

DISPENSING OPTICIAN



Details of standard

Occupation summary

This occupation is found in the healthcare industry. This includes small practices, large multiple practices, manufacturing, or within a person's home or care facility (domiciliary services).

Dispensing optician is a regulated profession. They review spectacle prescriptions and advise on the optical options available, considering the patient's personal, lifestyle and vocational needs. They present the most suitable option of frames, lenses, filters and coatings to the patient, take measurements, and keep records of the requirements.

Dispensing opticians work within the main practice environment where they are often front of house. They are qualified to recognise and advise on common eye conditions, triaging and referring patients. They also deal with complex aspects of vision correction, vulnerable adults and paediatric eyecare. They dispense to children, advise on and dispense low vision aids to people with visual impairment. They may be involved in the use and supply of contact lenses. They must be able to identify potentially serious eye problems and refer patients for furth tests and treatment. They advise on and dispense protective eyewear, including industrial safety glasses and sports goggles.

Dispensing opticians ensure their work is compliant with optical, consumer and healthcare regulations. They keep a safe working environment and supervise the work of optical assistants and trainee dispensing opticians.

Dispensing opticians act as ambassadors to deliver high standards of service, that are consistent with their employer's brand values. They provide an aftercare service with advice, possible adjustments and minor repairs.

In their daily work, dispensing opticians interact with many people. This may include patients, carers, eyecare and healthcare providers, optical laboratory staff, the NHS, suppliers and business service providers. They will have a case load of patients, which may be in the optical practice, external facilities or the patient's home.

Dispensing opticians use a range of specialist equipment to perform duties. They provide advice and guidance to the patient about products, managing their expectations.

They oversee their own work and that of supervised optical assistants. Line management and supervisory duties will depend on the size of the practice. They may work in a technical advisory role within a range of organisations such as the production of optical products.

Dispensing opticians are responsible for their own development. With further study they may progress to practicing in a speciality such as a contact lens optician, or becoming a business owner or manager of a service.

Typical job titles include:

Dispensing optician

Entry requirements

Apprentices without Level 2 English and maths will need to achieve this prior to taking the End-Point Assessment. For those with an education, health and care plan or a legacy statement, the apprenticeship's English and maths minimum requirement is Entry Level 3. A British Sign Language (BSL) qualification is an alternative to the English qualification for those whose primary language is BSL.

Occupation duties

DUTY	KSBS	
Duty 1 Practice independently to the legal, ethical and professional standards for dispensing opticians and in line with scope of own practice and limits of competence.	K1 K5 K6 K7 K9 K10 K11 K12 K19 K37 K38 K39	
	S1 S3 S5 S6 S7 S8 S9 S17 S32	
	B1 B2 B3 B4 B5 B6 B7	
Duty 2 Interpret and dispense prescriptions using	K22 K26	
appropriate lenses, frame choices and accurate facial and frame measurements.	S24	
	B1 B2 B3 B4 B5 B6 B7	
Duty 3 Manage and verify optical appliances and comply with relevant standards, guidelines and evidence.	K32 K43	
	S25	
	B1 B2 B3 B4 B5 B6 B7	
Duty 4 Prescribe, advise and dispense appropriate vocational and special optical appliances in accordance with personal eye protection regulations and relevant standards.	K26 K30	
	S22	
	B1 B2 B3 B4 B5 B6 B7	
Duty 5 Manage and dispense appropriate spectacles for paediatric patients and patients with complex or additional needs.	K10 K26 K27 K32	
	S20 S25	
	B1 B2 B3 B4 B5 B6 B7	
Duty 6 Manage cases where the patient feels their vision is not satisfactory through their spectacle lenses and therefore cannot be tolerated.	K26 K29 K32 K37	
	S25 S31	
	B1 B2 B3 B4 B5 B6	
Duty 7 Identify and advise patients who could benefit from simple or complex low-vision aids.	K33	
	S26	
	B1 B2 B3 B4 B5 B6	
Duty 8 Conduct low-vision assessments, using the full patient history and evaluation of visual requirements.	K13 K14 K16 K34	
	S27	
	B1 B2 B3 B4 B5 B6	

