

Draft standards of proficiency for orthoptists

This document sets out the proposed changes to the standards of proficiency for orthoptists. Proposed deletions are indicated in the text by ~~strike through~~ whilst additions are shown in **bold** in the proposed amendments column. Text in *italics* sets out our reasoning for making certain amends.

Generic standards are indicated by shaded cells. These are standards which apply across all 15 professions. We have moved some standards around to ensure the generic standards are at the top of each section, and so are numbered consistently across all the professions. Feedback relating to these standards should be provided in **Part A: Generic standards** of the survey.

White cells are profession-specific standards. These are unique to each profession, although in many cases these are still consistent across multiple professions. Feedback relating to these standards should be provided in **Part B: Profession-specific standards** of the survey.

Where we have proposed to create a new standard, we have created a new row and assigned this a letter. This is to make it easier to refer back to when providing feedback. Please note the order of some of these standards may be subject to change. Once we have determined what changes we are going to make, we will update the numbering of the standards.

We have endeavoured to make the proposed changes as clear as possible. However, we are aware that this is still a complicated document. We have therefore created a 'clean' version of the standards, available on the consultation page. If you have any questions about the proposed changes, you can email consultation@hcpc-uk.org or call the Policy and Standards team on 020 7840 9815, and a member of the team will be able to talk through this document and the changes. **Please note, due to COVID-19, as the team is working from home, the above phone line is not manned. Instead, you will be prompted to leave a message.**

The current standards of proficiency for orthoptists are available to download and view for comparison at:
<https://www.hcpc-uk.org/standards/standards-of-proficiency/orthoptists/>

No.	Standard	Proposed amendments
Registrant orthoptists must:		
1	be able to practise safely and effectively within their scope of practice	
1.1	know the limits of their practice and when to seek advice or refer to another professional	know the limits of their practice and when to seek advice or refer to another professional or service
1.2	recognise the need to manage their own workload and resources effectively and be able to practise accordingly	recognise the need to manage their own workload and resources effectively and be able to practise accordingly safely and effectively
2	be able to practise within the legal and ethical boundaries of their profession	
2.1	understand the need to act in the best interests of service users at all times	understand the need to act in the best interests of service users promote and protect the service user's interests at all times
2.A		understand the importance of safeguarding and the need to engage in appropriate safeguarding processes where necessary
2.2	understand what is required of them by the Health and Care Professions Council	
2.3	understand the need to respect and uphold the rights, dignity, values, and autonomy of service users including their role in the diagnostic and therapeutic process and in maintaining health and wellbeing	
2.4	recognise that relationships with service users should be based on mutual respect and trust, and be able to maintain high standards of care even in situations of personal incompatibility	

2.5	know about current legislation applicable to the work of their profession	understand the importance of and be able to obtain informed consent <i>Moved from 2.6</i>
2.6	understand the importance of and be able to obtain informed consent	be able to exercise a professional duty of care <i>Moved from 2.7</i>
2.7	be able to exercise a professional duty of care	understand know about current legislation applicable to the work of their profession <i>Moved from 2.5</i>
3	be able to maintain fitness to practise	
3.1	understand the need to maintain high standards of personal and professional conduct	
3.2	understand the importance of maintaining their own health	understand the importance of maintaining their own mental and physical health and be able to take appropriate action if their health may affect their ability to practise safely and effectively
3.A		understand the role that coping strategies can play in maintaining fitness to practise and the importance of seeking help and support when necessary
3.3	understand both the need to keep skills and knowledge up to date and the importance of career-long learning	understand both the need to keep skills and knowledge up to date and the importance of career-long learning continuous professional development
4	be able to practise as an autonomous professional, exercising their own professional judgement	
4.1	be able to assess a professional situation, determine the nature and severity of the problem and call upon the required knowledge and experience to deal with the problem	recognise that they are personally responsible for and must be able to justify their decisions <i>Moved from 4.4 to emphasise importance of this standard</i>
4.2	be able to make reasoned decisions to initiate, continue, modify or cease treatment or the use of techniques or	be able to assess a professional situation, determine the nature and severity of the problem and call upon the required knowledge and experience to deal with the problem

