

COMPETENCY-ORIENTED PROFESSIONAL PROFILE ORTHOPTIST

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Chapter 1 INTRODUCTION

1.1 GROUNDS

The orthoptist's professional circumstances and profession are subject to dramatic change. Developments in demography, technology, education, organisation, quality requirements and quality criteria and the introduction of market forces in the care sector have an impact on the work carried out by the orthoptist. For this reason, the Dutch Orthoptic Society [*Nederlandse Vereniging van Orthoptisten (NVvO)*] is updating the orthoptist's professional profile and adding competencies.

1.2 SCOPE

The content of this profile is based on the general way in which the orthoptist practises his profession in the discernible work fields and settings. Just how heavily specific aspects of the profession feature depends on characteristics of the work fields and settings. The outlined tasks and professional competencies are typical of the orthoptist but cannot always be attributable on a one-to-one basis to the work in individual settings. They can also occur within other professions.

1.3 FUNCTIONS OF THE PROFILE

The NVvO has taken up the development of this professional profile for a variety of reasons. The profile serves as the basis for the following:

- delimitation of the profession
- translating into institution policy what is set out in the provisions of the Care Institutions Quality Act [*Kwaliteitswet Zorginstellingen*]
- associated development of protocols, guidelines and other quality documents
- orthoptist training
- registration, further training of orthoptists
- implementation of competency management at institution level
- (public) information source about the profession.

1.4 ESTABLISHMENT OF THE PROFILE

The profile has been developed on behalf of the NVvO. The NVvO has been assisted here by its own members and by The Care and Welfare Union [*Unie Zorg en Welzijn (UZW)*]. They have been guided by the currently prevailing NVvO professional profile, law and legislation, trade journals, the professional competency profile format of the Association of knowledge centres for professional vocational education and labour market [*Vereniging kenniscentra voor beroepsonderwijs en bedrijfsleven (COLO)*] and the classification of competencies provided by PiMedia. The advisory group has given regular feedback to the board and to individual members of the NVvO during different regional meetings. On 6 October 2008, the profile was adopted during a members' meeting.

1.5 REPORT SUMMARY

Chapter 2 of this profile provides a general picture of the profession of orthoptist. The subsequent chapters examine the core tasks, roles and key functions of the orthoptist (Chapters 3, 4 and 5) and the competencies which the orthoptist must have (Chapter 6). Appendices enclosed with the profile refer to literature, abbreviations and committee members.

In the profile, any word in the male gender applies equally to the female gender.

The orthoptist's patients are often minors or incapable of giving informed consent, to a greater or lesser extent. They, therefore, have a range of supervisors such as parents, foster parents, family members or professional mentors. In this profile we have referred to these supervisors as 'representative'. Clearly, in relation to the patient's personal information and treatment here the legal representative is meant.

Chapter 2 THE PROFESSION OF ORTHOPTIST

2.1 PROFESSIONAL CIRCUMSTANCES AND WORK

The focus of the orthoptist's work is the repair/restoration and preservation of monocular and binocular vision. In this context, on the referral of a GP or specialist, he provides examination, diagnostics and treatment. He usually works in a university or general hospital, in institutions for the visually impaired and in the youth healthcare sector.

2.2 ROLE AND RESPONSIBILITIES

The work carried out by the orthoptist implies that he assumes the role of healthcare provider, adviser, director, administrator, researcher, coach, trainer, information officer and representative of the professional group. His responsibility as a professional practitioner covers the area of expertise as described in the Individual Healthcare Professions Act [*Wet Beroepen Individuele Gezondheidszorg (wet BIG)*] and the provisions contained in the Care Institutions Quality Act. Ensuing from this, he carries out work independently in accordance with professional guidelines and the frameworks observed by the institution. In the exercise of his profession, fall-back options are scarcely an option, if at all, within the institution.

2.3 COMPLEXITY

Different factors determine the complexity of the orthoptist's work:

- Examination and diagnostics are geared towards a broad spectrum of disorders which can occur with a highly divergent frequency and which can be outside his specific area of expertise.
- Communication with specific patient categories is made more difficult because it cannot be done verbally and results of examination, diagnostics and treatment cannot always be objectivised.
- The growing multicultural society requires an understanding of differences in behaviour and communication and perception of illness.
- Patients who are difficult to examine demand a high degree of concentration from the orthoptist whilst there are many distracting factors.
- Treatment demands a major effort on the part of the patient and/or representative in the long term, whereby an incentive or impetus is often lacking on account of the fact that results are not directly visible.
- The orthoptist generally fulfils a go-it-alone role, with fall-back opportunities being virtually non-existent in the institution. Protocols and guidelines and evidence-based literature are not available for every eventuality. On occasion, the patient's situation also demands a different approach compared with what is set out in the protocols.
- Because of the go-it-alone and specialist role the orthoptist is responsible for policy and administration tasks and training in addition to the professional work. This means he must continuously switch between different types of tasks.
- The orthoptist must continually choose between the interest of the patient, the requirements of the institution and his own professionalism.

2.4 CHARACTERISTIC PROFESSIONAL ATTITUDE

Professional attitude determines how an orthoptist deals with the patient. The drive to deliver optimum quality of care is accompanied by the willingness to approach his work in an expert, methodical and critical manner. He is effective and efficient. He respects the patient's values, standards, beliefs and privacy. He deals carefully with dilemmas arising from his work or the context thereof.

2.5 TRENDS AND INNOVATIONS

The profession of orthoptist is subject to change. Developments in, amongst other areas, demography, legislation and regulations, including the introduction of market forces, independent practice management, new technologies and international relations affect the way the profession is carried out.

2.5.1 DEMOGRAPHIC DEVELOPMENTS

The Dutch population is ageing and there are two reasons for this. Not only is the number of elderly people increasing notably but within this group the average age is rising sharply too.

At the same time, the Dutch population is characterised by a decline in the number of younger people. The consequence of this combination of fewer younger employees and (two-pronged) ageing is a decline in the number of available orthoptists to meet the rising demand for orthoptic care. Therefore, the orthoptist is becoming scarce on the labour market. Where this

leads to bottlenecks, solutions shall be sought in greater management efficiency, competition, function differentiation, the use of new technologies and the deployment of professional practitioners from other EU countries.

Not simply the age structure but the multicultural composition of the Dutch population also has effects on professional practice. The orthoptist has to take into account a wide range of cultural customs and practices. There are differences in communication patterns and in the views and perception of health problems.

2.5.2 SOCIAL TRENDS

The patient is becoming increasingly empowered and demands more tailored care. Amongst other ways, via information on the Internet and thanks to patient associations, for example, when visiting the orthoptist patients are more aware and consequently place greater demands on the orthoptist's knowledge and expertise, in particular in terms of communication.

