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Preface

Subject benchmark statements provide a means for the academic community to describe the nature and characteristics of programmes in a specific subject or subject area. They also represent general expectations about standards for the award of qualifications at a given level in terms of the attributes and capabilities that those possessing qualifications should have demonstrated.

This subject benchmark statement, together with others published concurrently, refers to the bachelor’s degree with honours1. In addition, some subject benchmark statements provide guidance on integrated master’s awards.

Subject benchmark statements are used for a variety of purposes. Primarily, they are an important external source of reference for higher education institutions (HEIs) when new programmes are being designed and developed in a subject area. They provide general guidance for articulating the learning outcomes associated with the programme but are not a specification of a detailed curriculum in the subject.

Subject benchmark statements also provide support to HEIs in pursuit of internal quality assurance. They enable the learning outcomes specified for a particular programme to be reviewed and evaluated against agreed general expectations about standards. Subject benchmark statements allow for flexibility and innovation in programme design and can stimulate academic discussion and debate upon the content of new and existing programmes within an agreed overall framework. Their use in supporting programme design, delivery and review within HEIs is supportive of moves towards an emphasis on institutional responsibility for standards and quality.

Subject benchmark statements may also be of interest to prospective students and employers, seeking information about the nature and standards of awards in a given subject or subject area.

The relationship between the standards set out in this document and those produced by professional, statutory or regulatory bodies for individual disciplines will be a matter for individual HEIs to consider in detail.

This subject benchmark statement represents a revised version of the original published in 2002. The review process was overseen by the Quality Assurance Agency for Higher Education (QAA) as part of a periodic review of all subject benchmark statements published in this year. The review and subsequent revision of the subject benchmark statement was undertaken by a group of subject specialists drawn from, and acting on behalf of, the subject community. The revised subject benchmark statement went through a full consultation with the wider academic community and stakeholder groups.

QAA publishes and distributes this subject benchmark statement and other subject benchmark statements developed by similar subject-specific groups.

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1 This is equivalent to the honours degree in the Scottish Credit and Qualifications Framework (level 10) and in the Credit and Qualifications Framework for Wales (level 6).
The Disability Equality Duty (DED) came into force on 4 December 2006. The DED requires public authorities, including HEIs, to act proactively on disability equality issues. The Duty complements the individual rights focus of the Disability Discrimination Act and is aimed at improving public services and outcomes for disabled people as a whole. Responsibility for making sure that such duty is met lies with HEIs.

The Equality and Human Rights Commission has published guidance to help HEIs prepare for the implementation of the Duty and provided illustrative examples on how to take the Duty forward. HEIs are encouraged to read this guidance when considering their approach to engaging with components of the Academic Infrastructure, of which subject benchmark statements are a part.

Additional information that may assist HEIs when engaging with subject benchmark statements can be found in the Code of Practice (revised) for providers of post-16 education and related services, and also through the Equality Challenge Unit which is established to promote equality and diversity in higher education.

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2 In England, Scotland and Wales.

3 On 1 October, the Equal Opportunities Commission, the Commission for Racial Equality and the Disability Rights Commission merged into the new Equality and Human Rights Commission.

4 Copies of the guidance Further and higher education institutions and the Disability Equality Duty, Guidance for Principals, Vice-Chancellors, governing boards and senior managers working in further and higher education institutions in England, Scotland and Wales, may be obtained from www.equalityhumanrights.com/en/forbusinessesandorganisation/publicauthorities/disabilityequalityd/pages/disabilitye.aspx

5 An explanation of the Academic Infrastructure, and the roles of subject benchmark statements within it, is available at www.qaa.ac.uk/academicinfrastructure

6 Copies of the Code of Practice (revised) for providers of post-16 education and related services, published by the Disability Rights Commission may be obtained from www.equalityhumanrights.com/en/publicationsandresources/Disability/Pages/Education.aspx

7 Equality Challenge Unit, www.ecu.ac.uk
Foreword

A minor review of the subject benchmark statement for optometry has been undertaken to reflect changes affecting the optometric profession and those students seeking entry to the profession since publication of the original benchmark statement in 2002. Approved optometry programmes are designed to allow students to gain the knowledge and skills necessary to pursue a career in optometry, as regulated by the General Optical Council (GOC). Specific additions to the benchmark statement are highlighted below.