	procedures, and record the decisions and reasoning appropriately	be able to use their skills, knowledge and experience, and the information available to them, to make informed decisions or initiate solutions where necessary <i>Moved from 4.1</i>
4.3	be able to initiate resolution of problems and be able to exercise personal initiative	be able to make reasoned decisions to initiate, continue, modify or cease treatment or the use of techniques or procedures, and record the decisions and reasoning appropriately <i>Moved from 4.2</i>
4.4	recognise that they are personally responsible for and must be able to justify their decisions	be able to make and receive appropriate referrals <i>Moved from 4.5</i>
4.5	be able to make and receive appropriate referrals	be able to initiate resolution of problems and be able to exercise personal initiative <i>Moved from 4.3</i>
4.A		be able to demonstrate a logical and systematic approach to problem solving <i>Moved from standard 14</i>
4.B		be able to use research, reasoning and problem solving skills to determine appropriate actions <i>Moved from standard 14</i>
4.C		understand the importance of active participation in training, supervision and mentoring
4.D		be able to coordinate a complete service user pathway, where appropriate, and in line with local guidelines
5	be aware of the impact of culture, equality and diversity on practice	
5.1	understand the requirement to adapt practice to meet the needs of different groups and individuals	understand the need requirement need requirement to adapt practice to respond appropriately to meet the needs of all different groups and individuals
5.A		be aware of the impact of their own values and beliefs on practice

5.B		<p>be aware of the characteristics and consequences of verbal and non-verbal communication and how this can be affected by factors such as age, culture, disability, ethnicity, gender, marriage or civil partnership, pregnancy or maternity, race, sex, sexual orientation, socio-economic status and spiritual or religious beliefs</p> <p><i>Moved from standard 8.6 as more relevant under this standard. Missing protected characteristics included, with the exception of marriage and civil partnership which considered could not impact on verbal and non-verbal communication</i></p>
5.2	understand the need to take account of physical, psychological and cultural needs when planning and delivering treatment	
6	be able to practise in a non-discriminatory manner	be able to practise in a non-discriminatory and inclusive manner
6.A		be aware of the characteristics and consequences of barriers to inclusion
7	understand the importance of and be able to maintain confidentiality	
7.1	be aware of the limits of the concept of confidentiality	
7.2	understand the principles of information governance and be aware of the safe and effective use of health and social care information	understand the principles of information governance and be aware of the safe and effective use of health, and social care and other relevant information
7.3	be able to recognise and respond appropriately to situations where it is necessary to share information to safeguard service users or the wider public	
8	be able to communicate effectively	
8.1	be able to demonstrate effective and appropriate verbal and non-verbal skills in communicating information,	be able to use demonstrate effective and appropriate verbal and non-verbal skills to communicate with in communicating

	advice, instruction and professional opinion to service users, colleagues and others	information, advice, instruction and professional opinion to service users, colleagues and others
8.2	<p>be able to communicate in English to the standard equivalent to level 7 of the International English Language Testing System, with no element below 6.5¹</p> <p>¹ <i>The International English Language Testing System (IELTS) tests competence in the English language. Applicants who have qualified outside of the UK, whose first language is not English and who are not nationals of a country within the European Economic Area (EEA) or Switzerland, must provide evidence that they have reached the necessary standard. Please visit our website for more information.</i></p>	
8.3	understand how communication skills affect assessment and engagement of service users and how the means of communication should be modified to address and take account of factors such as age, capacity, learning ability and physical ability	understand how communication skills affect assessment and engagement of service users and how the means of communication should be modified to address and take account of factors such as age, capacity, learning ability and physical ability <i>Captured by the new standards below</i>
8.4	be able to select, move between and use appropriate forms of verbal and non-verbal communication with service users and others	be able to select, move between and use appropriate forms of verbal and non-verbal communication with service users and others <i>Captured by the new standards below</i>
8.5	be aware of the characteristics and consequences of verbal and non-verbal communication and how this can be affected by factors such as age, culture, ethnicity, gender, socio-economic status and spiritual or religious beliefs	be aware of the characteristics and consequences of verbal and non-verbal communication and how this can be affected by factors such as age, culture, ethnicity, gender, socio-economic status and spiritual or religious beliefs <i>Moved to standard 5</i>
8.6	understand the need to provide service users or people acting on their behalf with the information necessary to enable them to make informed decisions	understand the need to provide service users or people acting on their behalf with the information necessary to enable them to make informed decisions

