Eye care competency framework



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Glossary

Activities: A group of tasks for an area of work, that are time-bound, trainable and able to be measured against work performance.

Behaviours: The actions and mannerisms conducted by individuals towards other people or to express a competency. Behaviours are ongoing, trainable, and able to be measured through observation.

Best practice: A technique or methodology that through experience and research has proven reliably to lead to the desired result.

Domain: Umbrella term covering areas of competencies, behaviours, activities, knowledge and skills.

Community: Specific group of people, often living in a defined geographical area, who share a common culture, values and norms, and are arranged in a social structure according to relationships which the community has developed over a period of time.

Competencies: The ability of individuals to carry out activities and express behaviours, using their knowledge and skills. Competencies are ongoing, trainable, and able to be measured through observation of behaviours.

Competent: The ability of individuals to perform specific activities and express behaviours to a defined level of proficiency using their knowledge and skills.

Empowerment: The process of supporting people and communities to take control of their own health needs, resulting, for example, in the uptake of healthier behaviours or the ability to self-manage illnesses *(1)*.

Health promotion: The process of enabling people to increase control over, and to improve their health. Health promotion represents a comprehensive social and political process; it embraces not only actions directed at strengthening the skills and capabilities of individuals, but also actions directed towards changing social, environmental, and economic conditions to alleviate their impact on public and individual health *(2)*.

Health policy: A general statement of understanding to guide decision-making that results from an agreement or consensus among relevant partners on the issues to be addressed and on the approaches or strategies to deal with them *(2)*.

Integrated people-centred eye care services: These are eye care services that are managed and delivered to assure a continuum of promotive, preventive, treatment and rehabilitative interventions against the spectrum of eye conditions, coordinated across the different levels and sites of care within and beyond the health sector, and according to their needs throughout the life course *(3)*.

Knowledge: Familiarity, awareness, or understanding of an activity through experience or education.

Person: An individual or service user that will access services from the eye care worker and/or their team. May be referred to "patient", "client" or "user" depending on the context.

Practitioner: An individual delivering or supporting the delivery of a service, where the worker or individual may be interacting directly or indirectly with a person and/or their family.

Primary health care: A whole-of-society approach to health that aims to maximize the level and distribution of health and well-being through three components: (a) primary care and essential public health functions as the core of integrated health services; (b) multisectoral policy and action; and (c) empowered people and communities *(4)*.

Skills: The ability to carry out an activity through experience or education.

Tasks: A unit of work that is part of an activity, that is time-bound, trainable and able to be measured against work performance.

Universal health coverage: Ensuring that all people have access to needed promotive, preventive, curative and rehabilitative health services, of sufficient quality to be effective, while also ensuring that the use of these services does not expose the user to financial hardship.

Executive summary

The World Health Organization (WHO) recognizes the fundamental role of the eye care workforce in improving the outcomes of eye care services. The current global eye care workforce faces several challenges influenced by local contexts, which include lack of full integration into the health system, limited workforce capacity, mismatch of workforce skills to population needs, and an inadequate quality of care, thus hindering people from receiving the eye care they need. These challenges combined with gaps in current workforce planning and development tools, have resulted in services that are not effectively aligned with population need.

To address some of these challenges, WHO has developed the Eye Care Competency Framework (ECCF) as a critical tool through which the required workforce can be planned and developed. The ECCF is a tool that conveys the expected or aspired performance of the eye care workforce across primary to tertiary levels of health care, to enable continuum of quality care and integrated service delivery that meet the needs of the population. It is to be used as a comprehensive reference tool for workforce planning and development, that is flexible and can be applied to address context-specific needs and assist in defining a shared set of expectations with common language. The ECCF can further be used to as a source to guide practice standards, protocols, and performance appraisals.

The ECCF is an overarching tool designed to be applied to an eye care worker in any context. It builds on and complements the work of existing frameworks such as the WHO Global Competency and Outcomes Framework for Universal Health Coverage (2022) *(5)*, WHO Rehabilitation Competency Framework (2020) *(6)*, and WHO Core Competencies for the Eye Health Workforce developed for the Africa region (2019) *(7)*. The ECCF is supported by accompanying guides, which allow for adaptation and contextualization to reflect different areas of expertise and levels of practice. It can be used by education and training institutions, policy-makers and regulation authorities, eye care service providers, and non-governmental organizations.

The ECCF presents the competencies and activities of an eye care worker through six domains: Practice, Professionalism, Learning and Development, Management and Leadership, Community and Advocacy, and Evidence. Within these domains, each competency and activity is underpinned by knowledge and skills. Behaviours and tasks for each competency and activity are expressed (respectively) at different levels of proficiency. An eye care worker may identify with different levels of proficiency across each competency or activity within a particular domain; this will depend on their education and role requirements and is not specifically linked to their occupational group.

Summary list of competencies and activities



Practice domain (P)			
	Competency (C)		**Activity (A)**
PC1	Maintains people-centred practice	PA1	Obtaining informed consent
PC2	Performs within scope of practice and abilities	PA2	Maintaining documentation
PC3	Applies current evidence-based best practice appropriate to context	PA3	Conducting vision assessment and eye examination
PC4	Applies a rational approach to problem-solving and decision-making	PA4	Establishing a diagnosis
PC5	Communicates effectively with a person, their family and carers	PA5	Providing information and advice to a person, their family and carers
		PA6	Managing referrals
		PA7	Establishing collaborative eye care management plans
		PA8	Conducting eye care interventions
		PA9	Ensuring continuity of care

Professionalism domain (PM)

	Competency (C)		Activity (A)
PMC1	Practices professional and ethical conduct	PMA1	Managing risks
PMC2	Practices within the legal and/or regulatory framework	PMA2	Improving quality
PMC3	Manages professional responsibilities	PMA3	Implementing inclusive practice
PMC4	Demonstrates awareness and responsiveness to intersectionality, socioeconomic and environmental factors		
PMC5	Appropriately represents the role of eye care workers		

Learning and Development domain (LD)

	Competency (C)		Activity (A)
LDC1	Maintains learning and development	LDA1	Continuing education
LDC2	Supports others to learn and develop	LDA2	Developing and teaching others
LDC3	Strengthens educational training capacity in eye care		

Management and Leadership domain (ML)

	Competency (C)		Activity (A)
MLC1	Enhances the eye care team	MLA1	Managing an eye care team
MLC2	Enhances eye care service development	MLA2	Managing eye care service delivery
MLC3	Integrates eye care services as part of universal health coverage		

Community and Advocacy domain (CA)

	Competency (C)		Activity (A)
CAC1	Supports integrated people-centred eye care (IPEC) in health systems	CAA1	Developing integrated people-centred eye care (IPEC) plans and programmes
CAC2	Empowers the community	CAA2	Disseminating relevant health promotion messages
CAC3	Enhances community awareness and health promotion		
CAC4	Acts as an advocate for eye care		

Evidence domain (E)

	Competency (C)		Activity (A)
EC1	Integrates evidence-based practice	EA1	Planning and implementing research
EC2	Strengthens research capacity in eye care	EA2	Disseminating evidence
		EA3	Monitoring and evaluation

Background and rationale

Globally, of the 2.2 billion people estimated to be living with vision impairment or blindness, at least 1 billion have an impairment that could have been prevented or has yet to be addressed *(3)*. WHO recognizes the fundamental role of the health workforce in improving health outcomes, noting in the Workforce 2030 Strategy that improving access to services is dependent on their availability, accessibility, and quality *(8)*.

Current workforce

The eye care workforce, particularly in limited resource settings, has four key challenges *(3)*:

- Limited integration into the health system: for example, the roles of an eye care worker are very much siloed within the eye care worker's occupational groups, and often do not interact effectively across disciplines or intersect with other parts of health-care services.
- Limited workforce capacity: for example, many countries lack the ability to train, retain and appropriately use skilled eye care workers in the provision of services.
- Mismatch of workforce to population needs: for example, the education of eye care workers is targeted more towards secondary and tertiary levels of health care, while there is a lack of eye care workers at the primary level of health care where the majority of need exists.
- Poor quality of care: for example, behaviours and tasks completed by an eye care worker are not standardized across a country. Often care behaviours are poorly developed, with the focus of education being on the narrow performance of technical skills.

There is therefore a need to align professional skills and enhanced competencies of the eye care workforce to meet the specific and growing population needs.

Current tools

Until recently, the number of eye care workers per 1 million population at the national level has been used as a guide in workforce planning and development. While this approach is relatively simple, it does not consider other factors, such as the location and distribution of the current workforce; the population structure; disease epidemiology; public demand; care service regulations; and quality standards. Current tools to determine workforce requirements focus on how many people exist within each specific occupational groups, and expectations of their clinical responsibilities. There are no existing comprehensive global workforce competencies aligned within an eye care team and that also function as an integrated part of the health system. Current tools are occupational group-specific and siloed; thus, the gaps in the tools and methods pose a challenge for effective workforce planning and development. An additional challenge inherent in the existing occupational group-specific tools is that they limit progression for individual workers which can reduce motivation and create difficulties in the retention of personnel within teams.

Purpose

To address these shortcomings, the WHO Vision and Eye Care Programme developed the ECCF as a critical tool through which the workforce can be planned and developed with aligned competencies. This tool can assist WHO Member States and stakeholders in planning and maintaining an effective eye care workforce in terms of composition, deployment and ongoing availability to meet population needs. Additionally, the ECCF can be used for educational and training purposes in eye care, regulation, and performance monitoring. The broader goal of the ECCF is to improve health and social and economic development outcomes by ensuring universal availability, accessibility, acceptability, coverage and quality of the eye care workforce.

The Eye Care Competency Framework

What is the Eye Care Competency Framework?