2.5.3 GOVERNMENT REGULATION

The government stimulates market forces in healthcare. The number of DBCs [combined diagnoses and treatments] where competition is possible is on the increase. Hospitals are being challenged to take a keener look at the costs and benefits of their products and, therefore, the profitability of orthoptic care. Hospitals will ask the orthoptist for visibility of results and a more effective and more efficient practice management.

Regulations affect the positioning of the orthoptist. Whereas he normally works on the second line, it appears that the first outpatient orthoptic practice and, with that, the orthoptist's entry to the front line is a step closer. The introduction of an independent costing system for orthoptists and an amendment in the BIG law – assigning the orthoptist greater powers – are associated with this development.

The government focus is youth healthcare with improvements sought in the coordination of care processes. There are different avenues available, whereby it is a matter of a direct referral to the orthoptist from within youth healthcare. The referral relationship with other specialists and paramedics etc. is also under review.

As far as education is concerned there is a discernible shift towards competency-based training/learning. This means different requirements are imposed on those responsible for the practical training element. In addition, this demands a continual supply of many and quality internships. Owing to developments in care institutions this may become an increasingly more significant bottleneck.

2.5.4 QUALITY REQUIREMENTS/CRITERIA

As well as the market trends arising from political choices, for orthoptic care to be included in the basic package insurers demand orthoptists to work in an evidence-based or practice-based way and for orthoptists to be qualified. Regulation of quality places greater emphasis on the use of protocols and guidelines.

Registration in the Quality Register has been possible since 2005. Based on actual training and work experience the orthoptist can be registered, or re-registered, for a period of five years.

2.5.5 TECHNOLOGICAL DEVELOPMENTS

The use of equipment in the implementation of orthoptic care is an important aspect. The availability of improved or better equipment increases the treatment options and has a positive influence on the quality of the treatment.

As well as the availability of better equipment ICT trends constitute an important feature, certainly where this involves the development of an electronic medical record. This form of record management can promote the efficiency of the work but can also serve to extend the scope of tasks undertaken by the orthoptist. Care is required in use of patient data.

Thanks to medical and technological developments premature babies can be kept alive at an ever younger age, prompting a shift in clinical pictures. The orthoptist is confronted with this patient group and its increasingly complex set of disorders.

2.5.6 ORGANISATIONAL MANAGEMENT DEVELOPMENTS

Hospitals will react to the introduction of market forces and competition in healthcare. The drive to achieve maximum profits by insurance companies can have an impact at institution level on the product mix and the way in which products are established. This will have an impact on the orthoptist's contribution as far as management operations are concerned.

In the drive for efficacy, efficiency and effectiveness and as a result of labour market developments function differentiation is apparent. This means that the orthoptist delegates tasks to other employees. It also means that duties and responsibilities are being assigned to the orthoptist which are currently still primarily being allotted to the area of responsibility of the medical practitioners. There can be competition on costs but this can also challenge hospitals to differentiate themselves on the quality of care delivered. Hospitals can attach greater value to the use of quality verification marks, registration, function-oriented training and the use of guidelines and protocols. Given the importance that many healthcare providers

assign to the delivery of good care this approach adopted by the hospitals has the desired side effect that more orthoptists are retained for the organisation.

In addition to this economic shift of emphasis it is possible to discern a trend centred on care. Increasing numbers of care institutions are opting for cluster treatments. This means the orthoptist is increasingly a player in a multidisciplinary treatment team formed around patients with specific disorders, for example. A recent trend is for the orthoptist to be involved in teams for children with learning disabilities at times.

2.5.7 INTERNATIONAL RELATIONS

The NVvO is represented in international orthoptist organisations (OCE, IOA). Via these organisations information is exchanged about the current and future development of the profession. The affiliated countries are involved in a joint search for agreement in relation to the professional group, the professional field and orthoptist training.

The expansion of the European Union, globalisation and the opening of borders means that the professional practitioners can request to carry out the function of orthoptist in one of the countries of the European Union.

To this end, these organisations receive an important task in drafting a European norm for training and qualification/scope of competence for orthoptists.

2.6 CAREER DEVELOPMENTS

There are not many vertical career opportunities within institutions but there are horizontal ones. Orthoptists can specialise in care for the blind and the visually impaired or choose a career in specialist rehabilitation centres, institutions for elderly care, centres for the multiple-handicapped or centres for refractive surgery. They can extend their field of work in the direction of youth healthcare and school supervisory services, often in the capacity as information officer. If these developments continue the orthoptist will have the chance to set up an outpatients' practice in the near future. The orthoptist has possibilities to carry out applied research.

2.7 CONCLUSIONS

Market forces, organisational changes, demographic developments, changes in legislation, reallocation of duties and new technologies influence the orthoptist's work. The focus of the most significant trends is on improving efficacy, efficiency and effectiveness. Furthermore, these trends can lead to task shifts, expansion of the work field and possibly independent management of a practice.

Set against this, the orthoptist continues to be responsible for good quality of care in an environment which is simultaneously subject to more requirements. Within this area of tension the orthoptist must seek an adequate balance between quality and costs at all times, whereby, in this context, together with the institution he takes care of, and is in charge of, the availability of sufficient resources. Finally, multidisciplinary collaboration and function differentiation can demand other competencies from the orthoptist.

Chapter 3 DOMAINS AND CORE TASKS

Core tasks describe the essence of what the professional practitioner does. They are a characteristic and significant element of the work performed by a representative professional group, i.e., a set of intrinsically connected professional activities, where possible in a logical sequence. Indeed, as far as the core tasks are concerned, it is about the 'hard core' of the profession.

Core tasks can be grouped according to domains. They indicate the area within which the orthoptist carries out his core tasks.

3.1 DOMAINS AND CORE TASKS

1. PATIENT-SPECIFIC DOMAIN

Core task 1 carries out examination and makes an orthoptic diagnosis

Core task 2 carries out an orthoptic treatment

Core task 3 examines visual functioning amongst specific target groups and advises

2. ORGANISATION-SPECIFIC DOMAIN

Core task 4 organises, monitors and promotes quality care in own institution

Core task 5 manages the orthoptic practice

3. PROFESSION-SPECIFIC DOMAIN

Core task 6 furthers own expertise

Core task 7 coaches and supervises

Core task 8 contributes to the development and professionalism of own professional group

Core task 9 contributes to scientific research

3.2 DETAILS OF CORE TASKS

3.2.1 PATIENT-SPECIFIC DOMAIN

CORE TASK 1: carries out examination and makes an orthoptic diagnosis

BRIEF EXPLANATION AND RESULT

The methodical examination results in a diagnosis or referral to enable the appropriate treatment.

PROCESS

On referral, the orthoptist examines the monocular and binocular functioning of the patient.