		<i>Captured by the new standards below</i>
8.7	understand the need to assist the communication needs of service users such as through the use of an appropriate interpreter, wherever possible	understand the need to assist the communication needs of service users such as through the use of an appropriate interpreter, wherever possible <i>Captured by the new standards below</i>
8.8	recognise the need to use interpersonal skills to encourage the active participation of service users	recognise the need to use interpersonal skills to encourage the active participation of service users <i>Captured by the new standards above</i>
8.A		be able to work with service users or their carers to facilitate the service user's preferred role in decision-making, and provide service users and carers with the information they may need where appropriate
8.B		be able to modify their means of communication to address the individual communication needs and preferences of service users and carers, and remove any barriers to communication where possible
8.C		be able to use information and communication technologies appropriate to their practice <i>Moved from standard 14</i>
8.9	recognise the need to modify interpersonal skills for the assessment and management of children	
9	be able to work appropriately with others	
9.1	be able to work, where appropriate, in partnership with service users, other professionals, support staff and others	be able to work, where appropriate, in partnership with service users, their relatives and carers , other professionals, support staff and others
9.2	understand the need to build and sustain professional relationships as both an independent practitioner and collaboratively as a member of a team	

9.3	understand the need to engage service users and carers in planning and evaluating diagnostics, treatments and interventions to meet their needs and goals	be able to contribute effectively to work undertaken as part of a multi-disciplinary team <i>Moved from 9.4</i>
9.A		understand the qualities, behaviours and benefits of leadership and be able to apply them in the context of your practice
9.4	be able to contribute effectively to work undertaken as part of a multi-disciplinary team	understand the need to engage service users and carers in planning and evaluating diagnostics, and therapeutic interventions to meet their needs and goals <i>Moved from 9.3</i>
9.5	recognise the need to participate effectively in the planning, implementation and evaluation of multi-professional approaches to healthcare delivery by liaising with other health or social care professionals	
9.6	be aware of the orthoptist's role in the promotion of visual health by other health professionals	be aware of the orthoptist's role in the promotion of ocular visual health by other health professionals
10	be able to maintain records appropriately	
10.1	be able to keep accurate, comprehensive and comprehensible records in accordance with applicable legislation, protocols and guidelines	
10.2	recognise the need to manage records and all other information in accordance with applicable legislation, protocols and guidelines	
11	be able to reflect on and review practice	
11.1	understand the value of reflection on practice and the need to record the outcome of such reflection	
11.2	recognise the value of case conferences and other methods of review	

12	be able to assure the quality of their practice	
12.1	be able to engage in evidence-based practice, evaluate practice systematically and participate in audit procedures	be able to engage in evidence-based practice, evaluate practice systematically and participate in audit procedures
12.2	be able to gather information, including qualitative and quantitative data, that helps to evaluate the responses of service users to their care	be able to gather and use feedback and information, including qualitative and quantitative data, that helps to evaluate the responses of service users to their care
12.3	be aware of the role of audit and review in quality management, including quality control, quality assurance and the use of appropriate outcome measures	be aware of the role of audit and review in quality management, including quality control, quality assurance and the use of appropriate outcome measures <i>Captured by the new standard below</i>
12.4	be able to maintain an effective audit trail and work towards continual improvement	be able to monitor and systematically evaluate the quality of practice, and maintain an effective audit trail to and work towards continual improvement
12.5	be aware of, and be able to participate in, quality assurance programmes, where appropriate	be aware of, and be able to participate in, quality assurance programmes, where appropriate <i>Captured by the new standard below</i>
12.A		be able to participate in audit procedures and quality management, including quality control, quality assurance and the use of appropriate outcome measures
12.6	be able to evaluate intervention plans using recognised outcome measures and revise the plans as necessary in conjunction with the service user	
12.7	recognise the need to monitor and evaluate the quality of practice and the value of contributing to the generation of data for quality assurance and improvement programmes	recognise the need to monitor and evaluate the quality of practice and the value of contributing to the generation of data for quality assurance and improvement programmes <i>Captured by amendments above</i>
13	understand the key concepts of the knowledge base relevant to their profession	