The ECCF is a tool that conveys the expected or aspired performance of the eye care workforce across primary to tertiary levels of health care, to enable quality care and integrated service delivery that meet the needs of the population.

Why is a comprehensive competency framework needed?

Traditional competency-based approaches to human resource development tend to focus mainly either on behaviours, or tasks and activities, resulting in limited coverage of the workforce *(9)*. Other traditional eye care workforce tools often neglect behaviours and tasks that are not specifically related to eye care and fail to appropriately recognize the expectations of an eye care worker; this can affect remuneration and retention in the workforce. Thus, the ECCF has combined both competencies and activities across a range of proficiency levels to provide a comprehensive tool. The ECCF also acknowledges behaviours and tasks that are not specifically related to eye care but are nonetheless often expected of eye care workers.

Competency-based education emphasizes the outcomes and mastery of learning, rather than educational approaches that focus on the acquisition of knowledge. By focusing on learning outcomes, competency-based education is often a much more transparent learning process and therefore accountable to learners, policy-makers and stakeholders. This approach allows for education to be responsive and to explicitly map the specific health needs of the population to a set of competencies for the workforce and their ongoing training *(10)*.

Thus, competency-based approaches to human resource planning and development, including for education, provide a broader view of the health worker's abilities, with a clear understanding of their expected or aspired performance. As countries seek to scale up eye care service coverage through increasing the training of eye care workers, the ECCF is key to helping ensure that workers have the competencies necessary to deliver quality care across the scope of eye care needed by the population. Investments that increase the overall productivity of the health sector and produce better health outcomes are a cornerstone for building strong health systems and stronger economies *(11)*.

Features of the Eye Care Competency Framework

The ECCF is to be used as tool to establish competencies and activities for development of an eye care workforce that can address the needs of a population through following eight features detailed below and illustrated in Figure 1:

1. **Establishing a foundation for workforce planning and development** to inform education institutions in preparing workers for practice.

2. **Guiding overarching practice standards** for practitioners, employers, policy-makers and regulatory bodies to assist in recruitment, employment, appraisals and regulation.

3. **Defining a shared set of expectations with a common language** to support alignment between education and employment.

4. **Focusing on which competencies and activities are required** to provide eye care services to meet the needs of the population, rather than focusing on who should provide the services.

5. **Bringing attention to the continuum of eye care across all levels of the health system**, particularly primary health care, to support universal health coverage.

6. **Giving flexibility** through six domains and a broad range of competencies and activities at different levels of proficiency, enabling the ECCF to be tailored and adapted to suit different contexts and allowing for individuals to participate in lifelong learning.

7. **Promoting collaboration** among eye care disciplines and specializations through harmonized language and structure.

8. **Providing a strong public statement** about the importance of an integrated people-centred eye care workforce.

Figure 1. Features the ECCF



Scope of the Eye Care Competency Framework

The ECCF is an overarching framework that can be applied to any context for an eye care worker. It should be adapted and contextualized to reflect different areas of practice and levels of expertise.

The ECCF is structured in such a way that it allows for capturing existing expectations of performance, while also being forward-looking and aspirational in expectations of performance.

The ECCF will be linked to other ECCF complementary tools developed by the WHO Vision and Eye Care team.

It is important to note that the ECCF should be included as one of many tools and strategies to develop the eye care workforce. For example, the environment in which the eye care worker practices would need to be addressed.

Who is the Eye Care Competency Framework for?

The development of the eye care workforce involves a broad range of stakeholders. The ECCF is designed to be used by the following bodies to support workforce development at the individual, institution, service or system level:

Education and training institutions – when curricula are being developed and revised. This allows for alignment between the curricula and expectations from a service provider and the population need: for example, the eye care worker receives the education that is expected to support improved outcomes, and meets the need of the population. Additionally, this alignment can facilitate an understanding of expectations from future employers, and empowers eye care workers to play an active role in their career paths.

Policy-makers and regulation authorities – when the eye care workforce is being planned and evaluated. For example, ministries of health are encouraged to provide adequate resources to align their eye care workforce with the competencies and activities described in the ECCF. The ECCF can be used for the entire eye care workforce or for individual eye care professions to determine their scopes of practice.

Eye care service providers – when employment guidelines and position descriptions are being developed and revised. For example, the ECCF can be used to define performance expectations, and as a standardized benchmark against which eye care workers are evaluated.

Eye care nongovernmental organizations – when advocating and providing input to evaluate and plan for the eye care workforce or developing their own eye care workforce. For example, nongovernmental organizations can advocate to policy-makers and regulation authorities to develop a national standard of competencies built on the ECCF. Thus, the resulting workforce will be developed on the basis on internationally accepted guidelines.

How was the Eye Care Competency Framework developed?

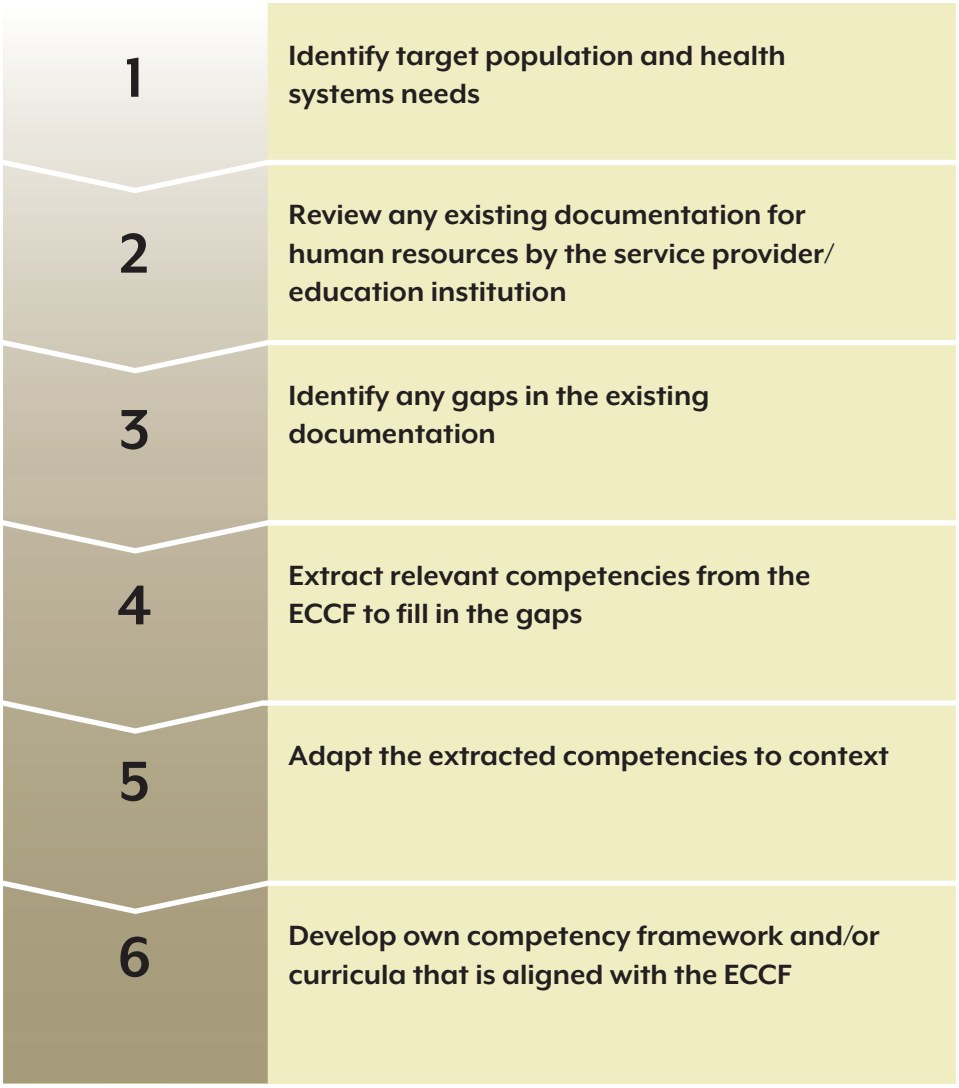
The ECCF was developed through a detailed review process, led by WHO, with the assistance of a Technical Working Group comprising of international experts in the field of eye care. During the desk analysis, frameworks used globally were reviewed. The ECCF builds on and complements the work of existing frameworks such as the WHO Global Competency and Outcomes Framework for Universal Health Coverage (2022) *(5)*, WHO Rehabilitation Competency Framework (2020) *(6)*, and WHO Core Competencies for the Eye Health Workforce developed for the Africa region (2019) *(7)*. The draft of ECCF underwent extensive peer review, capturing a broad range of eye care stakeholders and disciplines from low-, medium-, and high-income countries. A full explanation of the ECCF development process can be found in the Annex.

How to use the Eye Care Competency Framework

The ECCF has been developed to be applicable globally and for any member of an eye care team. While this broad scope gives flexibility, the ECCF will need to be tailored and adapted to suit each individual context. It provides a reference and starting point for users to adapt and develop their own contextualized competency frameworks.

Figure 2 below provides an overview of the steps required to adapt the ECCF for use within a specific context.

Figure 2. Overview of steps to adapt ECCF for use



Accompanying guidance documents will provide step-by-step instructions on adapting and applying the ECCF to suit different contexts. One of the guidance documents will focus particularly on adapting and applying the ECCF in an educational setting, where additional components such as curricula will need to be considered.

Overview of Eye Care Competency Framework components

Guiding principles

In 2016, WHO and its partners developed the Global Strategy on Human Resources for Health: Workforce 2030 (GSHRH), which sets out the policy agenda to ensure a health workforce that is fit for purpose to attain the targets of universal health coverage (UHC) and the United Nations Sustainable Development Goals (SDGS) *(8)*. The GSHRH aims to ensure universal accessibility, acceptability, coverage and quality of health workforces within strengthened health systems.