- Optometry students engage in a significant range of tasks during training, many involving patients, to allow development of clinical skills and to gain experience of clinical practice. Since September 2005 the GOC has required all students undertaking training as optometrists to register with them on an annual basis in order to improve protection to the public. Institutions must ensure that students are not allowed to conduct clinical work unless they are registered with the GOC.

- Extension to the scope of optometric practice has required curricula to be reviewed with specific emphasis on pharmacology and optometric management of ocular disease. Optometrists can now perform a number of functions which were previously in the secondary care sector. In addition, the basis for referral to secondary care has changed. These factors should be reflected in the curricula to support graduates when entering either supervised practice or independent practice.

- The GOC has published explicit guidelines with regard to the proportion of work undertaken by students in clinical settings, which are reflected in this revised benchmark statement.

- The original benchmark statement was explicit in the need for institutions to support students in becoming autonomous learners. This anticipated the introduction of compulsory continuing education and training (CET) as a requirement for maintaining registration with the GOC. The first period of compulsory CET ended on 31 December 2006 with all those wishing to maintain registration having to satisfy a threshold level of activity. This will be a feature in all health-related professions in future and it is essential that students are helped to develop generic skills to support lifelong learning.

- Following an extensive review of bachelor’s degree examination regulations across institutions offering approved optometry programmes, the GOC has set the threshold for entry to supervised pre-registered practice at a Lower Second class honours degree or equivalent along with evidence of achievement in defined clinical competencies. Graduates unable to meet this standard at the first attempt are able to pursue alternative routes to satisfy GOC requirements for entry to the pre-registered period.

- The GOC also recognises a four-year Master of Optometry (MOptom) programme which allows direct entry onto the Register of Optometrists. The introduction of this additional route to registration is reflected in this revised benchmark statement as it is a significant change in the education and training available to prospective students.

This revised benchmark statement acknowledges the need for programmes to comply with statutory requirements but encourages institutions to adopt differing learning and teaching strategies to provide distinctive programmes of study which reflect the expertise of academic staff.

May 2007
1 Introduction

1.1 Optometrists are primary healthcare specialists trained to examine the eyes for defects in sight, ocular diseases and problems related to general health. Only optometry and medical students can be trained in these functions, which are reserved to registered optometrists and general medical practitioners by the Opticians Act (1989). Optometrists are also trained to fit and supply optical appliances such as spectacles, contact lenses and low vision aids. Only optometry, dispensing and medical students can be trained to fit spectacles and low vision aids, while the fitting of contact lenses is reserved under the Opticians Act (1989) to optometrists, medical practitioners and dispensing opticians with specialist qualifications.

1.2 Optometrists are responsible for detection, diagnosis and management of ocular disease and the rehabilitation of conditions of the visual system. They provide the majority of primary eye care in the United Kingdom (UK) and are responsible for a significant proportion of ocular and ophthalmic referrals to the secondary care sector.

1.3 The GOC is the statutory regulatory body for optometrists (and dispensing opticians) in the UK. A person is not permitted to practise as an optometrist in the UK unless registered with the GOC. The GOC gains its powers from the Opticians Act (1989) (amended 2005). The main objective of the GOC, in exercising those functions which affect the health and safety of members of the public, is to protect, promote and maintain their health and safety. The GOC has the general function of promoting high standards of professional education, conduct and performance among registrants, and the additional functions assigned to the GOC under Section 2 of the Opticians Act (1989).