– He gathers the necessary medical data, takes a complete medical case history and observes the patient. He analyses the patient referral for complaints and possible causes and informs the patient and/or their representative about the purpose of the examination.

– He examines the eye condition and eye motor function and determines the binocular functions, whereby the sensory and motor relationship between both eyes is ascertained with the help of different methods and instruments in different gaze directions and at different distances. He measures the monocular and/or binocular sharpness of vision, determines objectively and/or subjectively the refractive ametropia and the fixation pattern of the eyes and inspects the fundus for any signs of abnormalities.

– Using the findings he makes an orthoptic diagnosis. He determines if there is an indication for an orthoptic treatment.

– If necessary, he asks for supplementary medical information.

– If necessary, he will make a referral to the ophthalmologist in order to evaluate an ophthalmological pathology.

– The orthoptist recommends a possible referral or further referral to another specialist or healthcare provider.

– The orthoptist records everything in a medical record.

– The orthoptist carries out additional examination within an ophthalmological practice which is required in order to make a correct ophthalmological diagnosis.

ROLE AND RESPONSIBILITIES

In carrying out the examination and making the orthoptic diagnosis the orthoptist assumes the role of healthcare provider. The orthoptist is responsible for the quality of his orthoptic examination and the diagnosis he has made. For the examination and diagnostics he correctly observes the professional guidelines and the frameworks set by the institution based on the Care Institutions Quality Act. He takes care of equipment.

COMPLEXITY

During examination and diagnostics different complicating factors are at play – often simultaneously:

- The orthoptist examines and diagnoses disorders in adults and children which vary greatly in the frequency with which they occur; various deviations are rare.
- Some, at times barely visible, symptoms are outside the orthoptist's area of expertise and require referral to another discipline.
- Certain orthoptic deviations can be an initial indication of a serious neurological pathology and/or developmental disorders.
- Within the institution the orthoptist is often the only person with expertise in his specific domain. There is little or no scope for fall-back options. Consulting a colleague may be necessary but is not always directly possible.
- Examination and diagnostics are seriously hampered if no, or limited, verbal communication with the patient is possible and if the patient cannot state any kind of subjective experience. An understanding of the reactions to be anticipated and the consequences thereof is required. In examining very young children one's own personal perception has a crucial role to play. Examination data cannot always be objectivised.
- In the examination the orthoptist must deal with patients with a different ethnic background. This leads to great differences in the patient's perception of illness, communication with the patient and the influence of patient behaviour.
- The orthoptic examination requires a high degree of concentration owing to the fact that the symptoms are often hard to perceive. During the examination disruptions are a regular occurrence.
- In a short time, during the examination there must be an evaluation of one's own findings, the professional statute, the guidelines of the professional group and the framework of the institution.

CONCERNED PARTIES

In the examination and diagnostics procedure the orthoptist has contact with patients and their representative, with referring parties and other (internal or external) concerned parties within the professional setting.

TOOLS

The orthoptist uses a range of equipment and pharmacological resources for examination and diagnostics. He uses a medical record and assures uniformity of record taking.

CHOICE AND DILEMMAS

- The orthoptist has limited time available for examination and diagnostics, with complicating factors being an additional issue. He is thus compelled to make a considered choice between the available time and the quality of the examination and diagnostics.
- Examination of children usually takes place in the presence of parents and possibly brothers and sisters. In the interest of the examination the orthoptist must be able to transcend the authority of the parents.
- During the examination, in a short period of time, the orthoptist must regularly make a choice between the situation which presents itself, the frameworks of the institution, the professional statute and guidelines of the professional group.
- During an examination the orthoptist is required to carefully consider his own actions. During the examination there is often no possibility for direct consultation. This can put the orthoptist in a position where he has to choose whether or not to call the patient in for a follow-up examination.

CORE TASK 2: carries out an orthoptic treatment

BRIEF EXPLANATION AND RESULT

Following the examination and based on the diagnosis made the orthoptist commences the treatment with the consent of the patient or representative in order to optimise the monocular and binocular functioning of the eyes.

PROCESS

In the context of patient treatment the orthoptist runs through the following phases:

- The orthoptist determines the therapeutic options based on the diagnosis.
- He makes a proposal for a treatment plan and prognosis.

- The orthoptist discusses the therapy proposal, the treatment plan and the prognosis with the patient and/or representative. He indicates what is required in terms of the work involved and the consequences of the treatment.
- Once this information has been provided he asks the patient or the patient's legal representative to consent to the treatment.
- The orthoptist advises the ophthalmologist about the time frame, the extent and type of the eye muscle surgery.
- The orthoptist informs and advises the referring doctor and if necessary – with the consent of the patient – other relevant concerned parties about the treatment.
- The orthoptist carries out the treatment in a methodical manner, whereby it is often necessary to encourage the patient and/or representative in order to achieve a good treatment result.
- Once the treatment is over he discusses the orthoptic treatment result with the patient and/or representative and informs the referring doctor and if necessary – with the consent of the patient – other relevant concerned parties.
- The orthoptist records everything in a medical record.

ROLE AND RESPONSIBILITIES

When carrying out the orthoptic treatment the orthoptist assumes the role of healthcare provider. The orthoptist is responsible for providing information in a sound and understandable manner to the parties concerned and is responsible for the choice, planning and execution of the therapy. Professional protocols and guidelines support the treatment.

COMPLEXITY

During the treatment of the patient different complicating factors are at play – often simultaneously.

- The orthoptist must make the right choice from a range of different treatment options for a specific disorder. Disorders vary in their occurrence. Some disorders are rare.
- Because the result of the treatment is not visible in the short term, or only scarcely so, and the treatment can require a major effort on the part of the patient the orthoptist must continue to encourage the patient and/or representative in order to persist with what is often a course of long-term therapy.
- Changes and/or complications in treatment can call for a fundamental adjustment in the diagnosis and/or therapy. The changes and/or complications may be very difficult to perceive and/or objectivise.
- The treatment is seriously hampered if no, or limited, verbal communication with the patient is possible and if the patient cannot state any kind of subjective experience. An understanding of the reactions to be anticipated and the consequences thereof is required. In examining very young children one's own personal perception has a crucial role to play. Results cannot always be objectivised.
- The patient's perception of illness, communication with the patient and the influence of patient behaviour in a multicultural society often runs differently to what the orthoptist expects. In the execution of the treatment he must be able to anticipate or respond to this.
- The orthoptist must make considered choices in order to ensure the protocols, guidelines and organisational frameworks are aligned with the treatment of the individual patient.
- The orthoptist is often the only person in the institution with the expertise in his specific field. There is little or no scope for fall-back options. Consulting a colleague may be necessary but is not always directly possible.