The ECCF incorporates a set of guiding principles which are adapted from the GSHRH and expected to be adopted by an eye care workforce:

- Promote the right to the enjoyment of the highest attainable standard of health.
- Provide integrated, people-centred health services devoid of stigma and discrimination.
- Foster empowered and engaged communities.
- Uphold the personal, employment and professional rights of all health workers, including safe and decent working environments and freedom from all kinds of discrimination, coercion, and violence.
- Eliminate gender-based violence, discrimination, and harassment.
- Promote inclusiveness of disability in all its diversity.
- Promote collaboration and solidarity in alignment with national priorities, and integration with health systems.
- Ensure ethical recruitment practices in conformity with the provisions of the WHO Global Code of Practice on the International Recruitment of Health Personnel.
- Promote innovation and the use of evidence.

Key elements

Domains

"Domain" is an umbrella term covering areas of competencies, behaviours, activities, tasks, knowledge and skills.



An eye care worker is an individual delivering or supporting the delivery of an eye care service, where the worker may be interacting directly or indirectly with a person and/or their family.



The ECCF is presented through six domains, as illustrated in Figure 3. The six domains are then further categorized into competencies and activities for the eye care workers. The six domains are:

1. **Practice** – competencies relate to the interaction of the eye care worker with people, where care is delivered through a people-centred practice. Competencies within the Practice domain are necessary for establishing a therapeutic relationship, assessment, planning, delivering interventions, communication and clinical decision-making.

2. **Professionalism** – competencies relate to best practice care that is ethical, safe, efficient, effective, and of high quality. Competencies within the Professionalism domain include values such as integrity, inclusivity, respect for diversity, social and environmental awareness, and transparency when dealing with potential conflicts of interest.

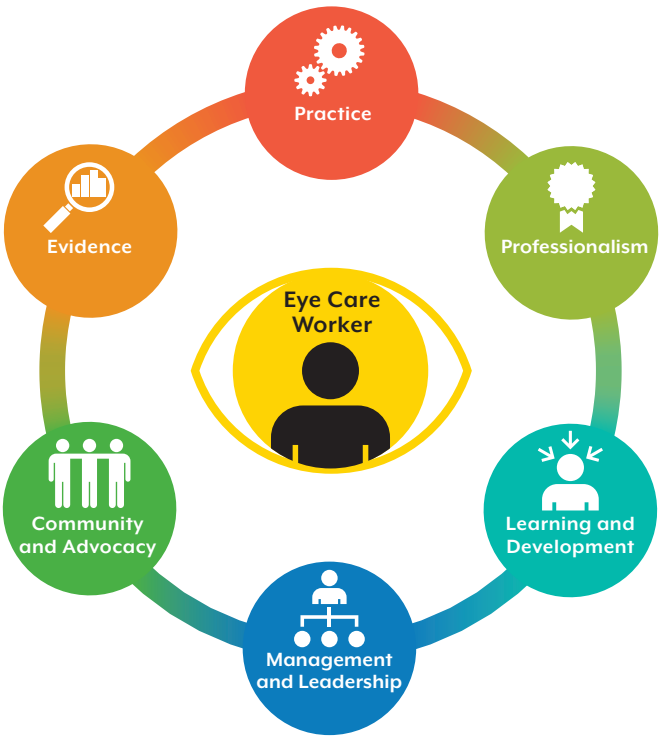
3. **Learning and Development** – competencies relate to the professional development of the eye care worker and others. Competencies within this domain are concerned with teaching, learning, and reflective practice.

4. **Management and Leadership** – competencies relate to service development, resource management, team leadership, and organization.

5. **Community and Advocacy** – competencies relate to advocating the needs of the community, supporting members to be empowered to access available resources, and contributing to long term beneficial change.

6. **Evidence** – competencies relate to the use, generation of, contribution to, and dissemination of, evidence for eye care interventions, services and systems.

Figure 3. The six domains categorizing the competencies and activities of the eye care worker



In their 2020 paper, *Proposing a re-conceptualisation of competency framework terminology for health: a scoping review*, Mills et al. suggest competency frameworks to be re-conceptualized using the key terms "Competencies", "Behaviours", "Activities" and "Tasks" *(9)* (Figure 4; Table 1 and Table 2). It is thus important that both competencies and activities describe the ability of the eye worker to carry out their role, where each competency and activity is underpinned by knowledge and skills within each domain.

Figure 4. Competencies, Behaviours, Activities and Tasks for an eye care worker across the six domains

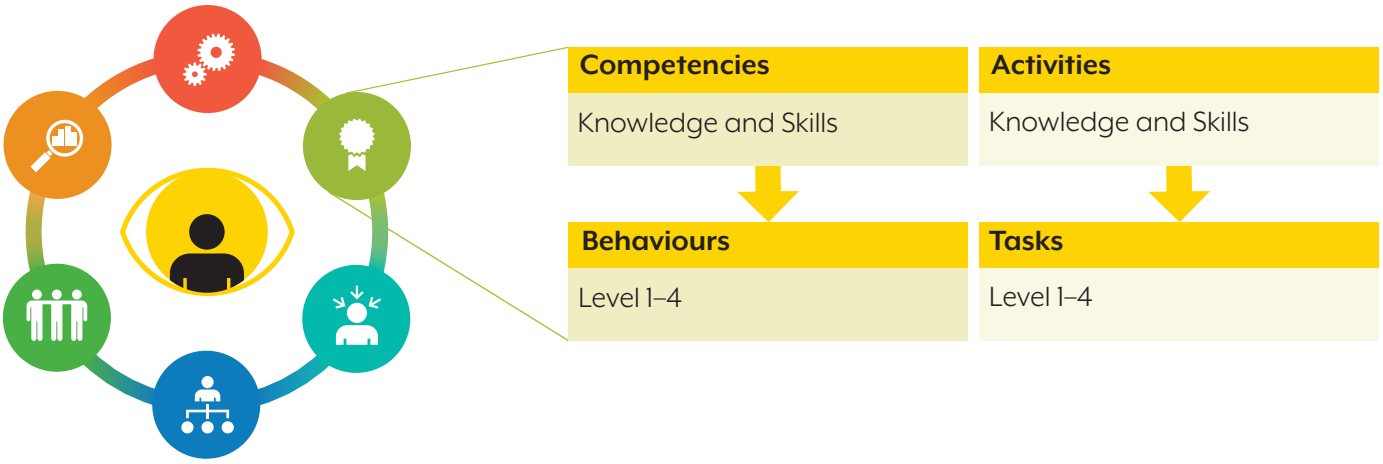
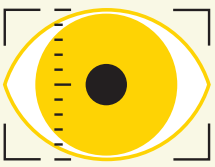


Table 1. Competencies, Behaviours, Activities and Tasks

Competencies	Behaviours	Activities	Tasks
Ability of an eye care worker to carry out activities and express behaviours, using their knowledge and skills.	Actions and mannerisms conducted by an eye care worker towards other people or to express a competency. Expressed through levels of proficiency in the ECCF	A group of tasks for an area of work.	A unit of work that is part of an activity. Expressed through levels of proficiency in the ECCF
Associated with the eye care worker and describes how an eye care worker approaches an activity to fulfil the requirements of their role. 		Associated with the role and describes what an eye care worker does to fulfil the requirements of their role 	
Ongoing, trainable		Time-bound, trainable	
Measured through observation of behaviours		Measured against its performance	
Applicable to all eye care workers (regardless of scope of practice)		Selective, will depend on eye care workers scope of practice within the specific context	

Source: adapted from WHO's Rehabilitation Competency Framework *(6)*

Table 2. Case example topic: Communication

Case example topic: Communication	
Competency	"Communicates effectively with a person, their family and carers"
Behaviour	"Communicates information verbally and in written form clearly and accurately, and actively listens using verbal and nonverbal cues, at an appropriate level while considering age, education, culture, health condition and language of a person, their family and carers, with support"
Activity	"Providing information and advice to a person, their family and carers"
Task	"Counselling a person, their family and carers on the outcome of the assessment, the impact of any diagnosis made, and the recommended management, with support"

Knowledge and skills

Knowledge and skills underpin competencies and activities.

Knowledge is the information of eye care expertise, and skills are the abilities that enable the knowledge to be applied. Each knowledge and skill is linked to a competency or an activity.

The list of knowledge and skills in the ECCF is not exhaustive and can be used to provide guidance for users as a starting point to adapt and further develop.

Levels of proficiency

The levels of proficiency are a scale used to describe different levels of performance in practice. The scale captures the evolution of autonomy, decision-making, and specialization that exists within a workforce. Using a scale that can slide back and forth, allows for ease of adaptability of the ECCF across different contexts (see Table 3 below).

Table 3. The four levels of proficiency of an eye care worker

Four levels of proficiency			
Introductory level (1)	**Intermediate level (2)**	**Advanced level (3)**	**Expert level (4)**
Has an introductory level of knowledge and skills to express the competency and/or to conduct the activity, often needing support and guidance.	Has an intermediate level of knowledge and skills to express the competency and/or to conduct the activity, occasionally needing support and guidance.	Has an advanced level of knowledge and skills, to express the competency and/or to conduct the activity, demonstrating autonomy and a high level of capability.	Has an expert level of knowledge and skills, to express the competency and/or to conduct the activity leading, creating opportunities, and sharing learnings with others.

The levels of proficiency should be used as a guide to understand how the behaviours and tasks associated with the various competencies and activities (respectively) might be expressed. In the ECCF, the behaviours and tasks are described across four levels of proficiency, ranging from the "Introductory level (1)" describing the proficiency of a worker with a basic level of knowledge and skills and limited expectations for decision-making; to the highest, "Expert level (4)". An eye care worker may align with a different level of proficiency both within and between domains. For example, the worker may align with level 2 for some behaviours and tasks, and level 3 or 4 in others.