1.4 In June 2005, the GOC gained new powers and since September 2005 every student studying towards a degree in optometry must, by law (Section 8A of the Opticians Act 1989 and The General Optical Council Registration Rules 2005), register with the GOC on an annual basis. Student registration has been implemented in order to safeguard the general public. Optometry students come into contact with patients during their degree programmes and pre-registration period. The GOC needs to ensure that only those people suited to working within optometry are able to gain experience of clinical practice, and study towards the necessary qualifications. Students who do not register will be breaking the law. A further consequence of non-registration is that students may not be covered by the supervisor's or university's professional indemnity insurance policy. Programme managers and supervisors must ensure that students do not undertake clinical work until they have received written confirmation of registration.

1.5 The extension of the scope of optometric practice allows optometrists to carry out some functions which were previously in the secondary care sector. The basis for referral to secondary care in some areas of practice has subsequently changed, having an impact on the training and education needs of students. These developments are consistent with The National Health Service (NHS) Plan and are supported by initiatives such as the extension of therapeutic prescribing responsibilities to optometrists following recommendations of the UK Government's Crown Review (1999). These changes in the scope of optometric practice have required consideration of curricula content, and should, in particular, demonstrate an increased emphasis on clinical pharmacology and therapeutics, and the optometric management of ocular disease.

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8 The NHS Plan: a plan for investment, a plan for reform, Department of Health, July 2000
9 Review of prescribing, supply and administration of medicines, Department of Health, March 1999
1.6 The registered optometrist examines the visual system to establish its state of health and to provide, if necessary, spectacles or contact lenses to optimise visual performance. They also recommend other treatments or visual aids, where appropriate. Optometrists are trained to recognise eye diseases; managing such cases themselves or referring for further specialist investigations and/or treatment. Whereas the majority of optometrists are independent primary care general optometric practitioners, some practise part-time or full-time in hospital eye departments and others are active in research and teaching.

1.7 Whatever their final mode of work, most optometry students follow a similar undergraduate degree programme followed by a pre-registration period working under the supervision of a registered experienced optometrist. This period of postgraduate work-based training is managed and assessed by the College of Optometrists on behalf of the GOC.

1.8 Additionally, the GOC also recognises a four-year MOptom programme incorporating periods of supervised practice in hospitals and general practice embedded within the curriculum. Successful completion of this programme is approved by the GOC for direct entry to the Register of Optometrists.

1.9 Optometry programmes are designed to provide students with the knowledge and skills necessary to enter a career in all areas of optometry. The precise requirements for registration as an optometrist in the UK are the responsibility of the GOC and are subject to review.

2 Defining principles

2.1 This subject benchmark statement articulates the key qualities expected of optometry students, following an approved programme of study, who are eligible, on graduation, to enter directly into a period of pre-registration training or, in the case of MOptom students, to be admitted directly to the Register of Optometrists.

2.2 Benchmark standards in optometry are related to four major aspects of provision that should be evident in all programmes leading to a bachelor’s or master’s degree:

- the nature and extent of the subject as defined by the aims and objectives of bachelor’s and integrated master’s awards
- the essential subject matter components that may be expected to be covered in all programmes leading to such degrees
- the generic transferable abilities, competencies and skills to be developed by students through the degree programmes
- recommendations concerning procedures for the assessment of the knowledge, abilities and skills outlined above and the criteria for eligibility for direct entry into pre-registration training.

2.3 The purpose of this statement is to provide a composite framework within which programme providers can develop purposeful and challenging optometry programmes that respond to the needs of their students, the NHS and employers, as well as to the changing nature of the discipline. It is not the intention to impose rigid conditions on providers that would stifle innovation in programme design or delivery.

2.4 Details of the aims, objectives and content of specific programmes will be found in documentation issued by the respective UK HEIs offering optometry degrees¹⁰.

¹⁰ A list of GOC approved institutions can be found at www.optical.org/en/our_work/Education/what_to_study_and_where/index.cfm
3  **Nature and extent of optometry**

3.1  Undergraduate programmes should produce graduates with an appropriate professional aptitude who are safe to practise under supervision within the pre-registration environment.