CONCERNED PARTIES

The orthoptist has an intensive and lengthy contact with patients and/or representative. He has regular contact with the referring doctor and other internal and/or external concerned parties within the professional setting.

TOOLS

The orthoptist uses occlusion equipment and pharmacological resources, optical aids, prisms, training materials and the patient record in which he assures uniformity of record taking.

CHOICE AND DILEMMAS

- The orthoptist constantly carries out an evaluation between the result that is theoretically feasible and what is realistically feasible; the effort required on the part of the patient and/or representative in order to achieve that result may be unfeasible.
- The treatment of the patient leads to changes and sometimes complications. The orthoptist must determine on that basis if he will adjust the treatment or not.
- The orthoptist has limited time available to discuss the treatment with the patient or their representative so he must weigh up the quality of this discussion against organisational possibilities.
- An underpayment from the insurer may constitute a barrier for the patient to actually start the treatment. It is up to the orthoptist to carry out a sound evaluation in this respect.
- Effective medical care cannot be deployed if the required consent is lacking. The orthoptist must choose between a further insistence on, or pressing for, treatment and an acceptance of what the patient's representative chooses.

CORE TASK 3: examines visual functioning amongst specific target groups and advises

BRIEF EXPLANATION AND RESULT

The orthoptist examines the visual functioning amongst specific target groups, such as the visually impaired, those with mental or multiple handicaps, those with dementia and people with acquired brain injuries. Where possible, he treats visual disturbances. In order to improve the general functioning the orthoptist advises the patient, representative and/or other concerned parties about how to deal with the visual limitation.

PROCESS

The orthoptist examines, treats and describes the visual possibilities and the relationship with the problems experienced by a patient in his functioning. He drafts a report and advises patients and/or representative.

- He gathers all the necessary information, takes a medical history, observes the patient and examines their visual functions, in situ if required.
- He identifies certain behaviour which may indicate a visual limitation and takes this into account.
- He discusses the results of the examination with the patient and/or representative.
- Using the findings he drafts a report for professionals and/or laypersons and informs referring parties.
- He prepares advice for improving the visual limitation or how to deal with this (together with a multidisciplinary team).
- He is part of the team that discusses the advice and treatment with the (representative of the) patient and ensures implementation, coaching and evaluation with the team.
- He is the point of contact within the multidisciplinary team in relation to the disturbances in the patient's vision and ensures that in coordinating the treatment of, and care for, the patient, the effect of the visual functions is properly assessed as far as overall functioning is concerned.

ROLE AND RESPONSIBILITIES

The role of the orthoptist in examining the visual functioning and advising to improve general functioning is that of healthcare provider and adviser. The orthoptist is responsible for the quality of the examination, for any further referral, for adequate advice to the multidisciplinary team and for a properly and clearly written report. The orthoptist is partly responsible for discussing, implementing and evaluating advice and coaching the parties concerned.

COMPLEXITY

During examination different complicating factors are at play – often simultaneously:

- The treatment is seriously hampered if no, or limited, verbal communication with the patient is possible, and if the patient cannot state any kind of subjective experience. An understanding of the reactions to be anticipated and the consequences thereof is required. One's own personal perception has a crucial role to play. Results cannot always be objectivised.
- The examination demands a high degree of concentration owing to the fact that symptoms are often hard to perceive. The specific target groups do not always carry out duties, there is not always specific examination material, thus necessitating continual adjustment and, above all, improvisation.
- Consulting third parties during the examination is usually not possible.
- The effect of the limited functioning is often difficult to assess and to make clear to everyone. Within a multidisciplinary team the orthoptist is often the only person with the specific knowledge of the ophthalmological background of the patient.
- The giving of instructions and an explanation to the specific target group is complex given the limitations of the patient.
- When advising team members from different disciplines other experts must be taken into consideration.

CONCERNED PARTIES

The orthoptist has to deal with patients and their representative in the execution of this core task, referring parties and other (internal or external) concerned parties (including remedial educationalists, occupational therapists, outpatient supervisor, teacher, medical specialist, neuropsychologist and carers).

TOOLS

For examination the orthoptist uses a range of equipment, pharmacological resources and everything that can be of value for observing visual functioning. He uses a medical record and assures uniformity of record taking.

CHOICES AND DILEMMAS

- The orthoptist must carry out an evaluation between the time available for the examination and the time a patient can devote to this. Nonetheless, the examination must be reliable despite this limitation.
- The orthoptist must carry out an evaluation between the aptitude required for a good quality examination and the patient's aptitude to devote to this. It concerns both the cognitive and physical limitation of the patient.
- The orthoptist is required to make a well-considered choice during the examination if a follow-up examination must be carried out and can be carried out and who is responsible for such.

– The orthoptist must make a choice between carrying out the task independently or delegating the execution of the treatment/advice via professional practitioners who have no expertise in ophthalmology.

3.2.2 ORGANISATION-SPECIFIC DOMAIN

CORE TASK 4: organises, monitors and promotes quality care in own institution

BRIEF EXPLANATION AND RESULT

The orthoptist organises, monitors and promotes the quality of the orthoptic care within his own department and beyond.

PROCESS

The process of quality care for the department and institution encompasses various tasks.

- The orthoptist keeps his own expertise and specialist knowledge fresh.
- He ensures the continuity of care provision via, amongst other ways, a proper supply of reports, treatment plans and transfer.
- He evaluates the care and makes any necessary adjustments.
- He observes standards, quality guidelines and protocols which are available within the institution/department.
- He ensures the development, evaluation and optimisation of protocols.
- He develops or contributes to the production, evaluation and improvement of information material.
- He flags up gaps in the department and institution and seeks concrete areas for improvement.
- He contributes to the department's quality policy.
- He receives visiting committees and indicates which quality cycles are run through.
- He provides information in the annual report and policy plan about how the quality of the orthoptic care is organised and the quality policy.
- He ensures a healthy working environment.

ROLE AND RESPONSIBILITIES

In organising, promoting and monitoring the quality of the care the orthoptist has the role of director. The orthoptist contributes by means of participation in departmental discussions to the quality policy of the department. He is responsible for proper execution of the quality cycle for orthoptic care. He is responsible for the quality of the orthoptic care and contributes to the quality policy at department and institution level. He takes initiatives and contributes towards the development of policy, guidelines and protocols within the orthoptic department.

COMPLEXITY

- Quality care tasks are complex on account of the different, possibly conflicting interests of the parties concerned. Parties concerned work within orthoptics but also in a range of other disciplines and levels. In implementing improvements he is often dependent on third parties.
- The orthoptist has limited possibilities because of his position in the organisation and duties to safeguard the quality cycle of work processes, protocols and treatment methods.
- It is difficult to align properly patient-specific and quality-specific tasks.

