and social needs of communities served.  
▪ Understands environmental and physiological influences on the eye and visual health system  
▪ Engage in health promotion and prevention education initiatives within communities eg. design and distribute |
information pamphlets on common eye diseases or conduct briefings on basic eye hygiene.

- Demonstrates knowledge of the role of other sectors in community health care

**CRITICAL CROSS FIELD OUTCOMES**

- Develop a commitment to the profession, community served and the individual patient by continually engaging in professional related activities.
- Develop an understanding of the health and social determinants of the community in which you practice your profession.
- Strive to maintain a high standard in all aspects of professional and ethical practice by engaging in self-development and life-long learning.
- Maintain and develop insight into the impact of the economic environment on their professional practice and service delivery by keeping abreast with the current economic climate.
- Act in a dignified manner by conveying a professional attitude and being culturally and aesthetically sensitive toward all patients and colleagues.
- Work effectively with others within disciplinary & multidisciplinary teams towards the goal of optimum eye care.
- Develop ability to assess, analyse, reflect and critically appraise concepts and situations towards making informed decisions and providing appropriate solutions.
- Merge patient and population with evidence based practice, cultural sensitivity and diversity management.

**INTERNATIONALLY COMPARABILITY**

The qualification aligns closely with the outcomes competencies of the World Council of Optometry. The qualification is comparable with developed and developing countries. Graduates with this qualification are eligible to sit for licensing exams for independent practice in various international countries eg. UK, Australia and Canada who are accepted leaders in the field as well as developing countries such as Columbia and Nigeria.

Countries whose qualifications have been reviewed to benchmark this qualification:
- Australia
- Ghana
- UK
- Malawi
- USA
- Trinidad & Tobago
INTEGRATED ASSESSMENTS
Formative and summative assessment strategies used throughout the qualification programme to ensure that exit level & critical cross field outcomes are met.
Assessments involve a variety of formats:
- Written tests
- Written and practical assignments/projects
- Case studies
- Literature reviews
- Peer reviews
- Seminars
- Practical and clinical assessments
- Presentations
- Oral assessments
- Group based assessments
- Self-evaluations
- Report writing

RPL
RPL is accepted as entry route into the learning programme. Candidates present with a portfolio of evidence detailing their accumulated skills and knowledge, endorsed by previous mentors or employers. Learning outcomes may have been achieved through formal, informal/non formal and work experience. Assessment may be done to validate portfolios in the form of challenge tests, clinical assessments or other forms of evaluation as defined by the relevant ETQA.

ARTICULATION POSSIBILITIES WITH RELATED QUALIFICATIONS
Horizontally at first year level into other health related programmes eg. B.Medicine and B.Medical Science.

Vertically into M.Optometry or M.Health Sciences qualifications.

MODERATION OPTIONS
Internal moderation is done within institutions by the appointment of internal moderator and externally by external examiners.
All registered programmes are moderated on a 5-year cycle by the regulatory authority which serves as the ETQA

CRITERIA FOR THE REGISTRATION OF ASSESSORS
All assessors should be registered with the HPCSA or other international regulatory body. Assessors and moderators should have a minimum of a level 9 qualification, where possible. Assessor and moderators must additionally have appropriate experience/qualifications/expertise in the particular area being evaluated.