



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 identified 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	

a) European Diploma by examination

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

b) 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.**

c) 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:

	Yes	No
*National certificate		
*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:	Yes	No
Practice records		
Training institution records		
Personal logbook		

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.

EUROPEAN DIPLOMA PORTFOLIO PATIENT RECORD

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NAME AND ADDRESS OF CLINIC/PRACTICE/INSTITUTION*

NAME OF EMPLOYER/SUPERVISOR

DATE OF EMPLOYMENT

DATE	PATIENT REFERENCE	REFRACTION PRESBYOP AGE	REFRACTION PRE-PRESBYOP AGE	REFRACTION CHILD AGE	OCULAR ABNORMALITY					CONTACT LENSES					BINOCULAR VISION ABNORMALITY (Type)	LOW VISION PATIENT	DISPENSE (tick the box) SV <input type="checkbox"/> Vision BF <input type="checkbox"/> Bifocal VF <input type="checkbox"/> varifocal	INSTALLATION OF RUGS (Type)	
					<input type="checkbox"/> Cataract	<input type="checkbox"/> AMD	<input type="checkbox"/> Diabetes	<input type="checkbox"/> Glaucoma	<input type="checkbox"/> Other	<input type="checkbox"/> Tick the box	<input type="checkbox"/> RGP Newfit (Type)	<input type="checkbox"/> RGP A/C	<input type="checkbox"/> SOFT Newfit (Type)	<input type="checkbox"/> SOFT A/C					
					C	A	D	G	O										
Total																			

*USE SEPARATE SHEET FOR EACH CLINIC/PRACTICE/INSTITUTION

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