13.1	understand the structure and function of the human body, together with knowledge of health, disease, disorder and dysfunction relevant to their profession	
13.2	be aware of the principles and applications of scientific enquiry, including the evaluation of treatment efficacy and the research process	
13.3	understand the concept of leadership and its application to practice	understand the concept of leadership and its application to practice <i>Addressed by a new standard on leadership under standard 9 (9.A)</i>
13.4	recognise the role of other professions in health and social care	recognise the role(s) of other professions in health and social care and understand how they may relate to the role of orthoptist
13.5	understand the structure and function of health and social care services in the UK	
13.6	understand the theoretical basis of, and the variety of approaches to, assessment and intervention	understand human anatomy and physiology, including the central nervous system, brain and ocular structures as it relates to the practice of orthoptics <i>Moved from 13.13</i>
13.7	understand ocular alignment and binocular single vision and stereopsis, and the sensory and motor elements required to attain and maintain these	understand human growth, physical and mental, and human and development across the lifespan, as it relates to the practice of orthoptics <i>Moved from 13.14</i>
13.8	understand the principles of unocular and binocular perception, and the anatomical substrate of these functions	understand the development of anatomical substrates and their relevance to the development of binocular single vision and visual function <i>Moved from 13.20</i>
13.9	understand refractive error and its effect on ocular alignment and visual development	know the detailed anatomical and physiological development of the visual system, and understand which components of the visual pathway and cortex relate to specific aspects of visual performance and visual perception <i>Moved from 13.18</i>

13.10	understand binocular vision and the factors which can cause its disruption	understand the theoretical basis of, and the variety of approaches to, assessment and intervention <i>Moved from 13.6</i>
13.11	understand ocular motility systems, the laws associated with them and their neural control	understand ocular alignment and binocular single vision and stereopsis , and the sensory and motor elements required to attain and maintain these <i>Moved from 13.7</i>
13.12	know the adaptive mechanisms that occur in order to compensate for strabismus and abnormalities of binocular vision	know the principles governing visual function and the development of vision, and be able to apply them to clinical practice <i>Moved from 13.25</i>
13.13	understand human anatomy and physiology, including the central nervous system, brain and ocular structures as it relates to the practice of orthoptics	understand the factors which can cause the disruption of binocular vision and the factors which can cause its disruption <i>Moved from 13.10</i>
13.14	understand human growth and development across the lifespan, as it relates to the practice of orthoptics	know the principles governing binocular vision, its investigation and the significance of its presence or absence, and be able to apply them to clinical practice <i>Moved from 13.23</i>
13.15	understand the effect of other acquired medical and neurological disorders on the eye, the visual and ocular motor systems including paediatric, endocrine, autoimmune, oncological and neurological disease	understand the principles of unocular and binocular perception, and the anatomical substrate of these functions <i>Moved from 13.8</i>
13.16	know about the range of ophthalmic conditions which can disrupt vision, binocular vision and produce eye movement disorders	understand refractive error and its effect on ocular alignment, visual perception and visual development <i>Moved from 13.9</i>
13.17	know the factors which influence individual variations in human ability and development	know the principles governing the near triad of how convergence, accommodation and pupillary response affect investigation , and their relevance to diagnosis and service user patient management, and be able to apply them to clinical practice <i>Moved from 13.28</i>

13.18	know the detailed anatomical and physiological development of the visual system, and understand which components of the visual pathway and cortex relate to specific aspects of visual performance and visual perception	understand ocular motility systems, their neural control and how typical and atypical anatomical structures influence them the laws associated with them and their neural control <i>Moved from 13.11</i>
13.19	understand neuroanatomy and the effects of disruption of neural pathways on the visual system, cranial nerves and supranuclear control of eye movements	know the sensory and motor adaptive mechanisms that occur in order to compensate for strabismus and abnormalities of binocular vision <i>Moved from 13.12</i>
13.20	understand the development of anatomical substrates and their relevance to the development of binocular single vision and visual function	understand the effect of other acquired medical and neurological disorders of the body on the eye, the visual and ocular motor systems including paediatric, endocrine, autoimmune, oncological, trauma, psychological and neurological disease <i>Moved from 13.15</i>
13.21	know how psychology and sociology can inform an understanding of health, illness and health care in the context of orthoptics and know how to apply this in practice	know about the range of ophthalmic conditions which can disrupt vision, binocular vision and produce eye movement disorders <i>Moved from 13.16</i>
13.22	be aware of human behaviour and recognise the need for sensitivity to the psychosocial aspects of ocular conditions, including strabismus	know the factors which influence individual variations in human ability and development <i>Moved from 13.17</i>
13.23	know the principles governing binocular vision, its investigation and the significance of its presence or absence, and be able to apply them to clinical practice	understand neuroanatomy and the effects of disruption of neural pathways on the visual system, cranial nerves and supranuclear control of eye movements <i>Moved from 13.19</i>
13.24	know the principles governing ocular motility and their relevance to diagnosis and patient management, and be able to apply them to clinical practice	know how psychology and sociology can inform an understanding of health, illness and health care in the context of orthoptics and know how to apply this in practice <i>Moved from 13.21</i>