3.2  Graduates' theoretical knowledge and clinical competence should also provide a basis for continuing professional development to ensure they are equipped to meet the changing demands of healthcare delivery in the UK. The GOC now requires all registered optometrists to undertake continuing education and training as a condition of continued registration.

3.3  Graduates should have an understanding of public health issues which will enable them to apply their knowledge in the areas of health needs such as co-managed care of chronic ophthalmic disease, screening, audit and clinical governance. This will require knowledge of the underlying concepts of health delivery systems with particular emphasis on primary care.

3.4  Programmes in optometry should therefore provide students with:

- a broad and integrated knowledge of the theoretical and applied principles of the anatomical, physiological and perceptual aspects of the visual system
- a detailed knowledge of structural and functional anomalies of the visual system, their investigation and correction
- an understanding of ocular and systemic disease to a level necessary for them to function as effective primary care optometric practitioners
- a detailed knowledge of a wide range of optical appliances (including related European and international standards) and the ability to dispense satisfactorily to patients
- an awareness of the legal, ethical and commercial restraints and constraints within which optometry operates
- an understanding of the expectations and responsibilities of entering a regulated healthcare profession
- an understanding of legislation relating to the use and supply of ophthalmic drugs
- a knowledge of occupational visual standards so that they may offer appropriate advice to patients
- an ability to translate theory into practice in a clinical setting
- interpersonal skills so that graduates may communicate effectively with all types of patients, carers and other healthcare professionals
- an understanding of the role of optometry as a primary and secondary healthcare profession within the framework of the healthcare delivery system of the UK
- an understanding of surgical and other methods used for correcting refractive errors by altering the dimensions of the eye
- a sound scientific knowledge of the discipline in support of clinical practice and lifelong learning
• a range of generic skills, as outlined in paragraph 5.3.

3.5 In addition to the above, the MOptom programme ensures that the graduate has:
• sufficient practice-based clinical experience to progress directly to independent practice
• demonstrated the consolidation of theoretical knowledge and clinical experience through submission of detailed case reports
• developed advanced levels of clinical reflection evidenced through production of a dissertation based on work conducted on clinical placements
• gained advanced knowledge and skill in the management of ocular disorders.

4 Subject knowledge and understanding

4.1 Programmes of study should enable students to acquire knowledge, understanding and skills in four general areas: basic sciences; clinical science; subject-specific skills; and generic skills. The GOC publishes a handbook which is used to assist visiting panels during quinquennial review and approval of programmes. The curriculum would be expected to contain the following components.

Basic sciences

4.2 Graduates should possess knowledge and understanding of the fundamental scientific principles relevant to the practice of optometry in the context of primary and secondary eye care. The scientific basis of the programme should provide support for continuing professional development and lifelong learning. In particular, graduates should be able to apply these principles to the following subject areas.

Human biology

4.3 Graduates will possess a knowledge of the scientific principles of biomedical sciences. This should be applied to the detection, recognition, diagnosis, prevention and management of systemic conditions that may exist in patients presenting for primary and secondary eye care.

Ocular and visual biology

4.4 Graduates will possess knowledge of the scientific principles of ocular and visual biology. This should be applied to the detection, recognition, diagnosis, prevention and management of ocular disease and traumatic conditions that can present in patients seeking eye care.

Visual perception and psychology

4.5 Graduates will possess knowledge of the scientific principles of visual perception and psychology. This should be related to procedures used during an eye examination based on a core understanding of fundamental principles.

4.6 Varied approaches to interpersonal communication should be explored to allow an understanding of the range of human behaviour that can present in patients seeking eye care.
4.7 Graduates will also be aware of the importance of critical periods in visual development in relation to optometric procedures.

**Optics**

4.8 Graduates will possess knowledge of the scientific principles of geometrical, physical and visual optics. This should be applied to the detection, recognition, diagnosis, prevention and management of refractive, oculomotor and sensory integrative conditions that can present in patients seeking eye care.

