



ORTHOPTIC
WORKFORCE DEVELOPMENT
PROGRAMME

Pre-registration Orthoptic Practice-based Learning Guidance Document



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Contents

Section	Page
Introduction	4
Expectations of Practice-based Learning	5
Practice-based Learning: roles and responsibilities	6
Practice-based Learning organisation across the UK	7
Practice-based learning settings	7
The role of digital in Practice-based Learning	8
Supervision & Mentorship	10
Practice-based Learning: Recording learner outcome	11
Practice educator training	12
Resources	13
Equality, Diversity and Inclusion	13
Key links	13
Glossary	14
References	20

The primary purpose of this document is to provide existing and aspiring providers of orthoptic education with guidance on Practice-based Learning (PBL) and information on the variety of options available to deliver PBL.

Practice-based Learning is a vital component of every learner's development. Not only can working to inspire and support a future orthoptist be extremely satisfying, it is a great opportunity to

develop leadership and management skills which can be reflected in CPD portfolios.

Please note that the language and terminology used in the guidance document is consistent with that of the Health and Care Professions Council. A glossary has been provided at the end of the document for clarity of terms, and in addition the table below draws your attention to three key terminology changes:

Practice-based Learning	The period(s) of study and activities undertaken by learners as a formal element of their Orthoptic pre-registration training whilst in the practice-based learning environment. This allows learners to apply and practise their newly acquired knowledge and skills in a safe environment.	Previously referred to as a clinical placement
Learner	An individual enrolled onto an orthoptic pre-registration education programme whether full time or less than full time.	Previously referred to as student

It is expected that this guidance will be used as a reference document by:

- Orthoptic programme providers, both educators in academic institutions and practice educators in Practice-based Learning, to assist them in facilitating, supporting and assessing learners.
- Orthoptic learners, to give an overview of the breadth of approaches to Practice-based Learning delivery.

The document should be used in conjunction with the shared resources section on the BIOS website.
<http://www.orthoptics.org.uk/PBL>

Introduction

What is Practice-based Learning [PBL]?

Practice-based Learning is defined as the period of study and activities undertaken by learners as a formal element of their pre-registration training whilst in the PBL environment. This allows learners to apply and practise their newly acquired knowledge and skills in a safe environment.

Why do we need Practice-based Learning?

Practice-based Learning provides learners with direct clinical experience, which “is essential throughout training to consolidate clinical skills in the practice setting and to develop decision-making and autonomous thinking skills in a safe, supported and supervised environment” [Orthoptics Curriculum Framework 2016].

It is helpful for orthoptists to reflect back on their time as a learner and what they remember learning in practice that they didn't learn in the classroom.

What are the benefits of Practice-based Learning?

Practice-based Learning involves a range of opportunities for learner development. Learners apply and consolidate their learning, bringing together academic theory, workplace practice to develop skills and competences needed to register. Learners apply their academic knowledge to clinical orthoptics but also to general ophthalmology and optometric related investigations and departmental organisation.

Win	Learners	Quality training
Win	Dietetic Staff	Motivation
Win	Organisations/ Service users	Performance

Dodds 2006, Three Wins

Benefits to learners: PBL provides quality training and will provide learners with the knowledge, skills and behaviours to function in a wide range of orthoptic landscapes. It can present opportunities to develop a range of 'soft' skills such as communication, collaboration, leadership, networking and presenting, critical appraisal skills, self-reflection and self-development. All of these different skills and abilities which may be attractive to future employers.

Benefit to orthoptic staff: Offering PBL gives practice educators the opportunity to contribute to the development of learners' skills and knowledge, resulting in graduates who are better prepared to practise orthoptics and who may become future members of the department. Supporting learners also gives staff an opportunity to reflect on their own practice, identifying where they can develop and improve their skills and knowledge.

Benefit to organisations/patients: Finally, as a result of the above two, the performance of orthoptic departments to meet patient demand should increase. This may create greater efficiency and contribute to greater patient satisfaction.

HCPC

The HCPC Standards of Education and Training (2017) are the standards against which they assess education and training programmes, including considerations for Practice-based Learning. BIOS advises that due attention is given to the following sections when exploring PBL opportunities:

SET 5.2 - The structure, duration and range of Practice-based Learning must support the achievement of the learning outcomes and the standards of proficiency.

SET 5.3 - The education provider must maintain a thorough and effective system for approving and ensuring the quality of Practice-based Learning.

SET 5.4 - Practice-based Learning must take place in an environment that is safe and supportive for learners and patients.

You are advised to contact the HCPC direct for further guidance or queries regarding meeting these HCPC standards.

<https://www.hcpc-uk.org/resources/standards/standards-of-education-and-training/>

The HCPC also produce professional standards necessary for the safe and effective practice of each of the professions on their Register. The HCPC Standards of Proficiency - Orthoptists (2022) outlines the threshold (minimum) standards for entry level orthoptists.

<https://www.hcpc-uk.org/standards/standards-of-proficiency/orthoptists/>

Expectations of Practice-based Learning

Practice-based Learning should reflect the breadth of knowledge, skills, values and behaviours defined in the curriculum. The Orthoptic Curriculum Framework does not stipulate precise hours or timing of practice placement, but clinical experience is essential throughout the programme to consolidate clinical skills in the practice setting and to develop decision-making and autonomous thinking skills in a safe, supported and supervised environment. It is expected that periods of Practice-based Learning will be integrated with periods of academic education so that the learners are able to adequately reflect upon and learn from each element, and that progression through the academic and practical components of the course can be demonstrated.