13.25	know the principles governing visual function and the development of vision, and be able to apply them to clinical practice	be aware of human behaviour and recognise the need for sensitivity to the psychosocial aspects of ocular conditions, including strabismus <i>Moved from 13.22</i>
13.26	recognise the functional and perceptual difficulties that may arise as a result of defective visual, binocular or ocular motor functions	know the principles governing ocular motility and their relevance to diagnosis and service user patient management, and be able to apply them to clinical practice <i>Moved from 13.24</i>
13.27	be able to plan, operate and evaluate appropriate vision screening programmes	recognise the functional and perceptual difficulties that may arise as a result of defective visual, binocular or ocular motor functions <i>Moved from 13.26</i>
13.28	know the principles governing the near triad of convergence, accommodation and pupillary response, and their relevance to diagnosis and patient management, and be able to apply them to clinical practice	be able to plan, operate and evaluate appropriate vision screening programmes <i>Moved from 13.27</i>
13.A		understand the pharmacokinetics of medicines relevant to their practice
13.B		understand the different non-pharmacological and pharmacological approaches to modifying disease
13.C		understand the potential for medicines to have adverse effects and how to minimise them
13.D		be able to apply the principles of evidence-based practice, including clinical and cost-effectiveness, to the supply and administration of exemption listed medicines relevant to their practice
13.E		be aware of the promotion of public health
14	be able to draw on appropriate knowledge and skills to inform practice	

14.1	be able to conduct appropriate diagnostic or monitoring procedures, treatment, therapy or other actions safely and effectively	be able to change their practice as needed to take account of new developments, technologies and or changing contexts <i>Moved from 14.5</i>
14.2	be able to formulate specific and appropriate management plans, and set timescales	be able to gather appropriate information <i>Moved from 14.6</i>
14.3	be able to use diagnostic and therapeutic procedures to address anomalies of binocular vision, visual function and ocular motility defects resulting in a clinically defined outcome, which can be recorded and monitored in a manner appropriate to safe orthoptic practice	be able to analyse and critically evaluate the information collected <i>Moved from 14.20</i>
14.4	be able to effect change in visual stimuli resulting in a clinically defined outcome, which can be recorded and monitored in a manner appropriate to safe orthoptic practice	be able to select and use appropriate assessment techniques <i>Moved from 14.7</i>
14.5	be able to change their practice as needed to take account of new developments or changing contexts	be able to undertake and record a thorough, sensitive and detailed assessment, using appropriate techniques and equipment <i>Moved from 14.8</i>
14.6	be able to gather appropriate information	be able to undertake or arrange investigations as appropriate <i>Moved from 14.18</i>
14.7	be able to select and use appropriate assessment techniques	be able to conduct appropriate diagnostic or monitoring procedures, treatment, therapy or other actions safely and effectively <i>Moved from 14.1</i>
14.8	be able to undertake and record a thorough, sensitive and detailed assessment, using appropriate techniques and equipment	be aware of a range of research methodologies <i>Moved from 14.25</i>
14.9	be able to use investigative techniques to identify ocular defects within a specific population to form a diagnosis and devise an appropriate course of action	recognise the value of research to the critical evaluation of practice <i>Moved from 14.24</i>

14.10	be able to recognise and document any adverse reaction to treatment and take appropriate action in response to this	be able to critically evaluate research and other evidence to inform their own practice <i>Moved from 14.26</i>
14.11	be able to conduct a thorough investigation of ocular motility	be able to formulate specific and appropriate management plans, and set timescales <i>Moved from 14.2</i>
14.12	be able to diagnose conditions and select appropriate management	be able to use diagnostic and therapeutic procedures to address anomalies of binocular vision, visual function and ocular motility defects resulting in a clinically defined outcome, which can be recorded and monitored in a manner appropriate to safe orthoptic practice <i>Moved from 14.3</i>
14.13	be able to diagnose a range of vision, binocular vision and ocular motility defects and all categories of strabismus	be able to conduct a thorough investigation of ocular motility <i>Moved from 14.11</i>
14.14	understand the principles and techniques used to perform an objective and subjective refraction	be able to effect change in visual stimuli resulting in a clinically defined outcome, which can be recorded and monitored in a manner appropriate to safe orthoptic practice <i>Moved from 14.4</i>
14.15	understand the principles and techniques used to examine anterior and posterior segments of the eye	understand the principles and application of orthoptic and ophthalmological equipment used during the investigative process <i>Moved from 14.30</i>
14.16	understand the principles and techniques used to assess visual fields	know the tests required to aid in differential diagnosis <i>Moved from 14.31</i>