CONCERNED PARTIES

The orthoptist deals with fellow orthoptists inside and outside the institution and employees from various disciplines and levels.

TOOLS

The orthoptist uses the Internet, relevant software packages, protocols and guidelines of the institution and national protocols from within the professional group.

CHOICES AND DILEMMAS

- The orthoptist must decide to which extent he allows the business interest to interfere with the quality of the orthoptic care.
- The orthoptist must decide to which extent he allows the patient-specific duties to interfere with the duties in the field of quality of the orthoptic care.

CORE TASK 5: manages the orthoptic practice

BRIEF EXPLANATION AND RESULT

The orthoptist looks after the management of the orthoptic practice to ensure that work is conducted properly and within organisational and budgetary frameworks.

PROCESS

Through good organisation and management of the practice the orthoptist ensures that the work can be carried out properly.

- The orthoptist takes care of planning and progress of the consultation, taking into account the valid priorities.
- He looks after the examination room, present equipment and consumables to ensure compliance with the rules and guidelines concerning maintenance, security, ergonomics and hospital hygiene.
- He records the orthoptic examination data in accordance with the guidelines pertaining to Classification of Orthoptic Diagnoses (COD).
- He takes care of administration of patient records in accordance with the law and institution guidelines.
- He takes care of correspondence and fosters contacts with referring parties and others involved in treating the patient.
- He ensures sound justification of the performance budget with regard to the number of FTEs.
- He coordinates the management of the orthoptic practice with that of the ophthalmological practice and/or the institution via organising timely multidisciplinary work consultation and/or by presenting solutions for organisational bottlenecks.
- He advises in relation to the purchase of equipment and consumables. He ensures a timely and well-justified budget application for purchasing and maintenance of the orthoptic equipment room.

ROLE AND RESPONSIBILITIES

In the management of the practice the orthoptist assumes the role of adviser, director and administrator. Within the organisational frameworks he is responsible for the execution of the aforesaid work.

COMPLEXITY

- For managerial tasks such as the planning of a consultation, maintenance of equipment and rooms and coordination the orthoptist must take into account a multiplicity of factors and conflicting interests.
- It is difficult to exert influence in the institution owing to a lack of hierarchical powers.

CONCERNED PARTIES

In this core task the orthoptist must deal with employees within the institution, patients, representatives, other healthcare providers with access to the medical record, referring parties, colleagues and suppliers.

TOOLS

The orthoptist uses a medical record, policy frameworks, guidelines and protocols, legislation and IT.

CHOICES AND DILEMMAS

- The orthoptist must find a balance between patient-specific tasks and the time he devotes to administrative and other managerial tasks.
- The orthoptist must carry out an evaluation between the requirements associated with professional performance and the interest of the institution.

3.2.3 PROFESSION-SPECIFIC DOMAIN

CORE TASK 6: furthers own expertise

BRIEF EXPLANATION AND RESULT

Furtherance of expertise ensures improvement in the quality of orthoptic care.

PROCESS

- The orthoptist adopts a methodical approach in furthering his own skills and expertise.
- The orthoptist has a philosophy on the performance of his profession.
- He is conscious of the quality of care he provides and the way in which this is realised.
- He keeps himself up-to-date with developments in the field, or maintains his specialist knowledge, which, in part, allows registration, or re-registration, in the quality register.
- He keeps abreast of trends in his specialist area so that he is familiar with professional/scientific standards, guidelines and protocols.
- He evaluates his actions on the basis of self-reflection, professional and, if possible, scientifically-based professional standards, professional literature, peer supervision and peer reviews.
- He uses the results of the evaluation in order to improve the quality of the orthoptic care he provides.

ROLE AND RESPONSIBILITIES

In furthering his own skills and expertise the orthoptist assumes the role of researcher.

He keeps abreast of new developments in theory and practice and implements them on a professional basis, internally and externally.

The orthoptist develops guidelines and protocols and updates them if the results of an evaluation give rise to such.

COMPLEXITY

– The extent to which the orthoptist can promote his own expertise depends on environmental factors such as, for example, the availability of time, resources and a training system and possibilities for peer reviews and peer supervision. The greater the extent to which these environmental factors are lacking, the greater the degree of complexity for the orthoptist.

CONCERNED PARTIES

The orthoptist deals with fellow orthoptists and other professionals inside and outside the institution in carrying out the core task.

TOOLS

The tools used by the orthoptist here are national and international reference works, the Internet, relevant software packages and the medical record.

CHOICES AND DILEMMAS

– If the institution fails to make available sufficient facilities for furthering an orthoptist's own expertise this can have a negative impact on the quality of care provided by the orthoptist.

CORE TASK 7: coaches and supervises

BRIEF EXPLANATION AND RESULT

Coaching and supervision is geared towards orthoptists, doctors and other junior professional practitioners so that they can possess the competencies belonging to their specialist area at the end of their orthoptics training.

PROCESS

The orthoptist coaches and supervises various concerned parties in healthcare.

- The orthoptist has knowledge of training methods and applies these practically.
- He supports junior orthoptists in drafting personal training plans or a portfolio.
- He supports/supervises junior orthoptists in the implementation of their training plan or portfolio and assesses them.
- He coordinates the supervision with the school supervisors responsible for training the junior orthoptists.
- He provides presentations and clinical lessons.

ROLE AND RESPONSIBILITIES

In coaching and supervising the orthoptist has the role of coach and trainer.

The orthoptist is responsible for the supervision, support and evaluation of the junior orthoptist and for coaching and supervising other junior professional practitioners.

COMPLEXITY

- The orthoptist must translate the training requirements into practice, whereby two specialist areas are combined with one another. Collaboration with education professionals is required.
- The orthoptist must take into consideration students from a range of different backgrounds for coaching and supervising.
- The orthoptist must combine the progress of the work with optimum support when coaching junior orthoptists.

CONCERNED PARTIES

The orthoptist deals with representatives from education, junior orthoptists, students and other employees inside and outside the institution in the performance of the core task.

TOOLS

The tools used by the orthoptist here are training plans, national and international reference works, the Internet and relevant software packages.

CHOICES AND DILEMMAS

- The orthoptist must continuously determine anew the extent to which he allows the student to carry out work independently.
- The orthoptist must find a good balance between time pressure, lack of space and the quality of support for a junior orthoptist.

CORE TASK 8: contributes to the development and professionalism of own professional group

BRIEF EXPLANATION AND RESULT

Making an active contribution to the development of one's own profession improves the quality standard of the professional group.

PROCESS

The orthoptist develops guidelines and protocols and updates them if the results of an evaluation give rise to such.