Interprofessional learning on Practice-based Learning is encouraged and wherever possible incorporated in to the learning experience.

In order to allow flexibility in Practice-based Learning provision, the guidelines below should be followed:

It is expected that where possible HEIs will innovate in terms of Practice-based Learning [e.g., clinical simulation, Technology Enabled Care Services (TECS) and Public Health).

Practice-based Learning should be integrated with academic learning and should include Practice-based Learning in the workplace.

At least one Practice-based Learning should be of sufficient length to enable continuity of learning and demonstrate consistency of performance and case load management in a clinical setting.

Other professionals or support workers with the necessary skills can provide evidence of competence relating to a non-specialist competence as can orthoptists with less responsibility within services. However, the final assessment should be undertaken by an orthoptist in a leadership role within the organisation usually a lead clinical tutor

Different models of supervision, and approaches such as peer assisted learning, are acceptable.

Practice-based Learning provision:

- All Practice-based Learning will be approved by BIOS and the quality actively monitored by the HEI.
- In all Practice-based Learning, overall responsibility for the supervision and assessment of learners will be undertaken by a named lead clinical tutor. This orthoptist will be responsible for the final assessment of the learner.
- It is expected that all members of the orthoptic profession at all levels of the career framework may contribute to practice learning in ways commensurate with their qualifications and experience and after undertaking appropriate education as required.
- Appropriately qualified health and social care professionals can participate in learner Practice-based Learning and may assess and provide evidence of achievement of particular practice-based learning outcomes.
- Orthoptic support workers may participate in assessment and provide evidence of achievement of particular Practice-based Learning outcomes.
- Usually, the HEI will ensure consistency of documentation and assessment tools for the group of practice learning providers with whom their learners are placed.
- It is expected that HEIs and practice learning providers will work together to provide on-going education in supervision and assessment for those involved in PBL.
- HEIs must ensure that they have a process in place which enables practice educators to communicate significant issues of concern to them in a timely manner.
- HEIs must ensure that they have a process in place which enables learners to communicate significant issues of concern to them in a timely manner.
- HEIs should demonstrate partnership working with their practice educators including adequate and timely communication about individual learners, learner feedback and changes in curriculum.
- Both the HEI and the practice educator are legally obliged to ensure that appropriate reasonable adjustments are made in line with the Equality Act 2010 and/or other relevant legislation.

Practice-based Learning: roles and responsibilities

Whilst this document provides guidance, it is for the Higher Education Institute and practice educators to organise and deliver PBL.

HEI's deliver third level education at universities and normally includes undergraduate and postgraduate study. A lead practice educator is a registered orthoptist with overall responsibility for facilitating the education of the learner orthoptist whilst they are on Practice-based Learning. This individual is likely to hold responsibility for signing off competency and assessment criteria, based upon the standards produced by the education provider, although it is recognised that local models of delivery and assessment will apply.

BIOS Roles and responsibilities in PBL

Promoting education in the science and practice of orthoptics.

Articulating curriculum standards for the education of orthoptists (Orthoptics Curriculum Framework) and reviewing curriculum standards, in consultation with the profession.

Maintaining an overview of issues of quality which may affect educational provision, raising concerns with the relevant HEI if required.

HEI Roles and responsibilities in PBL

Developing, managing and quality assuring academic, practice learning and all assessment processes to ensure that all are integrated into a holistic programme of learning and that graduating learners meet standards determined by the regulator, accrediting body and other relevant policy making organisations.

Providing support and resources to practice educators.

Adequately preparing learners in advance of Practice-based Learning including required professional behaviours and attitudes expected in a work environment.

Giving learners the opportunity to provide feedback on their orthoptic education. Ensuring that feedback is disseminated as a learning opportunity to those directly involved in teaching.

HEI Roles and responsibilities in PBL

Ensuring that appropriate fitness to practise and misconduct investigatory processes are maintained.

Ensuring that appropriate education facilities are provided in the University and by other education providers.

Ensuring that there are mechanisms in place to enable learners to raise concerns regarding patient safety or the conduct/professionalism/fitness to practise of staff (both University and Practice-based Learning based) and fellow learners.

Practice Educator Roles and responsibilities in PBL

Providing learners with adequate facilities, supervision and access to patients in order that HCPC standards and HEI requirements are met.

Releasing healthcare professionals and other staff to complete any education necessary in order to supervise learner orthoptists to a standard commensurate with the relevant HCPC standards.

Carrying out internal quality assurance of learner Practice-based Learning provision.

Supporting HEIs in complying with HCPC standards.

Ensuring that there are mechanisms in place to enable learners to raise concerns regarding patient safety or the conduct/professionalism/fitness to practise of practice educators or fellow learners.

Maintaining lines of communication with the relevant HEI, thus being integral to the continuing development of the orthoptic programme of study.

Delivering orthoptic education in accordance with principles of equality, ensuring that reasonable adjustments are made upon disclosure by the learner.

Ensuring that the role of the practice educator is valued within the organisation.