The levels of proficiency are designed to reflect progress, such that any level encompasses all levels below it. For example, if an eye care worker is expected to perform at proficiency level 3, they must also be able to perform the behaviours/tasks detailed in proficiency levels 1 and 2.

An eye care worker may identify with a different level of proficiency for each domain depending on their education and training, role requirements, and personal strengths and interests. It is likely that a worker will move across levels over the course of their career as their experience and training increase or as the requirements of their role shifts.

A summary of the benefits of using levels of proficiencies in the ECCF are detailed in Box 1 below.

Box 1. Benefits of using level of proficiencies for an eye care worker

The ECCF describes competencies and activities for an eye care worker through levels of proficiency rather than occupational groups in the eye care workforce or the level of training received. This is beneficial as it:

- focusses on the core competencies and activities rather than who should provide them;
- allows for a diversity of roles and responsibilities associated with occupational groups across countries; and
- enables easier application of the ECCF across different contexts where roles can be tailored to suit the environment.

Role optimization

This is a process of rational redistribution of role responsibilities with the goal of effective and efficient use of the available human resources that ensures health workers are working to their maximum of scope of practice, whilst maintaining quality of care *(12)*. This is particularly useful in a limited resource setting. A key component of role optimization is task reallocation, which is the re-organization or redistribution of tasks that are allocated to health workers usually with shorter pre-service training. These health workers are trained to perform tasks to the same standard, through supervision, support and a referral pathway.

The behaviours and tasks outlined in the ECCF are described across the four levels of proficiency, thereby giving more detail for each competency and activity (respectively). This additional detail facilitates the role optimization and task reallocation across different eye care workers in the eye care team.

The eye care workforce

An eye care workforce comprises a diverse range of eye care workers that can be classified in five main categories according to the estimated amount of eye care specific training they receive. These five categories go beyond the common eye care occupational groups intentionally to capture the broad range of competencies and activities that are required to deliver an eye care service. Also, they draw on roles that typically are not included in an eye care team, and thus allows for eye care roles to be more integrated into the existing health systems.

Table 4 below summarizes the diverse range of eye care workers in the global workforce, their level of training and training duration, with some variations depending on local context.

Table 4. Range of eye care workers across the global workforce

The eye care workforce					
Eye care specific training duration (estimations)	Less than 3 months	3–12 months	1–4 years	4–7 years	7+ years
Education level	Has an introductory level of relevant education e.g. High school graduate with additional training.	Has a working level of relevant education e.g. High school graduate with additional training (3–12 months).	Has an intermediate level of relevant tertiary education e.g. Certification course/Diploma / University degree (Bachelor).	Has an advanced level of relevant higher education e.g. University degree (Bachelor/ Master/ Professional doctorate). May further specialize and/or have an academic/ teaching/ research role.	Has an expert level of relevant higher education e.g. University degree (Master/ Professional doctorate/PhD) with an area of specialization e.g. a medical specialization in Ophthalmology/ PhD. May further specialize and/or have an academic/ teaching/ research role.

General abilities	Works under the supervision and direction of an eye care worker trained for up to 12 months and higher. Often works within other health groups with eye care being an add-on responsibility.	Works under the supervision and direction of an eye care worker trained for 2 or more years.	Works under the supervision of an ophthalmologist or optometrist. Assists in the diagnostic evaluation, treatment, management, and care of patients with deficiencies and abnormalities that affect their vision and the visual system.	Works autonomously in most settings, at primary/ secondary/ tertiary health-care level. Provides eye and vision care, which includes detection/ diagnosis and management of vision disorders and selected eye conditions, and the rehabilitation of the visual system.	Works autonomously, at secondary/ tertiary health-care level. Evaluates, diagnoses, treats, and provides consultations; orders diagnostic studies and procedures, and performs non-surgical and/or therapeutic and/ or surgical procedures on people with vision disorders and eye conditions; and rehabilitative care of people with permanent visual impairment.
Occupation titles (depending on local context)	Community health worker Eye health coordinator Outreach worker Teacher/school nurse Village health worker/ volunteer	Ophthalmic administrator Ophthalmic technologist/ photographer/ imager Optical assistant Refractionist Spectacle dispenser Vision technician	Ocularist Ophthalmic Assistant Ophthalmic clinical officer Ophthalmic clinician Ophthalmic nurse Optical dispenser Optician Orthoptist Specialist nurse Vision therapist "Allied Ophthalmic Personnel" is an umbrella term often used to describe eye care workers in this column	Basic eye doctor Optometrist	Eye doctor Ophthalmologist Optometrist Specialist

The eye care team

The eye care team is a group of eye care workers working together to deliver an eye care service. Team members work as a collaborating unit or with team members who can perform their activities autonomously. Teams can vary in size and location. Team members are required to carry out their assigned activities to perform their role. Organization of the activities and roles is crucial to avoid duplication, minimize inefficiencies, and maximize the team's resources. The ECCF encompasses all the competencies and activities within the eye care team.

The composition of a team varies based on community needs, population characteristics, disease burden and structure of the health system. However, for a team to be effective, members must possess four attributes: availability, competency, productivity, and responsiveness *(13)*. Different types of eye care teams make up the eye care workforce.

To provide integrated people-centred eye care (IPEC) and universal health coverage (UHC), the health system must support the establishment of functional eye care teams that can deliver the eye care services required by the population. When resources are limited, innovative solutions, such as telehealth, can be used to subsidize the lack of local resources by stretching the team across areas.

Domains

Domain 1: Practice



Practice (P) competencies relate to the interaction of the eye care worker with people, where care is delivered through a people-centred practice. The Practice domain includes competencies necessary for establishing a therapeutic relationship, assessment, planning, delivering interventions, communication and clinical decision-making.

Practice competencies

Practice competencies (PC) address HOW eye care workers interact with people, where care is delivered through people-centred practice. The "behaviours" described are the different ways that each competency is expressed. All competencies and behaviours are considered relevant to all eye care workers, regardless of their roles and responsibilities.

Practice Competencies (PC)	Knowledge (K) and Skills (S)	Summary	Behaviours			
			Introductory level (1)	Intermediate level (2)	Advanced level (3)	Expert level (4)
PC1 Maintains people-centred practice	PC1K: General principles of people-centred care and the role the community plays; Principles of universal health coverage; Holistic approaches to planning and assessing the needs of people, their families and communities; External factors affecting a person's engagement with eye care and other health services, including availability, accessibility, acceptability and quality; Cultural factors and beliefs impacting attitudes and behaviours towards health, disease and care-seeking; Additional needs of vulnerable populations in accessing and engaging with health and eye care services; Methods of engaging a person and their family in the person's treatment and empowering them in decision-making. PC1S: Formulating appropriate people-centred management plans; Problem-solving; Reflective practice and critical thinking; Presenting information in care team forums; Advanced communication and interpersonal skills including inclusive communication; Digital literacy for virtual meetings.	**PC1.1 Care for the person, their family and carers**	Considers the perspectives of a person, their family and carers as participants in, and beneficiaries of, trusted eye care services, with support.	Contributes to people-centred management plans for a person, their family and carers, as directed.	Designs, implements and evaluates people-centred integrated management plans for a person, their family and carers, tailoring care for their needs and preferences in a humane and holistic way.	Mobilizes resources, promotes and makes systems-based changes to enable quality people-centred integrated eye care services, tailored for a person, their family and carers.
		PC1.2 People to be well informed and supported	Ensures a person, their family and community have the information and support they need to make decisions and participate in their own care, with support.	Coordinates implementation of resources to support people-centred care, as directed.	Identifies gaps; implements and evaluates resources to support people-centred care.	Creates opportunities and promotes resources to support people-centred care.
		PC1.3 Collaborative care relationship with the person and their family	Fosters a positive and collaborative partnership with the person, their family and carers, with support.		Fosters a positive and collaborative partnership with the person, their family, carers, other health workers, and supportive services involved in the person's care.	

Practice Competencies (PC)	Knowledge (K) and Skills (S)	Summary	Behaviours			
			Introductory level (1)	**Intermediate level (2)**	**Advanced level (3)**	**Expert level (4)**
		PC1.4 Considers the community	Considers community benefit in programmes and/or policies, with support.	Contributes to considering community benefit in the design of programmes and/or policies, as directed.	Designs, implements and evaluates programmes and/or policies, using participatory approaches to consider community benefit in addition to individual benefit to a person.	Advocates and leads efforts to modify programmes and/or policies to adapt to the needs of the community.
PC2 Performs within scope of practice and abilities	PC2K: Legal regulations and prescribed scope of practice; Roles and responsibilities of all members of the multidisciplinary team; Practice guidelines and protocols; Referral pathways; Levels and models of eye care; Technical terminology and abbreviations; Eye health and function of visual system including anatomy, physiology and ocular diseases, relevant to scope and practice. PC2S: Recognizing own limitations to providing care; Recognizing when and where a person should be referred for further assessment, or management outside scope of practice.	**PC2.1 Scope of practice and competence**	Recognizes and works within the limits of own abilities and the boundaries of own scope of practice and context, with support.	Works proficiently within the limits of own abilities and the boundaries of own scope of practice and context.	Disseminates, utilizes and monitors scope of practice and competency guidelines.	Leads development and adaptation of scope of practice and competency guidelines to be appropriate to context.
		PC2.2 Specializations	Recognizes and understands the role of different specializations in eye care.	Works collaboratively with different specializations within eye care to provide the best care.	Specializes within eye care to provide tailored care.	Leads and educates on specialized areas within eye care.
PC3 Applies current evidence-based best practice appropriate to context	PC3K: General principles and definition of best practice; Current evidence specific to practice. PC3S: Reflective practice and critical thinking; Adapting self and surrounding to provide best practice care.	**PC3.1 Applies best practice**	Seeks guidance to practice in accordance with approved quality standards and guidelines, reflecting recognized evidence-based best practice appropriate to context.	Practices in accordance with approved quality standards and guidelines, reflecting recognized evidence-based best practice appropriate to context.	Disseminates, utilizes and evaluates application of evidence-based best practice standards and guidelines appropriate to context.	Leads development and adaptation of evidence-based best practice standards and guidelines appropriate to context.