- The orthoptist is familiar with professional standards and guidelines.
- He raises awareness of the orthoptist's scope of activity via publications, presentations, lessons and public information, amongst other things.
- He is familiar with developments within or in relation to the specialist area, brings them to the wider attention inside and outside the professional group and applies them in the exercise of his work for quality reasons.
- He contributes actively to the knowledge and policy development of the professional group.
- He participates in NVvO advisory groups / committees.
- He exchanges knowledge and experience with colleagues in a Regional Committee.
- He develops and implements guidelines and/or protocols with others.

ROLE AND RESPONSIBILITIES

In developing and professionalising the professional group the role of the orthoptist is one of information officer, adviser and researcher. The orthoptist is responsible for keeping fresh his knowledge of the professional domain and own development in this sphere and bringing this knowledge to a wider attention and applying it.

COMPLEXITY

- The orthoptist must duly appreciate developments related to the specialist area. Reference material such as evidence-based literature, guidelines and protocols is not always available.
- Bringing developments to a wider attention requires an understanding of the interests of, and relationships with, concerned parties such as colleagues, other professional groups and institutions.

CONCERNED PARTIES

The orthoptist deals with colleagues, other professional groups and professional practitioners and other employees inside and outside the institution in the performance of the core task.

TOOLS

The tools used by the orthoptist here are national and international reference works and publications.

CHOICES AND DILEMMAS

- Participation in innovative projects is only possible if there are sufficient resources available.
- The orthoptist must choose between promoting and implementing new techniques and being objective about current ones. This choice is more difficult if there was agreement on old techniques and/or new methods have not yet been broadly substantiated.
- The effective introduction of new methods can require the application of implementation techniques.

CORE TASK 9: contributes to scientific research

BRIEF EXPLANATION AND RESULT

The results of research contribute to the evidence-based development of the profession.

PROCESS

The orthoptist contributes to evidence-based orthoptic care.

- The orthoptist is aware of scientific methods and publications.
- He identifies suitable subjects for research.
- He participates in/contributes towards scientific research.
- He can set up and carry out applied research.
- He records and analyses systematically patient and treatment data for the purpose of scientific research.
- He assesses and evaluates the research results in terms of their relevance as far as his own practice is concerned.
- He publishes the results of applied research in a professional publication.
- He contributes to scientific publications.
- He contributes to the knowledge development of the professional group and other disciplines.

ROLE AND RESPONSIBILITIES

In participating in scientific research the role of orthoptist is one of researcher. The orthoptist is responsible for his contribution to the scientific research. Systematic recording takes place within the frameworks of privacy legislation and regulations, taking into consideration sound methodical and ethical standards. He is able to provide verbal and written reports and enter into a debate on the contents of this with colleagues and representatives from other disciplines.

COMPLEXITY

- The orthoptist must have a grasp of scientific methods and be able to apply them within the context of the research. The complexity involved depends on the nature and scope of the scientific research and the nature of the contribution provided by the orthoptist.
- Progress of the scientific research must be reconciled with other interests, such as the progress of the examination and treatment of patients, financial interests or patient rights. The orthoptist must weigh up these interests against each other and (partly) ensure that conflicting interests are bridged.
- There are insufficient financial resources available for orthoptic research.
- In a general hospital adequate support is not possible in the form of a statistician, reference works, Internet subscriptions and relevant software.

CONCERNED PARTIES

The orthoptist in the performance of the core task has to deal with patients, scientific researchers, students, fellow orthoptists and professionals inside the institution and beyond.

TOOLS

The tools used by the orthoptist here are research guidelines, research methods, national and international reference works and patient medical records.

CHOICES AND DILEMMAS

- The orthoptist must weigh up different interests against one another. Innovation of one's own profession promotes evidence-based actions but sufficient time is also required to shape this in the best possible way.
- The orthoptist must mark his boundaries so that his research tasks are aligned with his knowledge and responsibilities.

Chapter 4 THE ROLES OF THE ORTHOPTIST

4.1 INTRODUCTION

The previous paragraphs describe the orthoptist's core tasks per domain. They formed the basis for determining the roles of the orthoptist, which are stated in this paragraph.

A role can be summarised as a cohesive unit of tasks and responsibilities and the corresponding competencies. One role fulfils as it were an interface between core tasks (the what) and the competencies (the how). Roles can overlap and influence one another. The extent to which they are apparent can vary from one role to another.

4.2 THE ROLES

The orthoptist fulfils the following roles: healthcare provider, adviser, director, administrator, researcher, coach, trainer, information officer and representative of the professional group.

The matrix below illustrates which role can correspond with which core task.

PROFESSIONAL ROLES		CORE TASK								
		1	2	3	4	5	6	7	8	9
1	Healthcare provider	x	x	x						
2	Adviser			x		x			x	
3	Director				x	x				
4	Administrator					x				
5	Researcher						x		x	x
6	Coach							x		
7	Trainer							x		
8	Information officer								x	
9	Representative of the professional group								x	

The orthoptist must manage all these roles and be able to tailor their use to suit the circumstances.

Chapter 5 KEY FUNCTIONS

Key functions are defined as the critical professional situations in the form of duties (choices, problems, dilemmas, areas of tension, opportunities) which a professional practitioner regularly comes into contact with, which are characteristic of the profession and whereby the professional practitioner is expected to provide an approach and a solution. The key functions cut across the core tasks.

EXAMINATION AND TREATMENT VERSUS COMMUNICATION

For examination, diagnostics and treatment good communication with the patient is crucial. The orthoptist is, therefore, required to tailor the communication with the possibilities available to the patient in the performance of his work. For a large number of patients communication is not possible or only barely possible. In order to gather the necessary information the orthoptist must possess high powers of empathy, insight, ingenuity and flexibility. This is also true in respect of encouraging and motivating patients. The often lengthy course of onerous treatment, of which the results are often not visible until later, demands long-term encouragement and motivation of the patient. The patient's adherence to the therapy has a big impact on the quality of the result of the treatment. Consequently, the orthoptist must continually encourage and motivate in order to effect an optimum result of the treatment. If this does not happen, the patient will have a lasting visual impairment.

TIME VERSUS QUALITY OF EXAMINATION AND TREATMENT

The orthoptist is required to deliver optimum quality with a limited amount of time in the performance of his work. The time available to the orthoptist for examination is limited, whilst examination of specific target groups demands a lot of time. Also, the time available for clarification and an explanation of the treatment plan is limited, whilst the risk of lasting damage in the event of failure to follow the treatment plan is great. Through sound and timely management of the orthoptic practice, good communication and by setting priorities the orthoptist must ensure that sufficient time is available to ensure quality of care for every patient.