Orthoptic Support workers roles in PBL

Working within their scope of practice, undertake activity delegated by the practice educator to support learners. Other professionals or support workers with the necessary training can provide evidence of competence relating to a non-specialist competence as can orthoptists with less responsibility within services. Orthoptic support workers may participate in assessment and provide evidence of achievement of particular Practice-based Learning outcomes. However, the final assessment should be undertaken by an orthoptist lead clinical tutor.

Offer a safe and supportive space for learners.

Demonstrate to learners what support workers can add to an orthoptic team, offer peer support and uphold the values of the profession and their local organisation.

Be part of the learners practice education team, assisting with the induction of learners to their work area and supporting learners pastorally as part of an inclusive team culture.

Practice-based Learning organisation across the UK

Orthoptic Clinical Placements in the UK come under a national equitable allocation scheme whereby placement allocations are planned and coordinated collaboratively between the four Universities (Liverpool, Sheffield, Glasgow and UCL).

In **England**, orthoptic education is provided by HEIs at both undergraduate and postgraduate level. There is no direct commissioning of places from the Department of Health and Social Care. A PBL tariff is paid by Health Education England (HEE) to PBL providers to offset the costs of supporting learners in clinical practice.

In **Scotland**, Orthoptic education is provided by HEIs at undergraduate and postgraduate level. NHS Education for Scotland [NES] facilitates the review of the Practice-based Learning partnership agreements between HEIs and PBL providers. There is no tariff paid to PBL providers for PBL.

Practice-based Learning settings

The length of the PBL can differ, ranging from day placements up to 4-week blocks and can also occur at different stages of a course.

A **Clinical setting** is described as: a place where consultations regarding diagnosis and treatment occurs [e.g., Acute and Community Care settings]. The key purpose of a clinical placement is to provide the learner with the opportunity to consolidate their learning by applying learning from the HEI to the practical setting and so acquire and develop their clinical skills. It is not about the acquisition of specialist theoretical knowledge. PBL is designed to be skill orientated and not knowledge driven. The learner is not being trained to become a specialist orthoptist but they are being equipped with the skills to practice as a competent orthoptist. This PBL is fundamental for consolidating the clinical skills of the future orthoptist.

The choice of clinical centres used should reflect a variety of locations in order to provide the learner with a wide range of clinical experience. Where a centre has particular expertise, it is expected that learners will be exposed to that specialty e.g. Child Development Centres. The rotation of learners to different centres over period of the programme will ensure that a good balance of clinical experience is achieved.

The uniformity of Practice-based Learning opportunities will, to some degree, be dictated by the unpredictability of material presenting to the Orthoptic Clinic at any given time. To combat this, alternative teaching and assessment methods can be employed e.g. roleplay, simulation, case discussions and journal clubs. Conversely patients of particular interest can be demonstrated (with the patient's permission) to as many learners as possible at any level. Learners benefit from reading case notes of patients that have completed treatment programmes.

Critical **reflection** is an important element of all Practice-based Learning opportunities. Applying the principles of critical reflection turns a task, action, event into a robust learning experience and provides opportunity for the development of independent critical enquiry skills. This needs to be built into the practice-based learning experience by the HEI and the practice educator has responsibility to develop this skill when working with learners.

The role of digital in Practice-based Learning

Government bodies across the UK, through the production of health and wellbeing strategies are highlighting the need to increase the use of digital-enabled care within healthcare and wider systems. A growing number of orthoptic services are being supported digitally to deliver care to patients.

Although digital-enabled care can improve services and make them more sustainable, it has the potential to create a skills gap in the workforce. Offering some digital PBL to learners during their training means they can develop the skills they need to manage remote patient care platforms and other digital appliances. This benefits both patient and orthoptic teams.

The following sections give descriptions of digital approaches that can be used for PBL:

Simulation

Orthoptic education is increasingly supported by technology alongside conventional and learning experiences. Learners can explore knowledge and skills and practice application of these in a low-risk environment. It is now possible to create effective and efficient clinicians via simulated Practice-based Learning opportunities alongside other PBL opportunities.

Simulation is a teaching and learning methodology which is well established in healthcare education. It is described as “a technique (not a tool, or technology) to replace, augment or amplify reality with guided experiences, often immersive in nature, that evoke or replicate substantial aspects of the real world, in an interactive fashion” (Gaba 2004). It offers a safe environment to focus on the learner's needs, simulate the clinical environment and practice clinical skills (Hewat et al, 2020) allowing for repetition, feedback, evaluation and reflection.

There are various types of simulation (including part task trainers, mannequins, patients) and environments (including in situ, dedicated clinical simulation suites). It is important to clearly define the intended learning outcomes for each simulation to ensure the appropriate type of simulation is selected and aligns to the learner's level of learning (Alinier, 2007).

Examples of simulation include:

- Video-based learning, such as that provided via the Placement Expansion Resource Library (PERL) (<https://www.orthoptics.org.uk/clinical-placement-expansion-project/>)
- Live streamed patient consultations (such as via Hololens2)
- Role-playing interactions: This will involve learners practising and developing clinical skills with educators/peers
 - scenarios where learners or others act as the person receiving orthoptic services
 - scenarios using professionally trained actors, and the use of high-fidelity manikins
- Peer Enhanced e-Placement (PEEP) using electronic platforms for virtual caseloads.