Practice Competencies (PC)	Knowledge (K) and Skills (S)	Summary	Behaviours			
			Introductory level (1)	**Intermediate level (2)**	**Advanced level (3)**	**Expert level (4)**
PC4 Applies a rational approach to problem-solving and decision-making	PC4K: General principles of rational problem-solving; Tools for collecting and collating relevant information; Innovative and emerging approaches to models of care; Socioeconomic, cultural, historical and political determinants of health and inequality; Resources available to provide care required. PC4S: Demonstrating an investigatory and analytical approach to problem-solving; Reflective practice and critical thinking.	**PC4.1 Problem-solving and decision-making**	Collects relevant information on the person, their history and contextual factors, to clearly define the problem and assist others to problem-solve and make decisions.	Collates relevant information on the person, their history and contextual factors, to clearly define the problem in order to facilitate problem-solving and decision-making.	Evaluates available information on the person, their history and contextual factors, and seeks additional information when needed, to clearly define the problem, determine the optimal solution, and make decisions.	Leads and educates on complex cases and contextual factors, to determine the optimal solution with alternatives, and make complex decisions.
		PC4.2 Innovative	Seeks guidance to identify innovative approaches to address challenges	Identifies innovative approaches to address challenges.	Adapts practice to integrate innovative approaches including new products and technologies to address challenges and provide the most appropriate care.	Leads adaptation of practice to integrate complex innovative approaches including new products and technologies to address challenges and provide the most appropriate care.
		PC4.3 Resourceful	Provides care within the available resources and recognizes if additional resources are required to provide optimal care.	Optimizes care provided to a person within the available resources and identifies any additional resources required to provide optimal care.	Advocates for procurement of additional resources, as required, to improve care provided.	Procures, designs and develops additional resources, as required, to improve care provided.

Practice Competencies (PC)	Knowledge (K) and Skills (S)	Summary	Behaviours			
			Introductory level (1)	**Intermediate level (2)**	**Advanced level (3)**	**Expert level (4)**
PC5 Communicates effectively with a person, their family and carers	PC5K: Ethical principles of communication, such as maintaining privacy and confidentiality of communication with a person; Differences between face-to-face and online communication; Cultural factors, beliefs and behaviours, including eye care worker's own culture, impacting on communication, decision-making and desired outcomes for eye care; Potential communication barriers related to language, vision, hearing, cognition, health literacy or learning disabilities and approaches to managing these. PC5S: Sharing information in a manner which is appropriate to the recipient; Interpersonal skills and interpreting body language; Using appropriate volume, clarity and pace when speaking; Using and interpreting body language and other non-verbal signals; Recognizing where an interpreter may be required due to language or other communication barriers; Communicating inclusively by using acceptable and accessible modes with vulnerable populations, such as people living with disabilities; Using appropriate tone, language and content in written communication; Digital literacy for telehealth and other online platforms.	**PC5.1 Effective communication**	Communicates information verbally and in written form clearly and accurately, and actively listens using verbal and non-verbal cues, at an appropriate level while considering age, education, culture, health condition and language of a person, their family and carers, with support.	Communicates information verbally and in written form clearly and accurately, and actively listens using verbal and non-verbal cues, at an appropriate level while considering age, education, culture, health condition and language of a person, their family and carers.	Identifies gaps and evaluates the effectiveness of communication through feedback mechanisms such as surveys.	Leads efforts to make systems-based changes to enable effective communication; models and educates others on effective communication.
		PC5.2 Modification of communication	Modifies communication to be appropriate for a range of basic needs including using interpreters, with support.	Modifies communication to be appropriate for a range of needs including using technology.	Modifies communication to be appropriate for a range of complex needs; evaluates personal communication and adjusts as required.	Creates mechanisms to enable communication modification and educates others on a range of modification approaches.

Practice activities

Practice activities (PA) address WHAT an eye care worker does in the context of eye care practice. Not all activities will be relevant to all eye care providers; the activities selected will depend on the roles and responsibilities of the eye care worker.

Practice Activities (PA)	Knowledge (K) and Skills (S)	Summary	Behaviours			
			Introductory level (1)	Intermediate level (2)	Advanced level (3)	Expert level (4)
PA1 Obtaining informed consent	PA1K: Procedures, processes, and outcomes of eye care that will be provided; Definition and legal and ethical implications of written and verbal informed consent/assent; Legal and organizational policy on obtaining consent/assent; Legal and ethical frameworks regarding decision-making, rights, and treatment of incapacitated persons; Approaches to determining a person's decision-making capacity. PA1S: Communication and interviewing techniques; Determining the party from whom consent must be obtained in the case of minors and people with cognitive impairment; Explaining processes, risks, benefits and potential outcomes to a person, their family and carers with various levels of health literacy; Preparing a person psychologically for the assessment; Recognizing power dynamics when obtaining consent/assent from vulnerable populations; Recognizing that consent/assent may need to be obtained continually throughout the care process.	**PA1.1 Informing people**	Providing clear explanation of care that may be involved for the person, including potential benefits and risks, with support.	Providing clear explanation of care that may be involved for the person, including potential benefits and risks, and clarifying any misunderstandings.	Providing clear explanation and creating a dialogue to discuss care options and alternatives that may be involved for the person, including potential benefits, risks and limitations for complex cases.	
		PA1.2 Confirming consent and assent	Adhering to the legal and/or organizational policies to confirm consent and assent; seeking support in situations when the person's cognitive or legal capacity to consent is unclear.		Adhering to the legal and/or organizational policies to confirm and obtain consent and assent, including in complex cases.	

Practice Activities (PA)	Knowledge (K) and Skills (S)	Summary	Behaviours			
			Introductory level (1)	**Intermediate level (2)**	**Advanced level (3)**	**Expert level (4)**
PA2 Maintaining documentation	PA2K: Legal and organizational policy on collection, storage and access of information; Tools for documenting information; Access to the information system to maintain records; Type and purpose of information to be collected and documented; Standardized formats for documenting information; Definitions and use of standard nomenclature; Different platforms for data storage. PA2S: Documenting information legibly if in physical format; Documenting relevant information; Organizing and filing information; Digital literacy.	**PA2.1 Record-keeping**	Adhering to the legal and/or organizational policies to document information accurately, clearly, and securely, maintaining confidentiality on electronic, digital and physical documentation, with support.	Adhering to the legal and/or organizational policies to document information accurately, clearly, and securely, maintaining confidentiality on electronic, digital and physical documentation.	Adhering to the legal and/or organizational policies to share information, and evaluating policies to improve maintenance of documentation on all platforms.	Leading policy and systems-based changes to improve maintenance of documentation on all platforms.

Practice Activities (PA)	Knowledge (K) and Skills (S)	Summary	Behaviours			
			Introductory level (1)	**Intermediate level (2)**	**Advanced level (3)**	**Expert level (4)**
PA3 Conducting vision assessment and eye examination	PA3K: Anatomy, physiology and optics of the eye; In-depth knowledge of the biomedical, visual, and clinical sciences in eye care relevant to scope of practice; Common problems encountered in health care with emphasis on ocular manifestations; Potential sources of information for gathering a person's history; Type and purpose of information to be collected and recorded; Methods of examination, such as testing, measurement and evaluation, and when these are applied; Examination options relevant to scope of practice; Types of examination tools relevant to scope of practice; Indications, contraindications and potential complications of examination including use of pharmaceutical agents; Resource requirements for examination relevant to scope of practice; Methods and techniques to conduct assessments relevant to scope of practice, including how to use relevant instruments or devices; Ways of preserving dignity and privacy during examination; Safety and infection control protocol for eye examination; Documentation of findings in standardized format. PA3S: Communication and interviewing techniques; Systematically obtaining a case history; Considering a person's case history to determine priorities for the examination;	**PA3.1 Case history**	Collecting information on a person's chief complaint, eye health, general health, with support such as through a checklist.	Collecting information on person's chief complaint, eye health, general health, personal, social and family history, medication use, and making general observations of the person.	Evaluating information and tailoring questions to further investigate potential differential diagnoses in the eye.	Evaluating comprehensive information including systemic health, and tailoring questions to further investigate potential differential diagnoses affecting both the eye and systemic health.
		PA3.2 Assessment plan	Using standardized protocols as the assessment plan.	Adapting standardized protocols to develop a basic assessment plan based on the person's case history, scope of practice and resources available.	Developing a comprehensive assessment plan based on the person's case history, scope of practice and resources available, adapting for situations of varying complexity and uncertainty.	
		PA3.3 External eye examination	Conducting basic examination of the external eye, including the eyelids and eyelashes, using a standard checklist and distinguishing abnormal from normal.	Conducting basic examination of the ocular adnexa structure, health and functional ability.	Conducting a comprehensive examination of the structure and function of the ocular adnexa. face, and general observations of the body.	Conducting a comprehensive examination of the ocular adnexa, face, and body in complex cases including systemic involvement and multi-disease syndromes.