**Clinical science**

4.9 Bachelor's graduates will be able to examine patients safely and competently under the personal supervision of a registered optometrist. They should be able to apply their knowledge of basic science and their undergraduate clinical experience to the investigation, prevention, diagnosis and management of visual disorders.

**Functional and developmental conditions**

4.10 Graduates will be aware of the normal development of the visual system and of the disruptive effects on development of congenital and infantile abnormalities. They will be competent in the diagnosis and management of (functional and developmental) visual conditions such as ametropia, heterophoria, heterotropia and other anomalies of binocular vision.

**Ophthalmic optics and the dispensing of ophthalmic appliances**

4.11 Graduates will be familiar with the design, materials and optical principles of spectacles, low vision aids and contact lenses. They will be able to dispense spectacles, contact lenses and simple low vision aids, instruct patients in their safe and efficient use, monitor progress with the appliance and assist patients to achieve maximum visual performance.

4.12 Graduates will have detailed knowledge of anterior segment physiology and pathology to ensure that ocular integrity is maintained in contact lens wear.

4.13 Graduates will be able to advise patients on occupational, sporting and protective ophthalmic appliances and to dispense the appropriate appliance to the required standards.

4.14 They will also have an understanding of the optical principles of widely used ophthalmic instruments.

**Ocular disease and abnormality**

4.15 Graduates will be able to distinguish morbid ocular and visual conditions from normal variations. They will be able to apply the principles of visual physiology and pharmacology to co-manage ocular abnormalities and will be able to make appropriate management decisions including monitoring or referral for medical opinion.

**Pharmacology and therapeutics**

4.16 Graduates will understand the general principles of pharmaceutics, pharmacology and toxicology and be familiar with common systemic medications. They will be capable of monitoring and reporting ocular adverse reactions to systemic medication. They will have detailed knowledge of the pharmacological principles underlying the use of drugs to facilitate optometric examination and the diagnosis and treatment of ocular disease.
4.17 They should be aware of specific cautions, contraindications and side effects of ophthalmic drugs so as to use or supply them safely. They will also have knowledge of the law relating to sale and supply of ophthalmic preparations as specified by the 
Medicines Act (1968) and subsequent statutory instruments.

Systemic disease

4.18 Graduates will have an understanding of common systemic diseases which may have ocular manifestations and will be aware of adverse ocular reactions that may be induced by medical management of common systemic diseases.

5 Subject-specific skills

5.1 The GOC maintains two lists of the core competencies and skills that students are required to demonstrate as a condition of entry to the pre-registration period (Stage 1 competencies) and following supervised experience to unsupervised independent practice (Stage 2 competencies). The degree programme equips the graduate to carry out these standard clinical procedures safely and efficiently.

5.2 In addition to the GOC’s core competencies, graduates will be able to:

• communicate effectively with patients and colleagues
• understand the application of information technology (IT) to practice management
• review the evidence base for clinical interventions and have sufficient statistical knowledge to evaluate critically clinical research findings
• appreciate the major issues relevant to the future development of optometric practice
• apply flexibility in addressing clinical problems of an unfamiliar nature
• demonstrate an appropriate professional attitude in their professional and private lives
• maintain clear, accurate and appropriate records
• have an awareness of their role within the NHS and the healthcare sector.

Generic skills

5.3 Students should develop key skills within programmes of study and be able to demonstrate:

• communication skills, covering both written and oral communication and the ability to relate to various social and ethnic groups
• numeracy skills to evaluate data generated through audit and research
• the ability to critically evaluate relevant literature
• time management and organisational skills
• problem-solving skills relating to qualitative and quantitative information
• computation skills involving word processing, data manipulation and IT skills for self-directed and lifelong learning
sufficient learning skills to sustain lifelong learning and continuing professional development.

6 Teaching, learning and assessment

6.1 HEIs differ in their approach to the provision of learning, teaching and assessment, and are responsible for the content and balance of programmes. Although core components of the approved programme of study are prescribed, HEIs should attempt to provide a distinctive approach to their provision to reflect the expertise of academic staff. These programmes are subjected to internal and external quality assurance mechanisms to ensure they are fit for purpose and, in the context of the MOptom, fit for practice.