Duty 9 Select appropriate visual aid to meet patient needs and provide appropriate advice.	K35 S28	
Duty 10 Work as part of a multi-disciplinary team to ensure evidence-informed clinical decision making, maintaining knowledge of optical products and advancements in technology, to provide patients with the most appropriate optical appliances, care, advice, and referral to other professionals.	B1 B2 B3 B4 B5 B6 K2 K3 K31 K39	
	S2 S6 B1 B2 B3 B4 B5 B6	
Duty 11 Recognise potential problems and appraise suitable lens solutions for different types of prescription, modifying the prescription in accordance with legal requirements relative to the visual task analysis for individual patient requirements.	K24 K28 K29 S21 B1 B2 B3 B4 B5 B6	
Duty 12 Use knowledge of facial development to relate anatomical features and material properties to the dispensing of optical appliances.	K25 S19 B1 B2 B3 B4 B5 B6	
Duty 13 Modify, repair, adjust and accurately fit optical appliances.	K26 S23 B1 B2 B3 B4 B5 B6 B7	
Duty 14 Ensures high and or complex prescriptions are managed and dispensed appropriately using knowledge of optical performance and production of the appliance to meet patients' visual and aesthetic needs.	K23 S21 B7	
Duty 15 Advise on the safe and effective use of contact lenses and removal in an emergency.	K20 K36 S29 S30 B1 B2 B3 B4 B5 B6 B7	
Duty 16 Identify patient conditions that need medical referral in a timely way, including when urgent or emergency attention is required.	K15 K16 S14 B1 B2 B3 B4 B5 B6	
Duty 17 Advise patients on the use of common ophthalmic drugs to safely facilitate optometric examination and the	K17 K18 K19 K20 K21	

diagnosis and or treatment of ocular disease.	S15 S16 S18
	B1 B2 B3 B4 B5 B6 B7
Duty 18 Use verbal and non-verbal communication methods and techniques to overcome barriers and meet individuals' preferences, needs and desired outcomes.	K3 K4 K7
	S4 S7 S11
	B1 B2 B3 B4 B5 B6
Duty 19 Analyse and interpret the results of diagnostic tests, clinical investigations and assessments of eye health to determine an appropriate optical management plan.	K14
	S10 S12 S13
	B1 B2 B3 B4 B5 B6
Duty 20 Maintain and further develop own skills and knowledge and contribute to the development of others by participating in appraisal and Continuing Professional Development (CPD).	K42 K43
	S35 S36 S37
	B1 B2 B3 B4 B5 B6 B7
Duty 21 Provide leadership and supervision for others in the multidisciplinary optical team.	K8 K9 K40 K41
	S3 S32 S33 S34
	B1 B2 B3 B4 B5 B6 B7
Duty 22 Interpret patient histories and refractive and ocular	510
motor status examination results to inform clinical decision making and care management plans.	S10
	B7

KSBs

Knowledge

K1: Legislation, laws, policies, professional standards, local ways of working and codes of conduct in relation to own role and scope of practice.

K2: Theory of evidence-based practice, research methods, ethics, and governance in order to critically appraise, safely use, share and apply research findings to clinical decision-making and improving practice and patient care.

K3: The importance of basing all management and care plans on patients' needs and preferences, recognising and addressing any personal and external factors that may unduly influence their professional choices.

K4: Theory of communication including different skills and strategies to maximise understanding where the needs and preferences of each patient are considered keeping patients involved in their care management plans.

K5: Theory of non-discriminatory, person-centred care, ensuring needs and preferences of each patient are taken account of and any need for adjustments applied.

K6: The limits of own competence and when to seek support and refer to others.

K7: Theory of patients' rights, including their right to dignity and privacy, adapting care measures where required.

K8: The professional and legal responsibilities of trainee and student supervision.

K9: Professional and legal responsibilities when supervising unregistered colleagues who are undertaking delegated activities, and how to manage situations that could put people at risk.

K10: Theory of safeguarding.

K11: Theory of record keeping, confidentiality, storing information securely and relevant guidance on disclosing information.

K12: Theory of consent, actions to take if consent cannot be obtained or is withdrawn and the role of carers and the power of attorney.

K13: Methods to assess visual function, examine the refractive and ocular motor status of patients, and the relevance of history taking helping to inform clinical decision-making and care management plans.

K14: Ocular anatomy and associated systems, for recognition and safe management of ocular abnormalities, and the assessment of visual function.

K15: The clinical signs and or presentation of common ocular abnormalities, to identify a patient's condition and their potential need for medical referral.

K16: When and how to refer patients safely to other professionals and or services for clinical intervention or support.