LIMITED RESOURCES, TIME AND MANPOWER VERSUS QUALITY OF THE PROFESSION

The orthoptist is required to deliver the level of quality demanded by himself, the institution and society with limited resources, time and manpower in the performance of his work. In order to provide optimum care the orthoptist must keep his own expertise fresh with limited resources and develop institutional policy. Furthermore, the application of quality criteria requires the responsibility to contribute towards innovation and development of the profession.

INTEREST OF THE INSTITUTION VERSUS PATIENT INTEREST

The orthoptist is required to make the right choice between his professionalism and the requirements of the institution in the performance of his work. It is not always easy to get an adequate budget to purchase or replace equipment, whilst this is desirable to deliver good quality care. The institution's protocols, guidelines and regulations, amongst others, concerning claiming expenses, quality policy and production figures can be in conflict with those of one's own professional actions and those of the professional association.

Chapter 6 COMPETENCIES

6.1 INTRODUCTION

On the basis of the definition, professional competencies are the ability of people to act in a proper, determined and motivated manner in professional situations which arise, focusing on process and results. In other words, choosing and applying appropriate procedures to achieve the right results. They refer to the ability to deal with activities and problems relevant to the profession and they are structured from a cohesive set of competency elements (knowledge, insight, skills, attitude and personal qualities). A competent professional practitioner can use this knowledge, attitude, skills and qualities in an integrated and targeted manner to carry out specific (professional) activities properly. Generally speaking, it is a matter of preparation, implementation and aftercare/follow-up and thus ensuring compliance with the set criteria and/or standards in characteristic situations and contexts. The professional practitioner knows how to deal with choices, dilemmas and areas of tension in this situation.

Professional competencies acquire their significance in a context and cannot be seen independently from the core tasks and key functions of which the professional practitioner is an advocate. Professional competencies must therefore be described in a context. This is where they get their 'colour' so to speak. Professional competencies and context are thus inseparable from one another. A professional practitioner has no use for a competency with no context. For this reason, for each described competency the core task and key function are specified.

COMPETENCY MATRIX

For the purpose of clarity a diagram has been developed which includes the core tasks, key functions and professional competencies. This competency matrix is a tool and its purpose is to indicate the relationship between the elements. It also charts which professional competencies occur with which core tasks and/or key functions. For further details the relevant section must be consulted in the professional profile.

PROFESSIONAL COMPETENCIES		CORE TASK									KEY FUNCTION			
		1	2	3	4	5	6	7	8	9	1	2	3	4
1	Problem analysis	x	x	x	x	x	x	x	x	x		x		
2	Forming a judgment	x	x	x				x	x	x		x		x
3	Learning ability				x	x	x	x	x	x			x	
4	Verbal communication	x	x	x				x	x		x	x		
5	Written communication	x	x	x	x	x	x	x	x	x	x	x		
6	Collaboration				x	x		x	x	x		x		
7	Sensitivity	x	x	x				x			x	x		x
8	Coaching		x					x			x	x		
9	Planning and Organising				x	x			x	x		x	x	x
10	Ability to cope with stress	x	x	x	x			x		x	x	x	x	
11	Tenacity		x	x	x						x		x	x
12	Self-development				x		x	x	x	x			x	x
13	Quality-orientedness				x	x	x	x	x	x		x	x	x

CORE TASKS	
1	carries out examination and makes an orthoptic diagnosis
2	carries out an orthoptic treatment
3	examines visual functioning amongst specific target groups and advises
4	organises, monitors and promotes quality care in own institution
5	manages the orthoptic practice
6	furtheres own expertise
7	coaches and supervises
8	contributes to the development and professionalism of own professional group
9	contributes to scientific research

KEY FUNCTIONS	
1	examination and treatment versus communication
2	time versus quality of examination and treatment
3	limited resources, time and manpower versus quality of the profession
4	organises, monitors and promotes quality care in own institution

6.2 COMPETENCIES PER SUBAREA

The competencies set out below are divided into five subareas:

Competency area A: Analysis and decision making

- A1 Problem analysis
- A2 Forming a judgment
- A3 Learning ability

B: Communication

- B1 Verbal communication
- B2 Written communication
- B3 Collaboration
- B4 Sensitivity

C: Management and leadership

- C1 Coaching
- C2 Planning and Organising

D: Personal conduct

- D1 Ability to cope with stress
- D2 Tenacity

E: Motivation

- E1 Self-development
- E2 Quality-orientedness

6.2.1 COMPETENCY AREA A: ANALYSIS AND DECISION MAKING

The competency area 'Analysis and decision making' includes the competencies relating to conduct in terms of gathering, analysing and weighing the information, putting it into a broader perspective, the adoption of standpoints and taking well-rounded decisions.

A1 Problem analysis

The orthoptist flags up problems and recognises important information. He makes connections between details and can locate possible problems. He looks for the pertinent details.

Success criteria:

Process

The orthoptist is able to

- distinguish between principle and secondary matters;
- respond attentively to verbal and non-verbal conduct;
- gather all the necessary information and background;
- persist with questioning if information is insufficient;
- see connections and major themes and make them understandable;
- make use of the evidence-based information that is available for analysing the problem;
- integrate new information with existing information.

Result

By means of the examination the orthoptist has analysed the problem and tailored this information to the question.

A2 Forming a judgment

The orthoptist draws the right and realistic conclusions using the relevant information and findings.

Success criteria:

Process

The orthoptist is able to

- include all relevant and available information in the considerations;
- reconsider or rethink, if necessary;
- have an overview of the consequences of the considerations;
- assess correctly the possibilities open to the concerned parties in forming a judgment.

Result

Is able to draw the right conclusions based on the information gathered and information available, taking into account the demand for care and scientific, social and ethical aspects.

A3 Learning ability

The orthoptist is able to apply information from training and scientific research in daily practice. He can reflect on his own actions and fill gaps in his own knowledge.

Success criteria:

Process

The orthoptist is able to

- be open to new ideas and opportunities;
- reflect on his own actions;
- learn from feedback given and improve his own functioning;
- apply new knowledge and views from training and scientific research;
- update guidelines and protocols;
- look for usable information from a range of different sources.

Result

By means of reflection, training and studying scientific literature the working method is continually adjusted.

6.2.2 COMPETENCY AREA B: COMMUNICATION

The competency area 'Communication' includes competencies relating to conduct that is geared towards mutual interaction and communication, personal actions and social skills.

B1 Verbal communication

The orthoptist makes ideas and opinions clear to others, using clear language, gestures and non-verbal communication. He adapts his language and terminology to suit others.

Success criteria:

Process

The orthoptist is able to

- speak clearly and audibly;
- articulate lucidly and clearly;
- use posture and intonation for support;
- verify if the patient/representative has understood the question or explanation;
- adapt language to the abilities of the patient/representative;
- report to colleagues and referring parties, possibly within a multidisciplinary team.