Practice Activities (PA)	Knowledge (K) and Skills (S)	Summary	Behaviours			
			Introductory level (1)	**Intermediate level (2)**	**Advanced level (3)**	**Expert level (4)**
	Determining what tests are appropriate for the examination; Preparing a person clinically for the examination; Setting up and using equipment and consumables for examination; Conducting different types of examinations relevant to scope of practice; Adapting examination to a person's needs.	**PA3.4 Anterior segment examination**	Conducting a basic examination of the anterior segment of the eye, including the appearance of the conjunctiva.	Conducting a basic examination of the anterior segment of the eye, including the appearance of the cornea, iris and lens.	Conducting a comprehensive examination of the structure and function of the anterior segment of the eye, together with a basic systemic review.	Conducting a comprehensive examination of the anterior segment of the eye in complex cases, including systemic involvement and multi-disease syndromes.
		PA3.5 Posterior segment examination	Conducting a basic examination of the posterior segment of eye including the appearance of the pupil, for example a red reflex.	Conducting a basic examination of the posterior segment of the eye including evaluation of the optic nerve head, macula, and posterior segment of the retina.	Conducting a comprehensive examination of the structure and function of the posterior segment of the eye, together with a basic systemic review such as for diabetes and hypertension.	Conducting a comprehensive series of tests of the posterior eye in complex cases including systemic involvement and multi-disease syndromes.
		PA3.6 Visual function examination	Conducting a basic test of the visual function limited to screening distance and near visual acuity, and pinhole acuity as required.	Conducting a basic test of the visual function including distance and near visual acuity, pupil reflexes, colour vision testing, gross ocular motility, retinoscopy, basic refraction, binocular vision, and low vision assessment.	Conducting a comprehensive test of the visual function including complex refraction with cycloplegia as required, binocular vision and low vision assessment.	Conducting a comprehensive series of tests of the visual function in complex clinical cases including visual information, processing and cognition.

Practice Activities (PA)	Knowledge (K) and Skills (S)	Summary	Behaviours			
			Introductory level (1)	**Intermediate level (2)**	**Advanced level (3)**	**Expert level (4)**
		PA3.7 Examination using specialized equipment	Conducting basic tests to screen, including use of auto refractor and non-contact tonometry, and uploading data for telehealth.	Conducting basic tests to examine, including use of direct ophthalmoscopy, slit lamp biomicroscopy, automated perimetry, and retinal photographic equipment.	Conducting comprehensive tests to examine, including use of contact tonometry, fundus and peripheral retinal examination under mydriasis, tear film analysis, pachymetry, Optical Coherence Tomography (OCT), axial length biometry, gonioscopy, contact lens assessment; and basic psychophysical and systemic testing where relevant.	Conducting comprehensive tests to examine, including use of ultrasound, fluorescein angiography, electroretinography (ERG), Visual Evoked Potential (VEP), advanced psychophysical and systemic testing where relevant.
		PA3.8 Examination with pharmaceutical agents	Conducting basic tests using pharmaceutical agents including vital staining of the external eye such as fluorescein, lissamine green and rose bengal, with support.	Conducting basic diagnostic tests using pharmaceutical agents including applanation tonometry, with support as required.	Conducting comprehensive diagnostic tests using pharmaceutical agents including cycloplegic refraction and mydriatic ocular fundoscopy.	Conducting comprehensive tests using pharmaceutical agents including fluorescein angiography.

Practice Activities (PA)	Knowledge (K) and Skills (S)	Summary	Behaviours			
			Introductory level (1)	**Intermediate level (2)**	**Advanced level (3)**	**Expert level (4)**
PA4 Establishing a diagnosis	PA4K: How to access examination results; How to interpret examination results relevant to scope of practice; Real and potential impact of examination results on health, personal and contextual factors; Differential diagnoses of eye conditions. PA4S: Interpreting examination results; Recognizing when emergency intervention is required; Sourcing and collating relevant information to assist in making a diagnosis; Using diagnostic flowcharts to categorize signs and symptoms and formulating a diagnosis/appropriate intervention/referral;	**PA4.1 Diagnosis**	Identifying normal versus abnormal eye; recognizing emergency eye conditions and implementing appropriate intervention or referral, with support, such as through diagnostic flowcharts.	Analysing assessment results to make a provisional diagnosis; addressing the chief complaint; recommending and implementing appropriate intervention or referral, with support as required.	Interpreting and evaluating assessment results; consulting with peers and other health-care providers to make a diagnosis with potential differentials where possible; recommending an appropriate intervention with alternative options, and appropriately referring if required.	Interpreting and evaluating assessment results for complex cases through subspeciality and innovative practice to make a diagnosis; recommending an appropriate intervention with alternative options, and appropriately referring if required.
PA5 Providing information and advice to a person, their family and carers	PA5K: Factors potentially impacting, and methods of determining, a person's health literacy; How to interpret and communicate an assessment outcome relevant to scope of practice; Health information tools. PA5S: Modifying communication according to the needs of an audience; Using a variety of media to convey information; Managing a person's expectations; Communication techniques; Using appropriate tone, language and content in written communication; Preparing a person psychologically for any intervention; Recognizing situations in which no interventions are necessary and explaining this to a person.	**PA5.1 Informing a person**	Providing information to a person, their family and carers on the outcome of the assessment, impact of any diagnosis made, and the recommended management, with support through use of health information aids such as handouts.	Counselling a person, their family, and carers on the outcome of the assessment, the impact of any diagnosis made, and the recommended management.	Counselling a person, their family, and carers on the outcome of the assessment, the impact of any diagnosis made, and discussing aims and objectives of the management options and making a clear recommendation.	Counselling a person, their family, and carers on the outcome of the assessment, the impact of any diagnosis made, and discussing aims and objectives of the management options and making a clear recommendation on complex cases; and developing and/or procuring resources to assist with health information.

Practice Activities (PA)	Knowledge (K) and Skills (S)	Summary	Behaviours			
			Introductory level (1)	**Intermediate level (2)**	**Advanced level (3)**	**Expert level (4)**
		PA5.2 Providing advice	Seeking guidance to provide advice on vision and eye care to a person, their family and carers.	Providing advice on vision and eye care to a person, their family and carers.	Providing expert advice on vision and eye care to a person, their family and carers.	Providing detailed expert advice on speciality eye care to a person, their family and carers.
PA6 Managing referrals	PA6K: Range of appropriate providers; Potential barriers for accessing referral providers including cost, distance and culture; Referral pathways and procedures. PA6S: Recognizing the appropriate urgency associated with initiating assessment and/or intervention, including review of the person's condition and referral.	**PA6.1 Referrals**	Managing referrals to and from other health workers to ensure a person, their family and carers have the best available care, with support as required.		Initiating referral connections and exploring options for additional services required; identifying those best prepared to address the needs of a person, their family and carers.	
		PA6.2 Managing referral information	Managing referral information for incoming referrals, and providing all necessary information to the provider when referring a person, with support.		Managing referral information for incoming referrals, and providing all necessary information to the provider when referring a person.	
		PA6.3 Follow-up and updating records	Following up on referrals to ensure a person has received the required service or intervention, and recording it appropriately in their records, with support.		Following up on referrals to ensure a person has received the required service or intervention, and recording it appropriately in their records.	

Practice Activities (PA)	Knowledge (K) and Skills (S)	Summary	Behaviours			
			Introductory level (1)	**Intermediate level (2)**	**Advanced level (3)**	**Expert level (4)**
PA7 Establishing collaborative eye care management plans	PA7K: Methods of establishing priorities and desired outcomes of a person, their family and carers; Intervention options relevant to scope of practice and considerations for selection; Typical care pathways relevant to scope of practice; Methods of constructing an eye care management plan, including who should be involved; Indications of the need to, and approaches of, adapting an eye care management plan; Principles of Inter-Professional Practice (IPP); Approaches to evaluating progress of the management plan. PA7S: Identifying the most appropriate intervention or treatment plan for a person; Setting and reviewing goals; Developing an appropriate eye care management plan collaboratively with the person.	**PA7.1 Identifying the intervention**	Contributing to identification of the appropriate intervention required to address the goal of a person, their family, and carers, including expected timelines.	Identifying the appropriate intervention required to address the goal of a person, their family, and carers, including expected timelines and identifying other health workers who may be involved.	Identifying the appropriate intervention and alternatives required to address the goals of a person, their family, and carers, including expected timelines and identifying other care providers who may be involved.	Determining which eye care interventions are required to address the goals of a person, their family, and carers, in complex cases.
		PA7.2 Developing an eye care management plan collaboratively	Participating in the development and coordination of eye care management plans.	Contributing to the development and coordination of eye care management plans.	Designing and coordinating an eye care management plan through interprofessional practice, together with a person, their family, and carers and other health workers involved in the care, and reviewing progress towards the desired outcome.	Evaluating and providing advice on an eye care management plan developed through interprofessional practice, particularly for complex cases, and reviewing progress towards the desired outcome.

Practice Activities (PA)	Knowledge (K) and Skills (S)	Summary	Behaviours			
			Introductory level (1)	**Intermediate level (2)**	**Advanced level (3)**	**Expert level (4)**
PA8 Conducting eye care interventions	PA8K: Range of intervention options; Evidence base, resource requirements and considerations for selection for scope of practice; Risks associated with implementing interventions and how these are managed; Indications and contraindications for the implementation of interventions; Existing and emerging technologies for interventions; Methods and techniques for implementing interventions; Frequency and duration of an intervention relevant to scope of practice to achieve desired outcomes; Ways of preserving dignity and privacy. PA8S: Preparing a person clinically for the intervention; Setting up and using equipment and consumables; Prescribing interventions; Adapting to a person's needs; Administering, assisting or guiding interventions; Monitoring and evaluating interventions; Recognizing and considering factors affecting the person's ability to adhere to instructions given; Recognizing when a person is unable to carry out the instructions given.	**PA8.1 Preventive and promotive care**	Providing basic preventative and promotive care, including vision screenings, health education on regular eye checks, visual hygiene with digital devices, eye protection and workplace health and safety.	Providing preventative and promotive care, including screening for diabetic retinopathy, glaucoma, and age-related macular degeneration, seeking support when required.	Providing preventative and promotive care, including early childhood intervention such as amblyopia management, seeking support for complex cases.	Evaluating and providing preventative and promotive care on complex cases.
		PA8.2 Refractive error care	Providing support to refractive error care, including simple fitting, and adjusting of spectacles.	Providing basic refractive error care, including prescribing and/or dispensing of simple spectacle prescriptions, seeking support when required.	Providing refractive error care, including prescribing and/or dispensing spectacles and contact lenses; myopia management; seeking support for complex cases, and simple binocular vision management.	Evaluating and providing refractive error care on complex cases including specialized spectacles, contact lenses, and complex binocular vision management.
		PA8.3 Clinical care	Recognizing the need for non-surgical clinical care, and providing referrals as required.	Providing basic non-surgical care, seeking support when required.	Providing non-surgical care, seeking support for complex cases.	Evaluating and providing non-surgical care on complex cases.