<https://www.hee.nhs.uk/our-work/technology-enhanced-learning/simulation-immersive-technologies>

<https://heiw.nhs.wales/education-and-training/simulation-based-education/>

Benefits include:

- Turning knowledge into practice. Simulation-based learning allows students to apply abstract concepts to active hands-on practice
- Gather measurable data on learners and patients
- Safety for practitioners and learners
- Provides standardisation of cases, promotes critical thinking, allows supervision of patient care, provides immediate feedback, and helps learners to assimilate knowledge and experience
- Focuses on those skills that are difficult to learn and practice elsewhere
- Allows events and procedures to be practiced and improved in a safe environment, where errors can be thoroughly assessed.

Technology Enabled Care Services [TECS]

Recent challenges to healthcare professions through the COVID-19 pandemic have accelerated the use of technology enabled care services (TECS), also called telehealth, telepractice or digital. Practice education may involve 'in person' or telehealth PBL or a hybrid. Telehealth PBL may be provided where both the practice educator and the learner(s) are working from home, and link remotely for direct client-facing or other Practice-based Learning activities.

TECS refers to the use of telehealth, telecare, telemedicine, telecoaching and self-care in providing care for patients with long term conditions that is convenient, accessible and cost-effective. [NHS England, 2020]

Technology enabled care Practice-based Learning (virtual placements) involve delivering care where the patient is not in the same room as the clinician. The learners may be in a clinic with a practice educator, at home delivering care either via a virtual platform or over the telephone.

Microsoft Teams offers an ideal platform to support TECH placements. You can video call the learner and have all the functionality of Teams at your disposal for the duration of the call. Patients can be called in using audio on Teams if you have an associated direct dial.

Alternatively, you can use any mobile phone and set up conference call via the phone so that the learner and patient are on the same call as you. This way you can hear the learner however you are unable to see them at the same time, you are also unable to use message prompts using this method.

Learners can be supported to deliver group training sessions on a virtual platform, patients can be given links to join the virtual session and learners can practice their IT skills at facilitating a virtual session and delivering one.

An example TECS Practice-based Learning could be:

- NearMe and Attend anywhere technology

Benefits to the learner:

- Develops communication capabilities e.g. telephone etiquette, being more explicit when giving and receiving feedback, resource development etc.
- Increased access to healthcare.
- Elimination of travel time.
- More privacy, less stigma.

Apps

This is described as an application, especially as downloaded by a user to a mobile device. Educational learning apps are designed to be engaging and enjoyable for learners. Knowledge augmentation, tailored learning experiences, improved engagement, access to online study material, ease of communication, and, most significantly, remote access are all advantages of a learning app.

General comments

- The method chosen should be determined by the learning outcomes and be used effectively and proportionately to support learning and assessment.
- Whatever the method chosen, it should be determined by the learning outcomes and be used effectively and proportionately to support learning and assessment.
- At present the number of hours that are allocated to TECS will vary between HEI settings.

- For both simulation and TECS the relevant governance and data protection systems need to be in place but this has not posed any barriers to operating these systems. As Orthoptic services will use these methods going forward to deliver care, learners using them on PBL is beneficial and positive, so that it will not come as a shock when in practice following graduation. It is a skill they can offer to make them more attractive employees.
- Information Governance: It remains standard that HEIs are responsible for ensuring learners have completed the appropriate mandatory training before attending PBL. Practice educators are responsible for the induction of learners to the local policies and procedures. Specific consideration of local implementation in the telehealth context will be required, including [safeguarding](#) and information governance. Requirements for consent to treatment from a learner and associated information governance do not change in relation to the telehealth service delivery method. Where learners are providing telehealth services using their personal devices and/or from their home, the education provider should ensure professional and local governance is applied.
- Learners should prepare for telehealth PBL in the same way as an in-person PBL. Additionally, learners should contact their practice educator in advance of the first day to ask for information regarding the online platform details, which they should test before starting PBL.

Supervision & Mentorship

BIOS supports the premise and expectation that all members of the orthoptic profession at all levels of the career framework should support and collaborate with HEIs to explore PBL opportunities, contributing in ways commensurate with their qualifications and experience and after undertaking relevant training.

Supervision

Supervision is described as a professional relationship which involves the act of watching an individual or activity and making certain that everything is done correctly, safely, etc. There are many different types of supervision, clinical or practice supervision, management supervision and weekly learner supervision.

In liaison with the HEI, practice educators may wish to delegate some learner supervision to individuals who have the relevant knowledge, skills, experience and abilities to facilitate learning. Other professionals, including support workers, can provide evidence of competence relating to a non-specialist competence as can orthoptists with less responsibility within services. However, the final assessment should be undertaken by a practice educator. In addition, the benefits of supervision from alternative sources need to be made clear by the practice educator to the learner and relevant HEI colleagues. Benefits need to be mapped clearly to desired student/learner learning outcomes. These may include inter-professional learning, teamwork and understanding different roles, learning about how health and social care systems operate.

Mentorship

Mentorship is described as a relationship which involves the provision of influence, guidance, or direction given by a mentor to influence the professional growth of a mentee. A mentor is someone who listens; encourages; share experience; gives help, advice and guidance within the scope of their role and where appropriate, direct the learner to other sources of available support. The mentor is usually an individual who is not directly involved in PBL, but understands PBL expectations. The partnership between learner and mentor should be based on confidentiality; anything

discussed is kept private. However, there may be circumstances where it becomes necessary for the mentor to share details of a discussion with other relevant staff, with the learner's prior agreement. This may be to speak about a specific issue or concern, or if the mentor believes there is a risk of harm to the learner or another person.