K17: Theory of pharmacology to safely facilitate optometric examination and the diagnosis and or treatment of ocular disease and its compatibility with other treatments a patient may be receiving.

K18: Legal requirements for the use and supply of common ophthalmic drugs.

K19: Indications and contraindications of commonly used ophthalmic drugs.

K20: Theory of infection prevention control and risk management.

K21: How adverse ocular reactions to medication may occur and how to manage and refer in line with individual patients' needs.

K22: The theory of general optics and ophthalmic lenses to the dispensing of all optical appliances.

K23: Optical performance and production of the resultant appliance, particularly for high and or complex prescriptions.

K24: The significance of visual task analysis to achieve an informed clinical assessment of patient needs.

K25: Facial anthropometry in relation to dispensing and advice on the safe use of all ophthalmic appliances.

- **K26**: Material properties of optical appliances, and how to safely and accurately modify, repair, and fit spectacles and optical appliances.
- **K27**: The adaptability of ophthalmic appliances, particularly low vision aids and appliances for paediatric patients, patients with complex or additional needs and patients with craniofacial abnormalities.
- **K28**: How to review prescriptions to recognise potential problems and provide relevant optical solutions.
- **K29**: The process for identifying a need to modify a prescription and how to apply the modification in accordance with legal requirements.
- **K30**: Regulations relating to vocational, special optical appliances and with personal eye protection regulations and standards.
- **K31**: Optical products and advancement in technology and sustainability of ophthalmic lenses and frame manufacture to provide patients with optical appliances that meet their needs.
- **K32**: Standards used to accurately measure and verify optical appliances and how they influence the management of cases of non-tolerance.
- **K33**: Ways to recognise a patient who could benefit from simple or complex low-vision aids.
- **K34**: Methods of low vision assessment, evaluation of clinical findings and the relevance of registration for sight impaired or severely sight impaired patients.
- **K35**: Methods for referring and signposting to sight loss and other relevant health services, and when to do so.
- **K36**: Theory of contact lenses to give advice on contact lens options, handling, and aftercare regimes for both soft and rigid contact lenses maintaining ocular health.
- **K37**: Theory of transparency and the professional duty of candour, using knowledge of dispensing practice and different communication methods used to manage complaints, incidents, and errors.
- **K38**: Theory of health and safety legislation and regulations.
- **K39**: Roles, responsibilities, and scope of practice of members of the practice team and wider interdisciplinary teams to work collaboratively when providing care.
- **K40**: Theory of effective leadership and management.
- **K41**: The demands of professional practice and caseload management, to recognise when own performance or the performance of others is putting people at risk and takes action.
- **K42**: Ways to critically reflect on own experience and data from different information sources, identify and address new learning needs to improve future practice and the quality and outcomes of patient care.
- **K43**: Methods of applying technological advances in eye health screening and broader healthcare delivery to improve future practice.

Skills

\$1: Work in line with legislation, laws, policies, professional standards, local ways of working and codes of conduct that apply to own role.

- **S2**: Safely undertake evidence-based practice, applying evidence and drawing on experience to make evidence informed professional choices.
- **S3**: Be the first point of contact for patients' eye health needs and takes responsibility for professional choices and actions.
- **S4**: Communicate using different skills and strategies to maximise understanding where the needs and preferences of each patient are considered, keeping patients involved in all of their care management plans.
- **S5**: Provide and promote non-discriminatory, person centred care, taking account of the needs and preferences of each patient, including any need for adjustments.
- **S6**: Recognise and work within the limits of own competence, seeking support and referring to others where appropriate.
- **S7**: Protect patients' rights and respect their right to dignity and privacy, adapting care measures where required.
- **S8**: Gain valid consent from all patients or their carer acting on non-verbal cues that could indicate discomfort, a lack of understanding or an inability to give informed consent.
- **S9**: Record all aspects of the consultations, maintaining records that are accurate, legible and securely stored.
- **\$10**: Take relevant history from patients or others involved in their care, considering beliefs and or cultural factors in managing outcomes.
- **\$11**: Provide information in accessible formats to enable patients to understand and make informed choices about their care and management plans.
- **\$12**: Manage and assess vision, refractive error, binocular status, and visual acuity by undertaking safe ocular examinations using the correct techniques and procedures to inform clinical decision-making within own scope of practice.
- **\$13**: Investigate, diagnose, and manage patients' functional and developmental visual conditions, including those related to age to formulate a management plan, recognising and acting when a referral to other services is needed.
- **\$14**: Recognise the clinical signs and or presentation of common ocular abnormalities, accurately identifying patients' conditions and the need for medical referral in an appropriate way.
- **\$15**: Recognise the use of common ophthalmic drugs, to safely facilitate optometric examination and the diagnosis and or treatment of ocular disease and their compatibility with other treatments the patient is receiving.
- **\$16**: Detect adverse ocular reactions to medication and advise, manage, and refer in line with individual patients' needs.
- **\$17**: Adhere to legal requirements for the use and supply of common ophthalmic drugs.
- **\$18**: Recognise the indications and contraindications of commonly used ophthalmic drugs and acts to uphold patient care and safety.

