

# The European Council of Optometry and Optics The European Diploma in Optometry

**Portfolio of Clinical Experience**

## Candidate’s Name

### --------------------------------------------------------------------

**Date of Submission**

**--------------------------------------------**

**(March 2014 version)**

## The Portfolio of Clinical Experience

The Portfolio is the record of the clinical experience gained by candidates for the European Diploma in Optometry either during their undergraduate education and training or as a postgraduate or a combination of the two. The purpose of the Portfolio is to present evidence of the quantity, diversity and quality of care that the candidate provides for patients.

The European Diploma cannot be awarded until the Portfolio has been satisfactorily completed.

#### Completing the Portfolio

Before starting to complete the Portfolio you should carefully read the accompanying document **“Guidance for Candidates and Examiners”.** This sets out the numbers of full eye examinations required from the last two years and the smaller number of detailed patient records that you are to submit. It also explains the content and format required for these case records.

#### National Data Protection and Privacy Legislation

In order to comply with data protection and confidentiality laws you should ensure that you have the patients’ consent to use the records. Also observe the privacy regulations in your country of practice. The patient should NOT be indentified by name or address but by a unique reference number that will permit the original record to be retrieved if requested by the Examiner.

#### Further Information

If after reading the **“Guidance for Candidates and Examiners”** you have any further questions regarding the completion of the Portfolio you should contact the Secretariat for the Diploma at the ZVA (www.zva.de).

**Section 1: Candidates Details**



|  |  |
| --- | --- |
| **Name** |  |
| **Address** |  |
| **e-mail** |  |
| **Contact phone number** |  |

#### European Diploma by examination

|  |  |
| --- | --- |
| **Candidate number** |  |
| **Date and examination centre of completing all the written and practical examinations of the European Diploma.** |  |

1. **Diploma by accreditation of the European Diploma Examinations**

|  |  |
| --- | --- |
| **Name of accredited programme** |  |
| **Name of training institution** |  |
| **Address of training institution** |  |
| **Period of study** |  |
| **Full or Partial accreditation of the European Diploma Examinations \*** |  |
| **If partial accreditation, list the Parts and or Sections of the European Diploma Examination that have been accredited.** |  |
| **Date of completing the non-accredited written and practical sections of the European Diploma Examination.** |  |

**\*If the qualification is only partially accredited the candidate will be required to take the Diploma examination in the sections not accredited before submitting the Portfolio.**

#### Diploma by accreditation of the all European Diploma Examinations but NOT the patient experience requirements of the Portfolio.

|  |  |
| --- | --- |
| **Name of accredited programme** |  |
| **Name of training institution** |  |
| **Address of training institution** |  |
| **Period of study at the institution** |  |

**Section 2: Evidence of Clinical Experience**

|  |  |
| --- | --- |
| **Number of months/years in practice as:** | |
| **A qualified optometrist** |  |
| **A qualified optician** |  |

**Evidence available to support this:**

|  |  |  |
| --- | --- | --- |
| **\*National certificate** | **Yes** | **No** |
|  |  |
| **\*Professional Diploma** |  |  |
| **\*A certified copy of these certificates should be sent with the application** | | |

**Number of patients examined during the last two years of career**

|  |  |  |
| --- | --- | --- |
| **Eye examinations** |  | |
| **Ophthalmic dispensing** |  | |
| **Contact Lens fittings RGP**  **Soft** |  | |
|  | |
| **Referrals for ocular abnormalities** |  | |
| **Patients seen in hospital or eye clinic** |  | |
| **Evidence Available:**  **Practice records**  **Training institution records Personal logbook** | **Yes** | **No** |
|  |  |
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**Section 3: Evidence of Scope of Practice**

Please attach copies of twenty patient records that demonstrate that your scope of practice matches that of the European Diploma.

**Records required:**

* + **5 primary care eye examinations to include at least:**
    - **2 binocular vision anomalies**
    - **1 low vision case**
    - **1 paediatric case (for this purpose paediatric is 12 years or under)**
  + **5 abnormal ocular condition cases to include at least:**
    - **3 referrals**
  + **5 contact lens cases to include at least:**
    - **1 RGP fitting**
  + **5 Dispensings to include a range of different frame and lens types**

In addition you should include details of the practices where this experience was gained, together with the name and contact details of any professional colleagues who can provide references confirming the dates during which the experience was gained together, if possible, with references confirming your scope of practice.



### Section 4: Certificate to be completed by the candidate:

I CERTIFY that the information in this Portfolio is correct and the clinical experience claimed can be substantiated by clinical records and that these records can be made available if required by the Board of Examiners of the European Diploma.

Signed

Date



### Certificate(s) to be completed by eye care professionals

I CERTIFY that was a student/colleague/employee from

to and has undertaken the eye examinations listed in

this Portfolio from

to

and that to the best of my

knowledge has worked to the standards required by the European Diploma.

Signed

Date

Full Name

Qualification

Address

Phone Number

e-mail address

A separate certificate should be completed for each period of experience at a training institution, in an optometric practice or an ophthalmology clinic.

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EUROPEAN DIPLOMA PORTFOLIO PATIENT RECORD

NAME AND ADDRESS OF CLINIC/PRACTICE/INSTITUTION\*

-

NAME OF EMPLOYER/SUPERVISOR DATES OF EMPLOYMENT

|  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- |
| DATE | PATIENT REFERENCE | REFRACTION PRESBYOPE AGE | REFRACTION  PRE-PRESBYOPE AGE | REFRACTION CHILD AGE | OCULAR ABNORMALITY | | | | | | CONTACT LENSES | | | | | LOW VISION PATIENT | DISPENSE  (tick the box)  SV - Single Vision  BF - Bifocal VF - Varifocal | | | INSTILLATION OF DRUGS  (Type) |
| C - Cataract A - ARMD  D -Diabetes  G - Glaucoma O - Other  Tick the box | | | | | Detail of Other Abnormalities | RGP  New fit (Type) | RGP  A/C | SOFT  Nef fit (Type) | SOFT  A/C | BINOCULAR VISION ABNORMALITY (Type) |
|  |  |  |  |  | C | A | D | G | O |  |  |  |  |  |  |  | SV | BF | VF |  |
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| Total |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |

\* USE A SEPARATE SHEET FOR EACH CLINIC/PRACTICE/INSTITUTION