General characteristics

6.2 In all cases programmes should demonstrate the following four characteristics.

Diversity

6.3 Learning and teaching should incorporate, for both the non-clinical and clinical elements of the programme, a range of contemporary higher education practices that are relevant to the needs of the discipline and student. Assessment procedures should combine formative and summative methods which, in addition to evaluating scholarship and knowledge base, should take full account of the educational and training requirements for prospective first entry to clinical work in a variety of clinical optometric environments.

Integration

6.4 To facilitate understanding and appreciation of the composite nature of clinical decision-making, theoretical and clinical curricula should be fully integrated in both structure and function; the former in terms of relevant programme pre and co-requisites, the latter in terms of amalgamation of didactic teaching and clinical practice. Minimum levels are prescribed by the GOC and are kept under review.

Incremental Learning

6.5 Progression in the ability of students to manage clinical situations and problems independently should evolve from gradual acquisition and application of clinical skills supported by a sound framework of clinical and vision sciences. There should be evidence of support for reflection to aid development. Teaching, learning and assessment protocols should reflect this progression and be sufficiently flexible to incorporate new developments in educational technology and respond to future demands of primary and secondary healthcare.

Continuing professional development

6.6 The aim of the programme is to achieve an appropriate and safe level of understanding, care and discrimination in promoting the ocular and visual well-being of patients. In addition the programme should provide a foundation for continuing professional development and lifelong learning in support of best professional practice and the maintenance of professional standards.
Specific elements of programme provision

6.7 To comply with the general characteristics above, there should also be evidence of the following elements of provision.

Clinical experience

6.8 At least 30 per cent of the approved programme of study should involve practical applications in clinical settings. Adequate provision for optometric examination of a wide range of patients in relation to age, ocular conditions and refractive status should include:

- access to unselected patients
- instruction, demonstration and supervision by registered practitioners in general and specialist clinics
- small-group clinical instruction which incorporates student observation, practitioner demonstration and direct student participation
- clinical placements in a variety of secondary healthcare settings to assimilate management strategies of other healthcare disciplines in the hospital sector.

Clinical weighting

6.9 The examination weighting allocated to clinical assessment should form a substantial proportion of the final award, and should include:

- clinical conditions which enable students to demonstrate effectively both their level of attainment and their full range of abilities
- assessment in the clinical environment which takes account of both clinical knowledge and clinical skills.

Autonomous learning

6.10 Emphasis on the importance and utility of developing an ability to engage in and develop independent and self-directed study should include:

- formal assessment of students' ability to assimilate and present information from a variety of sources available in traditional and electronic media
- a variety of assessment formats such as case presentations, case reports, literature reviews, dissertations, and practical projects
- presentation of methods for critical evaluation of research literature.

Communication skills

6.11 The assessment of the ability to communicate effectively with patients and professional colleagues through the application of a range of skills developed through didactic and clinical teaching and learning programmes should include:

- learning and teaching programmes which present the constructs of interpersonal behaviour in the context of clinical consultation in optometric practice and between professional colleagues
- interpersonal behaviours demonstrating sensitivity to the range of physical, emotional and intellectual variances in individuals
• employment of non-verbal communication to deal effectively with patients' concerns and confusion
• the ability to inform the patient of the outcomes of examinations and the need for referral
• an ability to recognise and respect, in all communications, the expectations and aspirations of patients and colleagues
• effective communication being maintained while ensuring confidentiality and security of patient records in an ethical environment
• assessment procedures which demonstrate the multiplicity of communication skills required for effective examination and management of patients in relation to age, culture and special needs.