- **\$19**: Complete informed clinical assessments of patients' needs and facial anthropometry to dispense, modify, repair, accurately fit and advise on the safe use of spectacles, low vision aids and other ophthalmic appliances.
- **\$20**: Manage and dispense spectacles for paediatric patients and for patients with complex or additional needs.
- **S21**: Examine and interpret different prescriptions recognising potential problems, appraising suitable lens and frame solutions, and modifying prescriptions in accordance with legal requirements.
- **\$22**: Prescribe, advise, and dispense vocational and special optical appliances in accordance with personal eye protection regulations and standards.
- **\$23**: Complete all facial measurements and modify spectacles where necessary, including frames for children and patients with craniofacial abnormalities.
- **\$24**: Evaluate optical products and advancements in technology, and the sustainability of ophthalmic lenses and frame manufacture in providing patients with optical appliances that meet their needs.
- **\$25**: Measure and verify optical appliances in line with relevant standards and guidelines, managing cases of non-tolerance.
- **S26**: Identify patients who could benefit from simple or complex low-vision aids.
- **\$27**: Conduct low-vision assessments to dispense and advise on simple and complex low-vision aids.
- **S28**: Refers and signposts to sight loss and other relevant health services as necessary.
- **S29**: Advise patients on the safe use of contact lenses, demonstrating removal in an emergency.
- **\$30**: Advise and discuss contact lens options and demonstrate handling and importance of an aftercare regime to patients with both soft and rigid contact lenses to maintain ocular health.
- **S31**: Manages complaints, incidents, and or errors.
- **\$32**: Recognise and address health and safety concerns that may risk own self, others, public protection, and quality of care, escalating concerns when necessary.
- **\$33**: Work collaboratively within healthcare teams, employing skills and behaviours of clinical leadership, team-working and management in line with own role and scope of practice.
- **S34**: Undertakes safe and efficient patient and caseload management.
- **S35**: Evaluates and meets own learning and development needs.
- **\$36**: Supports the learning and development of others, including acting as a role model and mentor.
- **\$37**: Engage in critical reflection of own development, with a focus on learning from experience and the use of data from different information sources, to improve future practice and the quality and outcomes of patient care.

Behaviours

B1: Embraces equality, diversity and inclusion including treating people with dignity and respect.

- **B2**: Shows discretion and empathy for those they work with.
- **B3**: Be adaptable, reliable and committed.
- **B4**: Be caring and compassionate.
- **B5**: Shows adaptability and self-awareness.
- **B6**: Show openness and integrity.
- **B7**: Promotes ethical, sustainable and socially responsible practices.

Qualifications

English and Maths

Apprentices without level 2 English and maths will need to achieve this level prior to taking the End-Point Assessment. For those with an education, health and care plan or a legacy statement, the apprenticeship's English and maths minimum requirement is Entry Level 3. A British Sign Language (BSL) qualification is an alternative to the English qualification for those whose primary language is BSL.

Other mandatory qualifications

Level 6 Diploma in Ophthalmic Dispensing

Level: 6 (non-degree qualification)

Ofqual regulated

Professional recognition

This standard aligns with the following professional recognition:

Association of British Dispensing Opticians (ABDO) for Full membership

Additional details

Regulated standard

This is a regulated occupation.

Regulator body:

General Optical Council

Training Provider must be approved by regulator body

EPAO must be approved by regulator body

Occupational Level:

6

Duration (months):

36

Review

This apprenticeship standard will be reviewed after three years

Example progression routes

Optometrist

Version log

VERSION	CHANGE DETAIL	EARLIEST START DATE	LATEST START DATE	LATEST END DATE
1.0	Approved for delivery	13/12/2023	Not set	Not set

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