14.17	understand the principles and techniques used in electrophysiological assessment of visual function and the visual pathway	know the effects of how to apply orthoptic and ophthalmological intervention appropriately at different stages of an visual development and ageing <i>Moved from 14.32</i>
14.18	be able to undertake or arrange investigations as appropriate	know the means by which refraction and optics how to use optical methods to can influence vision and binocular vision <i>Moved from 14.33</i>
14.19	be able to identify where there is a clinical need for medical or neurological investigations	know the principles and application of measurement techniques used to assess binocular vision and other ocular conditions <i>Moved from 14.34</i>
14.A		be able to take a comprehensive case history
14.20	be able to analyse and critically evaluate the information collected	be able to use investigative techniques to identify ocular defects within a specific population to form a diagnosis and devise an appropriate course of action <i>Moved from 14.9</i>
14.21	be able to identify pathological changes and related clinical features of conditions commonly encountered by orthoptists	be able to recognise and document any adverse reaction to treatment and take appropriate action in response to this <i>Moved from 14.10</i>
14.22	be able to demonstrate a logical and systematic approach to problem solving	be able to demonstrate a logical and systematic approach to problem solving <i>Moved to standard 4</i>
14.23	be able to use research, reasoning and problem solving skills to determine appropriate actions	be able to use research, reasoning and problem solving skills to determine appropriate actions <i>Moved to standard 4</i>
14.24	recognise the value of research to the critical evaluation of practice	be able to diagnose conditions and select appropriate management <i>Moved from 14.12</i>
14.25	be aware of a range of research methodologies	be able to diagnose a range of vision, binocular vision and ocular motility defects and all categories of strabismus <i>Moved from 14.13</i>

14.26	be able to evaluate research and other evidence to inform their own practice	be able to identify pathological changes and related clinical features of conditions commonly encountered by orthoptists <i>Moved from 14.21</i>
14.27	understand research in the fields of ocular motility, strabismus, amblyopia and binocular disorders and how it could affect practice	be able to identify where there is a clinical need for medical, or neurological, social or psychological investigations or interventions <i>Moved from 14.19</i>
14.28	be able to use information and communication technologies appropriate to their practice	be able to use information and communication technologies appropriate to their practice <i>Moved to standard 8</i>
14.29	know the role, pharmacological action, clinical indications and contra-indications of ophthalmic drugs and how they may be selected and used in orthoptic practice	understand the principles and techniques of, and be able used to perform, an objective and subjective refraction <i>Moved from 14.14</i>
14.30	understand the principles and application of orthoptic and ophthalmological equipment used during the investigative process	understand the principles and techniques used, and be able to perform an examination of the to examine anterior and posterior segments of the eye <i>Moved from 14.15</i>
14.31	know the tests required to aid in differential diagnosis	understand the principles and techniques used, and be able to perform to assess visual fields assessments <i>Moved from 14.16</i>
14.32	know the effects of orthoptic and ophthalmological intervention on visual development	understand the principles and techniques used in electrophysiological assessment of visual function and the visual pathway <i>Moved from 14.17</i>
14.33	know the means by which refraction and optics can influence vision and binocular vision	understand research in the fields of ocular motility, strabismus, amblyopia and binocular disorders and how it could affect practice <i>Moved from 14.27</i>
14.34	know the principles and application of measurement techniques used to assess binocular vision and other ocular conditions	know the role, pharmacological action, clinical indications and contra-indications of ophthalmic drugs and how they may be selected and used in orthoptic practice <i>Moved from 14.29</i>

15	understand the need to establish and maintain a safe practice environment	
15.1	understand the need to maintain the safety of both service users and those involved in their care	
15.2	be aware of applicable health and safety legislation, and any relevant safety policies and procedures in force at the workplace, such as incident reporting, and be able to act in accordance with these	
15.3	be able to work safely, including being able to select appropriate hazard control and risk management, reduction or elimination techniques in a safe manner and in accordance with health and safety legislation	
15.4	be able to select appropriate personal protective equipment and use it correctly	
15.5	be able to establish safe environments for practice, which minimise risks to service users, those treating them and others, including the use of hazard control and particularly infection control	be able to establish safe environments for practice, which minimise risks appropriately manages risk to service users, those treating them and others, including the use of hazard control and particularly infection control
15.6	know how to position or immobilise service users correctly for safe and effective interventions	