7 Benchmark standards

7.1 This statement provides a reference for the maintenance of the threshold standard of optometry degrees and defines the responsibilities expected of graduates entering a regulated healthcare profession. Students who are eligible on graduation to enter into pre-registration training or directly into independent practice will have demonstrated the following:

• an ability to communicate effectively with patients and professional colleagues through the application of a range of skills using English as the primary language of communication
• a systematic understanding of key aspects of optometry and vision science leading to the achievement of key competencies as defined by the GOC
• a detailed understanding of specific components of optometry or vision science which are at the forefront of knowledge and reflect the expertise of academic staff
• an ability to apply established analysis and enquiry techniques to optometry
• a conceptual understanding to enable an evaluation of current research in optometry and vision science
• an appreciation of the uncertainty, ambiguity and limits of knowledge
• an ability to learn autonomously using scholarly reviews and primary sources to support the requirement for continuing professional development and lifelong learning.

7.2 Bachelor's programmes should also ensure that the graduate optometrist is able to:

• demonstrate appropriate knowledge, skills and attitudes required for entry into pre-registered clinical practice
• conduct appropriate tests and investigations of visual status in a safe and effective manner
• make appropriate decisions about the ocular health of patients
• demonstrate awareness of the primary and secondary healthcare function offered by optometry
• demonstrate an investigative approach to academic subjects and clinical practice which integrates theory and practice to identify and solve problems
• demonstrate an ability to apply research findings to practice
• understand his/her role within a multidisciplinary team
• analyse, and evaluate critically, diagnostic and therapeutic interventions
• demonstrate critical skills for the evaluation of new concepts, procedures, techniques and products relevant to optometric practice
• acquire a wide range of transferable, lifelong and independent learning skills
• show an appropriate professional attitude towards patients and colleagues
• demonstrate an understanding of the expectations and responsibilities of entering a regulated clinical profession.

7.3 In addition to the above, the MOptom programme ensures that the graduate is able to:

• satisfy clinical requirements through supervised practice in an eye hospital (five months) and in general optometric practice (five months)
• achieve all the GOC Stage two core competencies for optometry
• demonstrate higher level skills and competencies in relation to ophthalmic investigation and ocular therapeutics
• demonstrate sufficient experience, knowledge and understanding of optometry to register without further assessment with the GOC as an independent primary care practitioner.

7.4 This statement identifies two levels of achievement, which can be described in terms of fitness for purpose and fitness for practice.

**Fitness for purpose**

7.5 The threshold performance for a bachelor’s degree equates to the level of attainment needed for the graduate to enter directly into the pre-registration year of supervised practice. The criteria for this threshold are as described in this statement and define explicitly levels of competency commensurate with effective entry into the pre-registration period. This threshold level of performance must encompass an adequate knowledge base and clinical skills for the safe practice of optometry in the pre-registration context.

7.6 In addition to demonstrating threshold performance at bachelor’s degree level those students seeking direct entry to the Register of Optometrists must satisfy the requirements of a MOptom programme. The criteria are as described in this statement and define explicitly levels of competency commensurate with effective entry into independent practice. The level of performance must encompass an adequate knowledge base and clinical skills for the safe practice as an independent optometrist.

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11 The GOC has set the threshold for entry to supervised pre-registered practice at a Lower Second class honours degree along with evidence of clinical competency.
Appendix A: Membership of the review group for the subject benchmark statement for optometry

Dr Adrian Jennings  
Professor John Lawrenson  
Professor Rachel North  
Dr Kathryn Saunders  
Mrs Dian Taylor  
Professor Alan Tomlinson  
Professor Barry Winn (Chair)  

University of Manchester  
City University  
Cardiff University  
University of Ulster  
General Optical Council, London  
Glasgow Caledonian University  
University of Hull
Appendix B: Membership of the original benchmarking group for optometry

Details appear below as published in the original subject benchmark statement for optometry (2002).

Professor Michael Boulton  Cardiff University
Professor Bernard Gilmartin  Aston University
Dr Adrian Jennings  University of Manchester
Professor Daniel O'Leary  Anglia Polytechnic University
Professor Alan Tomlinson  Glasgow Caledonian University
Professor Barry Winn (Chair)  University of Bradford
Professor Edwin Woodward  The City University
Mrs Dian Taylor  General Optical Council, London