Roles

Expectations around supervision roles and responsibilities should be clear for all parties and discussed at the outset of the PBL. These should include areas such as:

- Learner induction & pre-PBL preparation, reporting, assessment, welfare
- Communication channels between HEI, practice educator and learners
- Development of suitable evaluation to ensure that all PBL professional experiences are valued.

Supervision models

The need to support increasing numbers of learners on PBL and to equip learners with a broader range of employability skills including; collaboration, team work, leadership, and research, supports the development of multiple supervision models of practice education. One size does not fit all – there is not one set supervision model for learners on Practice-based Learning. Rather a range of creative options are available to suit the setting and the learner, facilitating the experience needed for learners to complete their studies and register to practice as orthoptists.

Education

To ensure high quality provision of PBL including learner welfare, it is essential that all practice educators acting in a supervisory capacity have undergone the relevant education. BIOS recommends the Clinical Tutors Course and Clinical Tutors refresher course. Please see chapter on Practice Educator Training.

Practice-based Learning: Recording learner outcomes

Documentation

Learners are required to record and have approved the activities performed on PBL. This is undertaken using either paper-based documentation or electronically.

At present HEIs are using different assessment documentation. A recently undertaken study explored the feasibility of creating a common assessment tool for orthoptics. The result was positive with work scheduled for the development of a tool to commence in 2023.

Key things to consider:

Practice-based Learning documentation should include:

- A place for the learner to record their learning objectives
- A place for the practice educator to indicate progress towards the objectives and to give feedback (strengths and needs)
- A place for the learner to indicate how they will implement feedback and work towards new goals.

Practice-based Learning, learning outcomes/capabilities/competencies

HEI's will set Learning outcomes for Practice-based Learning. These may also be called capabilities or competencies; these will form the standard against which learners are assessed.

Activities undertaken by learners on Practice-based Learning must support them in meeting the learning outcomes.

Practice educators must plan programmes which ensure learning outcomes can be met and supervisors should aim to support learners to meet them.

Both practice educators and supervisors will be required to assess if learners are meeting the learning outcomes.

Benchmarks

Benchmark statements are used by some HEI's to help give an indication of expected progress throughout the duration of the practice Practice-based Learning.

Portfolio/online

A portfolio of evidence is often required by HEI's as they allow learners to gather evidence to show how their performance meets the required standards.

Weekly and end of Practice-based Learning reviews

Review means to look again so in other words it really is reflection on performance. Reviews can take place at various intervals and will be guided by the HEI. A key feature of any review should be to link it to the required learning outcomes or capabilities. HEIs will have developed paperwork to support this process.

PBL grading can be pass/fail or graded numerically by practice educators, dependent upon the HEI requirements. PBL assessments are not standardised across HEIs, diversity should be recognised and parity is sourced through the HCPC accreditation of the HEI programmes.

Practice educators and HEIs should keep in close contact if there are concerns about a learners' progress or wellbeing; this must be documented and shared with the learner as early as possible during the PBL. Written documentation from the practice educator needs to be explicit to support the learner in knowing what they need to do to improve.

Learners who are at a borderline pass should not pass if there are concerns about their ability to progress to the next level. A failed PBL indicates that a learner needs more opportunity and practice to reach the standard for this level. This will ultimately support the student to become a stronger orthoptist.

Learners should be notified as early as possible if they are at risk of failing the PBL. HEIs will devise options for learners who fail PBL; regulations are individual to HEIs.

The HCPC requires PBL to be monitored and evaluated to ensure quality standards are met. PBL quality is monitored by evaluations completed by learners and by the practice educator. These should be reviewed regularly by the HEI team and any significant concerns should be escalated to the governing or regulatory body, ie HCPC, Health Education England (HEE) or equivalent as appropriate.

Practice educator training

It is vitally important that individuals taking responsibility for Practice-based Learning have received the relevant initial education associated with the role and engage in regular follow up CPD to ensure skills are up to date with ongoing support available.

Resources are available from a number of sources and are usually used in tandem:

HEI led training

HEIs provide a wealth of information to support and inform practice educators.

The support from HEIs aims to help practice educators to:

- Prepare for learner Practice-based Learning practice
- Supervise, educate and assess learners
- Evaluate their practice-based learning
- Enhance the quality of practice education.

BIOS Clinical Tutor Training

This course, offered by BIOS, is aimed at those looking to fulfil the requirements for a Lead Clinical Tutor. It is delivered face to face with some work carried out independently prior to the course. The course covers:

- The expectations of students at each stage in the course
- How to adapt your teaching to suit your learners
- How to adapt your work environment to maximise learning
- Balancing clinical pressures whilst providing a productive learning experience
- Giving constructive feedback
- Writing assessments.

There is a certificate available following the completion of the module.

Other

Other sources to support practice educator training include National Clinical Education groups and conferences e.g. National Association of Educators in Practice (NAEP), or Clinical Education Research Journals e.g. Journal of Workplace Learning, Journal of Interprofessional Care.