Practice Activities (PA)	Knowledge (K) and Skills (S)	Summary	Behaviours			
			Introductory level (1)	**Intermediate level (2)**	**Advanced level (3)**	**Expert level (4)**
		PA8.4 Pharmacological care	Recognizing the need for pharmacological care, and providing referrals as required.	Providing basic pharmacological care, including recognizing the importance of timely, safe, and competent instillation of ocular therapeutics, seeking support when required.	Providing pharmacological care, including prescribing ocular therapeutics and myopia control agents, and recognizing adverse side effects relating to therapeutic use, seeking support for complex cases.	Evaluating and providing pharmacological care on complex cases including topical, intravitreal, and systemic therapeutics.
		PA8.5 Surgery	Recognizing the need for surgical clinical care, and providing referrals as required.	Providing basic surgical and ocular first aid care, seeking support when required.	Providing minor and non-complex surgery, including managing pre- and post-surgical care, and seeking support for complex cases.	Evaluating and providing surgical care on complex cases.
		PA8.6 Low vision and rehabilitative care	Recognizing the need for low vision and rehabilitative care, and providing referrals as required.	Providing basic low vision and rehabilitative care, including basic vision therapy and dispensing of basic assistive devices as part of a multidisciplinary team, seeking support when required.	Providing low vision and rehabilitative care, including comprehensive vision therapy, and prescribing and/or dispensing of assistive devices as part of a multidisciplinary team, seeking support for complex cases.	Evaluating and providing low vision and rehabilitative care on complex cases as part of a multidisciplinary team, including palliative care support.

Practice Activities (PA)	Knowledge (K) and Skills (S)	Summary	Behaviours			
			Introductory level (1)	**Intermediate level (2)**	**Advanced level (3)**	**Expert level (4)**
PA9 Ensuring continuity of care	PA9K: Range of outcome measures relevant to scope of practice; Approaches to evaluating progress; Intervals for evaluating progress. PA9S: Managing handovers; Recognizing when additional support is required; Organizing and scheduling follow-up visits; Recognizing when to assess progress; Evaluating how the results of investigations will influence changes in the management of a person; Recognizing and considering factors affecting a person's ability to adhere to continuity of care plan; Recognizing when a person is unable to continue with the care plan.	**PA9.1 Continuity of care**	Seeking guidance to determine continuity of care and routinely following up.	Determining continuity of care and routinely following up, seeking support when required.	Managing continuity of care, facilitating handover processes, and routinely following up to identify and respond to gaps in care.	Managing specialized continuity of care, leading handover processes, and managing following up to identify and respond to gaps in care.

Domain 2: Professionalism



Professionalism (PM) competencies relate to best practice care that is ethical, safe, efficient, effective, and of high quality. Competencies within the Professionalism domain include values such as integrity, inclusivity, respect for diversity, social and environmental awareness, and transparency when dealing with potential conflicts of interest.

Professionalism competencies

Professionalism competencies (PMC) address HOW eye care workers provide ethical and safe care, with values such as empathy, inclusivity, respect for diversity, and with social and environmental awareness. The "behaviours" described are the different ways that each competency is expressed. All competencies and behaviours are considered relevant to all eye care workers, regardless of their roles and responsibilities.

Professionalism Competencies (PMC)	Knowledge (K) and Skills (S)	Summary	Behaviours			
			Introductory level (1)	Intermediate level (2)	Advanced level (3)	Expert level (4)
PMC1 Practices professional and ethical conduct	PMC1K: Relevant professional ethics and code of conduct; Principles of Clinical Ethics; Personal and professional boundaries; Personal and professional responsibilities; Anti- discrimination policies; Historical impact of discrimination on health care; Socioeconomic, cultural, historical and political determinants of health and inequality; Conscious and unconscious biases and personal beliefs; Conflict avoidance, management and resolution strategies. PMC1S: Complying with ethical and professional code of conduct; Applying principles of clinical practice; Acting with integrity; Recognizing the limits of own competence; Analysing complex situations using ethical principles; Preserving patient dignity; Applying de-escalation techniques.	**PMC1.1 Confidence**	Demonstrates appropriate confidence in own work, with support.		Mentors others and demonstrates appropriate confidence in own work, particularly in complex or stressful situations.	
		PMC1.2 Empathy	Demonstrates empathy towards a person and community.		Mentors others and demonstrates empathy towards a person and community.	
		PMC1.3 Personal conduct and presentation	Maintains personal hygiene, professional appearance, presentation and conduct, appropriate to the context of the environment.			
		PMC1.4 Personal bias and discrimination	Recognizes and mitigates any personal bias and observed discrimination towards others based on age, gender, race, nationality, religion, ethnicity, social or economic status, sexual orientation, health condition, or disability.			
		PMC1.5 Conflicts of interest	Works to identify actual, potential, or perceived conflicts of interest, with support.		Recognizes and takes steps to address actual, potential, or perceived conflicts of interest.	
		PMC1.6 Professional boundaries	Maintains personal and professional boundaries where no advantage is taken – in a physical, emotional or any other way – of the relationship with a person, other health workers or the public.			
		PMC1.7 Managing relationships	Manages relationships with a person and other practitioners to work respectfully and collaboratively, addressing any conflicts that may occur.			

Professionalism Competencies (PMC)	Knowledge (K) and Skills (S)	Summary	Behaviours			
			Introductory level (1)	Intermediate level (2)	Advanced level (3)	Expert level (4)
		PMC1.8 Ethical behaviour and accountability	Adheres to the standards of ethical behaviour and practice and holds accountability in both physical and online environments.		Recognizes ethical problems and works with others to identify solutions; adheres to, and promotes, accountability in both physical and online environments.	
PMC2 Practices within the legal framework	PMC2K: Requirements/legal obligations for professional registration and licencing; Legal and ethical regulations of privacy and confidentiality. PMC2S: Interpreting and applying laws and regulations; Acting with transparency; Maintaining a person's privacy, confidentiality, and trust.	**PMC2.1 Legal and professional standard**	Adheres to professional standards, legal regulations, and organizational procedures and guidelines.		Develops, promotes, and adheres to professional standards, legal regulations and organizational procedures and guidelines.	
		PMC2.2 Privacy	Respects privacy and adheres to legal regulations to maintain confidentiality, including information which is handwritten, or in digital, visual, or audio format, or retained in memory.		Promotes respect to privacy, and adheres to legal regulations to maintain confidentiality, including information which is handwritten, or in digital, visual, or audio format, or retained in memory.	
PMC3 Manages professional responsibilities	PMC3K: Concepts of socialization, including work–life balance and a healthy working environment; Time management and organizational tools; Strategies to maintain personal health and well-being; Approaches to enhance practice. PMC3S: Planning, prioritizing, and applying work–life balance and self-care skills; Time management; Multi-tasking; Adapting to change; Task-sharing; Stress management.	**PMC3.1 Maintains a work–life balance**	Manages time and prioritizes responsibilities to maintain work–life balance and personal health, with support.		Mentors others and promotes a balanced lifestyle, prioritizing responsibilities in the context of multiple and competing demands.	
		PMC3.2 Adaptability	Works to adapt to changes, with support.	Adapts to changes, demonstrating flexibility.	Adapts to complex changes, demonstrating flexibility and promoting resilience.	
		PMC3.3 Excellence in practice	Demonstrates commitment to excellence in practice, relevant to scope of practice and knowledge and skills, seeking support as required.		Mentors others, and promotes commitment to excellence in practice, seeking additional knowledge and skills when required.	

Professionalism Competencies (PMC)	Knowledge (K) and Skills (S)	Summary	Behaviours			
			Introductory level (1)	**Intermediate level (2)**	**Advanced level (3)**	**Expert level (4)**
PMC4 Demonstrates awareness and responsiveness to intersectionality, socioeconomic and environmental factors	PMC4K: Definitions and relevance within eye care of intersectionality, socioeconomic and environmental factors including climate change and environmental sustainability, race/ethnic diversity, cultural sensitivity, disability inclusiveness, gender equity, child protection, socioeconomic disparities; Factors impacting on attitudes and behaviours towards health, disease and care-seeking. Additional needs of vulnerable populations in accessing and engaging with health and eye care services; Models of effective inclusive communication; Impact of social determinants on health and access to eye care. PMC4S: Integrating intersectionality, socioeconomic and environmental practices in eye care; Safeguarding vulnerable populations; Preserving patient dignity; Providing for the care of patients with a diverse range of requirements and needs; Identifying when an interpreter is needed and collaborating with interpreter effectively.	**PMC4.1 Environmental sustainability**	Demonstrates awareness of climate change and participates in environmentally-sustainable practices.	Contributes to development of environmentally-sustainable practices.	Identifies gaps; implements and manages environmentally-sustainable practices and policies.	Leads and creates opportunities to promote environmentally-sustainable practices and policies.
		PMC4.2 Ethnic and cultural diversity	Demonstrates sensitivity to race, ethnicity and culture, and participates in racial, ethnic and cultural responsiveness practices.	Contributes to development of racial, ethnic and cultural responsiveness practices.	Identifies gaps; implements and manages racial, ethnic and cultural responsiveness practices and policies.	Embraces diversity; leads and creates opportunities to promote racial, ethnic and cultural responsiveness practices and policies.
		PMC4.3 Disability inclusiveness	Demonstrates awareness of people living with disabilities, and participates in disability inclusive practices.	Contributes to development of disability inclusive practices.	Identifies gaps, implements and manages disability inclusive practices and policies.	Leads and creates opportunities to promote disability inclusive practices and policies.
		PMC4.4 Gender equity	Demonstrates awareness of gender issues and participates in gender equity practices.	Contributes to development of gender equity practices.	Identifies gaps; implements and manages gender equity practices and policies.	Leads and creates opportunities to promote gender equity practices and policies.