Result

Through successful communication the orthoptist has made his ideas and opinions clear to others.

B2 Written communication

The orthoptist can make ideas and opinions clear in reports, guidelines and protocols, scientific articles or other reports or documents. Texts have the right layout and structure, are grammatically correct and contain the right language and terminology for the patient/supervisor, referring party, others involved in treating the patient or other readers.

Success criteria:

Process

The orthoptist is able to

- use language correctly;
- write succinctly what needs to be clear;
- draft a report clearly and properly and understandably for the target group;
- structure properly a grammatically correct text.

Result

Via use of the right language a proper and clear reporting style is established so that all interested parties are duly informed in the correct manner.

B3 Collaboration

The orthoptist makes an active contribution towards a joint result or problem solution even if the collaboration involves a subject that is not directly of personal interest.

Success criteria:

Process

The orthoptist is able to

- adopt a flexible approach;
- give and receive feedback;
- employ different discussion techniques;
- let the common interest take precedence over his own interest;
- provide help in the event of problems or conflicts.

Result

Achieve a successful result through collaboration.

B4 Sensitivity

The orthoptist demonstrates awareness of other people and the environment as well as his own influence on this. His conduct shows recognition of the feelings of others.

Success criteria:

Process

The orthoptist is able to

- take into consideration the differences in the patient's perception of illness, communication with the patient and the influence of patient behaviour;
- display understanding for a difference in opinion and take into consideration the wishes of the patient/representative;
- adjust his behaviour to suit the patient/representative;
- articulate the feelings and needs of the patient/representative.

Result

Because the orthoptist takes into consideration the feelings and resilience of the patient/representative the patient/representative feels understood.

6.2.3 COMPETENCY AREA C: MANAGEMENT AND LEADERSHIP

The competency area 'Management and leadership' encompasses the competencies which relate to conduct geared towards leadership, motivating and developing people, professionally and at process level.

C1 Coaching

The orthoptist guides and leads a student or employee in the fulfilment of their duties. He is able to modify the style of coaching to the person concerned to ensure optimum personal development.

Success criteria:

Process

The orthoptist is able to

- provide a safe learning environment;
- flag up learning problems and discuss them;
- issue instructions to teach something to the other person;
- verify if what has been learnt has been understood and if it can be successfully implemented in practice;
- support and encourage a proactive work attitude.

Result

The orthoptist has created a safe and encouraging learning environment.

C2 Planning and Organising

The orthoptist determines in an effective manner goals and priorities and states the required time, actions and resources to be able to achieve specific goals.

Success criteria:

Process

The orthoptist is able to

- flag up gaps/bottlenecks;
- engage the services of others, taking into account their proficiency and interest;
- jointly look for desirable, targeted and feasible results;
- set priorities;
- ensure good planning;
- maintain an overview of the work;
- take into consideration longer term matters;

- adjust plans to changing perceptions and circumstances.

Result

The orthoptist organises and monitors quality and realises the maximum feasible results within his own role.

6.2.4 COMPETENCY AREA D: PERSONAL CONDUCT

The competency area 'Personal conduct' encompasses the competencies which relate to conduct that is heavily determined by an individual's personal character.

D1 Ability to cope with stress

The orthoptist continues to perform effectively under time pressure, in the event of setbacks or disappointments or in the face of resistance.

Success criteria:

Process

The orthoptist is able to

- continue to work calmly under time pressure and in a busy and hectic environment;
- keep calm and composed in all circumstances;
- keep working in a structured fashion when several people are making demands on him.

Result

Despite the stress factors the orthoptist ensures quality in performing the role.

D2 Tenacity

The orthoptist can keep to a specific plan or viewpoint until the intended goal has been achieved or in all fairness this seems unlikely to be feasible.

Success criteria:

Process

The orthoptist is able to

- justify / repeat own standpoints and suggestions, possibly using other terminology;
- adhere to agreed targets, despite objections and resistance;
- continue to attempt to achieve the intended goal in every way possible;
- achieve the intended results.

Result

The orthoptist achieves the intended result possibly through a variety of different ways.

6.2.5 COMPETENCY AREA E: MOTIVATION

The competency area 'Motivation' encompasses the competencies which relate to conduct that is heavily determined by an individual's personal attitude and motivation.

E1 Self-development

The orthoptist understands his own strengths and weaknesses. On this basis he undertakes actions to increase/enhance his own knowledge, skills and competencies and thus perform better.

Success criteria:

Process

The orthoptist is able to

- be proactive in pursuing his own development;
- ask for feedback on his own functioning;
- gain an insight into his own strong and weak points;
- be self-critical;
- know his own vision/philosophy and act accordingly;
- consult colleagues in relation to matters he is less familiar with;
- take responsibility for his own actions.

Result

Thanks to his own commitment and input the orthoptist possesses the necessary professional and interdisciplinary quality.

E2 Quality-orientedness

The orthoptist sets high requirements on the quality of products and services and acts accordingly.

Success criteria:

Process

The orthoptist is able to

- systematically assess his own conduct, processes and products;
- be informed of new developments in the specialist area;
- be proactive in implementing new developments in the orthoptic practice;
- work in accordance with valid quality requirements;
- adjust the working method if this is beneficial to the quality;
- bring up the topic of quality regularly.

Result

The quality of professional practice is assured because the care is evaluated, analysed and adapted on a continuous basis.

APPENDICES

APPENDIX 1

LIST OF ABBREVIATIONS

BIG	Individual Healthcare Professions [<i>Beroepen Individuele Gezondheidszorg</i>]
CBS	Statistics Netherlands
COD	Classification of Orthoptic Diagnoses
COLO	Association of knowledge centres for professional vocational education and labour market [<i>Vereniging kenniscentra voor beroepsonderwijs en bedrijfsleven</i>]
CPB	Netherlands Bureau for Economic Policy Analysis
DBC	combined diagnoses and treatments [<i>Diagnose Behandelcombinatie</i>]
FTE	fulltime employee
HU	University of Applied Sciences Utrecht
ICF	International Classification of Functioning disability and health
ICT	Information and Communication Technology
i.o.	junior
IOA	International Orthoptic Association
NAH	acquired brain injuries
NIVEL	Netherlands institute for health services research
NVvO	The Dutch Orthoptic Society [<i>Nederlandse Vereniging van Orthoptisten</i>]
NVZ	Dutch Hospitals Association
OCE	Orthoptistes de la Communauté Européenne
RIVM	National Institute for Public Health and the Environment
UZW	The Care and Welfare Union [<i>Unie Zorg en Welzijn</i>]
VWS	Ministry of Health, Welfare and Sport

APPENDIX 2

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APPENDIX 3

MEMBERS OF THE COMPETENCY-ORIENTED PROFESSIONAL PROFILE COMMITTEE

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