Key points

- All UK practice educators will be HCPC registered.
- Protected time should be secured by practice educators to undergo the relevant training on an ongoing basis, and evidenced as part of their CPD portfolio.
- Where a learner has more than one educator in a Practice-based Learning setting, there should be a lead practice educator, identified to the HEI and the learner. This educator has the responsibility to coordinate feedback from other educators and to share the feedback and Practice-based Learning outcome with the learner.
- On a multiple supervision Practice-based Learning model (where there is more than one learner with one practice educator), practice educators should offer individual feedback to the learners.
- All learners should receive regular written feedback from practice educators. This is best practice throughout the Practice-based Learning and is essential at key points during the Practice-based Learning, e.g., at mid-point and at the end of the Practice-based Learning. Some HEIs have specific guidance as to the regularity of written feedback.

Resources

BIOS Website

See www.orthoptics.org.uk/PBL for shared resources that include guidance, case studies, and tools for Practice-based Learning.

Equality, Diversity and Inclusion

Equality, Diversity and Inclusion are three concepts that help to create a fair society where everyone gets equal opportunities. We often encounter these concepts in instances such as recruiting employees to a workplace or recruiting learners to a university.

The core difference between equity and equality is the difference between fairness and sameness. Equality means each individual or group of people is given the same resources or opportunities. Equity recognizes that each person has different circumstances and allocates the exact resources and opportunities needed to reach an equal outcome.

There must be a clear process in place for learners to raise any concerns regarding equality, diversity and inclusion or microaggression. HEIs should work with practice educators, PBL co-ordinators and service managers, as appropriate, to identify HR policies and procedures to inform action and support for any learners who raise issues about any form of discrimination including racism, unconscious bias, microaggression and bullying in preparation for and during their PBL.

Key links

- [Orthoptics Curriculum Framework \(2023\)](#)
- [HCPC Standards of education and training guidance](#)
- [Health Education England](#)
- [NHS Education for Scotland](#)
- [Health Education and Improvement Wales](#)
- [Health & Social Care Northern Ireland](#)
- [Council of Deans of Health](#)
- [The Quality Assurance Agency for Higher Education](#)
- [National Association of Educators in Practice \(NEAP\)](#)

Glossary

Term	Definition
Ability	The fact that somebody/something is able to do something.
Accountability	Being responsible for what you do and being able to give a satisfactory reason for it.
Active Listening	A communication technique that is used in assessments, training, counselling and conflict resolution. It requires that the listener fully concentrates, understands, responds and then remembers what is being said.
Actor-network theory	Actor-network theory is an approach to social theory where everything in the social and natural worlds exists in constantly shifting networks of relationships. This is a theoretical approach that works by seeing orthoptists and patients as acting out specific roles in relation to each other.
Advocacy	Public support for or recommendation of a particular cause or policy.
Allied Health Professionals (AHPs)	Allied Health Professionals: comprise of 14 distinct occupations including: art therapists, dietitians, drama-therapists, music therapists, occupational therapists, operating department practitioners, orthoptists, osteopaths, paramedics, physiotherapists, podiatrists, prosthetists and orthotists, diagnostic and therapeutic radiographers, and speech and language therapists. They provide high quality care to patients and clients across a wide range of care pathways and in a variety of settings that include, hospitals, community, the independent and charitable sectors and schools. They work in health promotion to prevent accident or illness; they are active in treatment and rehabilitation and they promote self-help and independence. [HEE 2020]
Appraise	To examine someone or something in order to judge their qualities, success or needs.
Audit	An official examination of records against a standard and the production of a report summarising the findings.
Autonomous Practice	The ability to assess a professional situation and address it appropriately with the relevant Orthoptic knowledge and experience, acting in accordance with one's professional knowledge base. It also includes the ability to make reasoned decisions, to be able to justify these decisions and accept personal responsibility for all actions [HCPC, 2013]
Benchmarking	A level of quality that can be used as a standard when comparing other things.
Biomedical	Relating to how biology affects medicine.
BIOS	British and Irish Orthoptic Society
Capability	The ability to do things effectively and skilfully, and to achieve results.
Career	The job or series of jobs that you do during your working life.
Carer	A carer is anyone, including children and adults who looks after a family member, partner or friend who needs help because of their illness, frailty, disability, a mental health problem or an addiction and cannot cope without their support [NHS England]

Clinical	Medical work or teaching that relates to the examination and treatment of unwell individuals.
Clinical Practice	Agreed method of delivering healthcare by doctors, nurses and other health professionals.
Clinical Settings appropriate for Practice-based Learning	A place where consultations regarding diagnosis and treatment occurs [e.g. GP Practice, Acute and Community Care settings and Social Care).
Collaborate	To work with someone else for a special purpose.
Competence	The ability to do something successfully or efficiently.
Competency	An integration of knowledge, understanding, and subject-specific skills and abilities used by an individual to function according to the demands that are put upon them in the specific Orthoptic context.
Continuing Professional Development	The way in which an individual continues to learn and develop throughout their career, including during their preregistration programme. CPD is essential and evolves skills, knowledge, professional identity a professional conduct so that individuals stay up to date and practise safely and effectively [Broughton and Harris, 2019].
Critical	Used in the curriculum to mean crucial, absolutely necessary
Curriculum	A structured document which describes the learning outcomes, educational methods and assessments for each component of the pre-registration programme. It provides specific learning to support learners' knowledge, skills, values and behaviour and associated learning experiences.
Demonstrate	To show something clearly by giving proof or evidence
Design	To make or draw plans for something, for example, services, treatment plans etc.
Orthoptic knowledge	Orthoptic knowledge is an understanding that is mental or theoretical, and that underpins practice. Knowledge can be acquired through sources such as books, teaching, experience or observation. Learners must recognise biomedical, psychological and social science principles of Ocular pathology and Orthoptics in health and disease, and be able to integrate and apply these principles to the care of patients. They must understand the patient journey through the full range of health and social care settings.
Orthoptic skills	Having knowledge of how to do something does not necessarily mean that you can do it. Skills are the practical application of knowledge required to proficiently practice Orthoptics. Skills are learnt through education and experience and are expressed in the workplace context through performed tasks and duties. Learners and graduate Orthoptists must be able to demonstrate appropriate skills required to practice in clinical and other professional settings.

Orthoptist	A degree-qualified regulated health professional who: (i) specialises in the investigation, diagnosis and management of visual defects and abnormalities of eye movement; (ii) provides practical, safe advice, based on current scientific evidence; (iii) holds a graduate qualification in orthoptics in the UK; (iv) is HCPC regulated or is practising as an Orthoptist in the Republic of Ireland and would be eligible to apply for HCPC registration.
Diplomacy	The skill in dealing with people without offending or upsetting them.
Domain	An area of knowledge or activity.
Duty of candour	The duty of candour is a statutory (legal) duty to be open and honest with patients (or 'patients'), or their families, when something goes wrong that appears to have caused or could lead to significant harm in the future. It applies to all health and social care organisations registered with the regulator, the Care Quality Commission (CQC) in England. [CQC, 2020]
Education provider	The awarding body that delivers or oversees a Orthoptic pre-registration programme. Education providers may also be known as 'higher education institutions' (HEIs) or 'universities'.
Educator	An individual with the relevant specialist knowledge and expertise, employed or engaged by an education provider to teach the Orthoptic pre-registration programme.
E-Health	The use of technology in clinical settings.
Employer	A public, independent, private or third sector organisation that employs people to undertake a specific role with legal and contractually acceptable terms and conditions.
End point assessment	An independent assessment at the end of the apprenticeship pre-registration programme, to assess whether the learner has achieved competence and is eligible to be conferred an award leading to eligibility to apply to register as an orthoptist with the HCPC.
Evaluation	The process of judging something's quality, importance or value, or a report that includes this information.
Evidence	The available body of facts or information indicating whether a belief or proposition is true or valid.
Evidence based practice	Interpreting individual clinical expertise with the best available external clinical evidence from systematic research.
Facilitated learning	Sharing knowledge and skills across and beyond the profession for the benefit of patients and populations. The scope could include (but is not limited to) developing a range of teaching materials, mentoring or supervision of others and developing of own skills.
Fitness to practice	An amalgamation of many factors contributing to the preparedness of an individual to confidently enter their chosen clinical profession with appropriate and expected levels of capacity, capability and expertise.
Framework	A basic structure underlying a system, concept, or text.
Governance	The policies, processes and monitoring arrangements that make sure that a programme is well run.

Graduate	An individual who has successfully met the pre-registration programme requirements of their education provider and has been conferred the associated award.
Guideline	A general rule, principle or piece of advice.
Health and Care Professions Council (HCPC)	The regulating body in the United Kingdom established to protect the public by regulating a range of health and care professions, including Orthoptics.
Health Professions Council	The HCPC pre 2012.
Higher Education Institute (HEI)	Higher Education Institute
Holistic	Relating to the whole thing rather than just a part. In a health and social care setting this means having a concern for the whole person, where body and mind are linked.
Industry	People or organisations involved in producing a particular product/service.
Innovation	The use of a new idea or method.
Integrate	To combine two or more things in order to become more effective e.g. health and social care services.
Integrated	In which many different parts are closely connected and work successfully together.
Interprofessional (learning)	Learners from different professions actively participating to learn with, from and about each other. The anticipated outcome of interprofessional learning is the development of a working culture of effective collaboration and integration of care across agencies, sectors and professions within and beyond the health, wellbeing, social and integrative care systems.
Intervention	A combination of program elements or strategies designed to produce behaviour changes or improve health status among individuals or an entire population.
Knowledge	Facts, information, and skills acquired through experience or education.
Leader	A person who takes initiative of an action and supports others to follow.
Leadership	Providing a strategy, vision or direction for a programme or service.
Learner	An individual enrolled onto a orthoptic pre-registration education programme whether full time or less than full time.
Level	An intellectual, social, or moral standard.
Lifelong learning	Formal and informal learning opportunities that allow you to continuously develop and improve the knowledge and skills you need for employment and personal fulfilment. (Broughton and Harris 2019).
Management	Overseeing the day-to-day delivery of a programme/service, including setting roles and responsibilities and the allocation of resources.
Masters Level	"The ability to make sound judgements in the absence of full information and to manage varying levels of risk when there is complex, competing or ambiguous information or uncertainty."

Mentoring	Act of supporting and advising someone with less experience to help them develop in their work.
Multi Professional services	A range of occupations who work in collaboration to provide support to individuals or groups.
Multi-disciplinary Team Meeting (MDT)	Different health and social care professionals who meet together to discuss the diagnosis and treatment of patients.
NHS	National Health Service
Non verbal communication.	Communication through sending and receiving wordless cues. e.g. body language, distance, physical appearance.
Non-clinical setting for practice-based learning	Typically, this includes settings in industry, research, public health, voluntary sector.
Outcome (Orthoptic)	A measured change/resolution of the 'problem' at the end of treatment. This could include, but is not limited to health, for example, the problem could be knowledge or behaviour focused.
Outcome (health)	A change in the health status of an individual, group or population which is attributable to a planned intervention.
Performance	Undertaking a task or function.
Person centred	Focusing care on the needs of the person rather than the needs of the service.
Person-centred	Focusing care on the needs of the person rather than the needs of the service.
Positivist paradigm	A philosophical system which recognises only objective scientific facts as true.
Practice-based learning	The period(s) of study and activities undertaken by learners as a formal element of their orthoptic pre-registration training whilst in the Practice-based Learning environment. This allows learners to apply and practise their newly acquired knowledge and skills in a safe environment.
Practice-based learning provider	The service, organisation or business hosting learners during their Practice-based Learning.
Practice educator	A registered orthoptist with overall responsibility for facilitating the education of the learner orthoptist whilst they are on Practice-based Learning. This individual is likely to hold responsibility for signing off competency and assessment criteria, based upon the standards produced by the education provider and relevant professional body, although it is recognised that local models of delivery and assessment will apply.
Practice supervision	A process of professional support and learning, undertaken through a range of activities, which enables individuals to develop knowledge and competence, assume responsibility for their own practice and enhance service-user protection, quality and safety of care.
Preceptorship	Preceptorship should enable the orthoptist to confidently apply the knowledge and skills acquired as a learner, to their practice, and will also provide the basis for life-long learning. Preceptorship should be built upon the premise that newly qualified orthoptists are autonomous practitioners and should not undermine this.

Preceptorship programme	Provides a framework incorporating guidance and mentorship support to further develop skills and aid the transition from newly qualified to entry level. The preceptorship programme should enable the orthoptist to confidently apply the knowledge and skills acquired as a student, to their practice, and will also provide the basis for life-long learning.
Pre-registration	An Orthoptic programme of study, approved by the HCPC leading to eligibility to apply for registration as an orthoptist with the HCPC.
Professional and Statutory Regulatory Bodies [PSRB]	External bodies which formally accredit, approve and recognise university programmes, setting standards for and regulating entry into particular professions.
Professional practice	The use of an individual's knowledge in a particular profession.
Professionalism	Implies that a person demonstrates capability in their skills and knowledge which is informed by the philosophy, values and ethical dimensions of orthoptic practice
Proficiency	A high degree of skill; expertise.
Public Health	Organisations which exist to protect and improve the nation's health and wellbeing, and reduce health inequalities.
Quality	The standard of something as measured against other things of a similar kind.
Quality Assurance Agency for Higher Education [QAA]	Independent body entrusted with monitoring and advising on standards and quality in UK higher education.
Quality measures	Tools that help measure or qualify healthcare processes, outcomes, patient perceptions and organisational structures and/or systems that are associated with the ability to provide high quality health and/or that relate to one or more quality goals for health care.
Reasonable adjustments	Where a learner requires reasonable adjustment related to a disability or adjustment relating to any protected characteristics as set out in the equalities and human rights legislation.
Reflection	Critical thought or consideration of a situation or event.
Research	The systematic investigation into and study of materials and sources in order to establish facts and reach new conclusions.
Risk	A situation involving exposure to danger.
Scope of practice	Procedures, actions, and processes that a healthcare practitioner is permitted and competent to undertake in keeping with the terms of their professional license. The scope of practice for any individual orthoptist is determined by the requirements of their role and their personal capabilities. Increasingly, the scope of practice for an orthoptist will also encompass skills and knowledge that are traditionally the realm of other professions.
Simulation	Simulation is a technique (not or a tool, or technology) to replace, augment or amplify reality with guided experiences, often immersive in nature, that evoke or replicate substantial aspects of the real world, in an interactive fashion [Gaba 2004]
Skill	The ability to do something well.

Sociological paradigm	Philosophical systems which recognise how individuals construct truths subjectively and relationally as well as recognising the different ways in which society functions.
Stakeholder	An individual with an interest or concern in something, especially an organisation/service e.g. health professionals, patients, commissioners etc.
Standards of Education and Training (SET)	HCPC Standards of Education and Training.
Standards of Proficiency (SOP)	HCPC Standards of Proficiency.
Strategy	A plan of action designed to achieve a long-term or overall aim.
Supervision	A professional relationship which involves the act of watching an individual or activity and making certain that everything is done correctly, safely, etc.
Sustainability	The use of natural products and energy in a way that does not harm the environment.
Symposia	Events where individuals who have great knowledge of a particular subject meet in order to discuss a matter of interest.
Technology Enabled Care Services (TECS)	Technology enabled care services refers to the use of telehealth, telecare, telemedicine, telecoaching and self-care in providing care for patients with long term conditions that is convenient, accessible and cost-effective. [NHS England, 2020]
Theory	A formal idea or set of ideas that is intended to explain facts or events.
Understand	Perceive the intended meaning of.
Understanding	Perceive the intended meaning of.
Vision	The ability to think about or plan the future with imagination or wisdom.
Wider systems	Any organisation that supports, resources or governs the health and social care workforce, e.g. UK administrations, professional bodies and associations, trade unions, other service providers and regulators.

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ORTHOPTIC
WORKFORCE DEVELOPMENT
PROGRAMME

Pre-registration Orthoptic Practice-based Learning Guidance Document



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