Professionalism Competencies (PMC)	Knowledge (K) and Skills (S)	Summary	Behaviours			
			Introductory level (1)	**Intermediate level (2)**	**Advanced level (3)**	**Expert level (4)**
		PMC4.5 Protection of vulnerable populations	Demonstrates awareness of protection and safeguarding of vulnerable populations such as children, and participates in protection and safeguarding practices for vulnerable populations.	Contributes to the development of protection and safeguarding of practices for vulnerable populations.	Identifies gaps; implements and manages protection and safeguarding of practices and policies for vulnerable populations.	Leads and creates opportunities to promote protection and safeguarding of practices and policies for vulnerable populations.
		PMC4.6 Socioeconomic disparities	Demonstrates awareness of socioeconomic disparities and participates in socioeconomic disparity reduction practices.	Contributes to development of socioeconomic disparity reduction practices.	Identifies gaps; implements and manages socioeconomic disparity reduction practices and policies.	Leads and creates opportunities to promote socioeconomic disparity reduction practices and policies.
PMC5 Appropriately represents the role of eye care workers	PMC5K: Requirements/legal obligations for professional registration and licencing; Scope of practice; Roles and responsibilities of eye care workers; Role model techniques. PMC5S: Understanding the critical role eye care workers have within their community; Communication; Advocacy techniques.	**PMC5.1 Represents eye care workers as part of the health system**	Recognizes the need for eye care workers as an essential part of the health system.	Acts as a role model for eye care workers within the community and promotes eye care workers as an essential part of the health system.	Advocates for, and participates in, obtaining public, legal and employer recognition of eye care worker qualifications, related scope of practice, and accreditation of training programmes for eye care workers within the community and nationally.	Leads in obtaining public, legal and employer recognition of eye care worker qualifications, related scope of practice, and accreditation of training programmes for eye care workers nationally and internationally.

Professionalism activities

Professionalism activities (PMA) address WHAT an eye care worker does in the context of managing risks, improving quality of care, and promoting inclusive eye care practice. Not all activities will be relevant to all eye care providers; the activities selected will depend on the roles and responsibilities of the eye care worker.

Professionalism Activities (PMA)	Knowledge (K) and Skills (S)	Summary	Tasks			
			Introductory level (1)	**Intermediate level (2)**	**Advanced level (3)**	**Expert level (4)**
PMA1 Managing risks	PMA1K: Principles of clinical governance; Clinical and non-clinical risks; Legal obligations for risk management; Risk assessment tools; Risk management strategies; Policies and procedures for health and safety, including infection control and incident reporting; Chains of infection and modes of transmission. PMA1S: Identifying and addressing risks promptly; Conducting risk assessments; Using infection prevention and control measures, including donning and doffing personal protective equipment and performing hand hygiene procedures.	**PMA1.1 Risks and risk assessments**	Ensuring a safe environment by identifying actual and potential risks, and reporting risks as required.	Coordinating risk assessments, as directed.	Identifying tools and managing risk assessments.	Leading the development and utilization of risk assessment tools, and overseeing complex risk assessments.
		PMA1.2 Risk mitigation	Adhering to risk mitigation strategies and policies.	Contributing to risk mitigation strategies.	Implementing and managing risk mitigation strategies and policies, appropriately following up and resolving any issues that arise.	Leading and promoting risk management strategies and policies, overseeing resolution of any issues that arise.
PMA2 Improving quality	PMA2K: Principles of clinical governance; General principles of quality assurance and quality improvement in health including effectiveness, efficiency, timeliness, people-centredness, equity, safety and sustainability; Tools for quality assessments. PMA2S: Analysing and responding to quality assessments; Interpreting impact evaluations.	**PMA2.1 Quality improvement initiatives**	Participating in ongoing quality assurance and quality improvement initiatives.	Contributing to quality assurance and quality improvement initiatives.	Identifying, developing, implementing and monitoring quality assurance and quality improvement initiatives.	Creating opportunities and advocating for increase in quality assurance and improvement initiatives.

Professionalism Activities (PMA)	Knowledge (K) and Skills (S)	Summary	Tasks			
			Introductory level (1)	**Intermediate level (2)**	**Advanced level (3)**	**Expert level (4)**
PMA3 Implementing inclusive practice	PMA3K: General principles of inclusive practice; Approaches for helping others communicate their eye care needs to different audiences. PMA3S: Showing respect, fairness, and compassion; Advocacy techniques; Using appropriate modes of communication to practice inclusively.	**PMA3.1 Promoting inclusion**	Actively seeking information and receiving training on inclusive practice.	Contributing to inclusive practices.	Identifying gaps and implementing inclusive practices.	Advocating and creating opportunities for greater awareness and changes for inclusive practices.

Domain 3: Learning and Development



Learning and Development (LD) competencies relate to the professional development of eye care workers. Competencies within this domain are concerned with teaching, learning, and reflective practice.

A lifelong commitment to excellence in practice is demonstrated by continually evaluating the processes and outcomes of work and actively seeking feedback. Continuing personal development can be aligned with seeking improvement in performance.

Learning and Development competencies

Learning and Development competencies (LDC) address HOW eye care workers conduct their own professional development and that of others, and includes teaching, learning and reflective practice. The "behaviours" described are the different ways that each competency is expressed. All competencies and behaviours are considered relevant to all eye care workers, regardless of their roles and responsibilities.

Learning and Development Competencies (LDC)	Knowledge (K) and Skills (S)	Summary	Behaviours			
			Introductory level (1)	Intermediate level (2)	Advanced level (3)	Expert level (4)
LDC1 Maintains learning and development	LDC1K: Continuing education requirements for registration/licencing/certification/ self-learning; Principles and practices of self-directed learning; Existing or potential opportunities for learning and development, and how to access them. LDC1S: Taking personal responsibility for own learning needs; Incorporating lessons learned from everyday practice experiences into future practice; Utilizing relevant continuing education options; Digital literacy.	**LDC1.1 Lifelong learner**	Maintains and enhances knowledge and skills applied to evidence-based practice through adoption of a lifelong approach to learning.	Participates in a regular review of knowledge, and enhances skills through self-reflection, critical examination and evaluation as directed.	Initiates regular review of knowledge and enhances skills through self-reflection, critical examination and evaluation and peer review.	Promotes and facilitates lifelong learning, reinforcing the need for updating knowledge; self-auditing and self-reflection.
		LDC1.2 Application of learning	Applies learning to practice, with support as needed.	Applies learning to practice.	Adopts early application of learning to practice and promotes sharing of knowledge.	
LDC2 Supports others to learn and develop	LDC2K: Strategies to engage and motivate others; Understanding of different learning styles; Methods of adapting teaching and supervision style to meet learning needs; Concepts of best practice for teaching and learning. LDC2S: Teaching and supervising learners to the appropriate level; Grading and adapting tasks and responsibilities to the appropriate level; Interpersonal communication skills; Utilizing relevant teaching options; Digital literacy.	**LDC2.1 Supports others**	Shares and disseminates knowledge with peers, taking the opportunity to learn with others.	Identifies gaps in other's knowledge and skills and facilitates learning opportunities.	Designs and implements teaching and supervision adapted to address the gaps in own knowledge and skills.	Provides expertise and guidance on teaching and supervision adapted to address the gaps in own knowledge and skills.
		LDC2.2 Teacher and supervisors	Participates in development of own knowledge and skills for teaching, with support.	Participates in development of own knowledge and skills for teaching and supervising.	Initiates the development of knowledge and skills for teaching and supervising in oneself and others.	Tests and evaluates strategies for teaching and learning to develop best practice in oneself and others.

Learning and Development Competencies (LDC)	Knowledge (K) and Skills (S)	Summary	Behaviours			
			Introductory level (1)	Intermediate level (2)	Advanced level (3)	Expert level (4)
LDC3 Strengthens educational training capacity in eye care	LDC3K: Critical appraisal of gaps and opportunities in education and human resources (locally to internationally); Existing educational capacity; Levers and barriers to increase educational capacity; Rationale for knowledge and skills required; Requirements for learning and training in education settings; Requirements for distribution, recruitment and retention of personnel in an eye care system; Requirements for learning and training in work environments. LDC3S: Targeting gaps in education and human resources; Engaging and communicating human resources rationale to different audiences; Writing funding proposals for education programmes in eye care; Mobilizing of funds; Engaging and/or advocating for policy and planning for service provision.	**LDC3.1 Education resources**	Recognizes the importance of education materials, curricula and other education resources.	Supports and contributes to the development of education materials, curricula and teaching faculty through education programmes.	Identifies current gaps in education programmes and advocates for development of improving educational capacity.	Initiates and creates opportunities for development of educational capacity.
		LDC3.2 Advocator for education	Recognizes the importance of advocating to support education programmes and institutions.	Contributes to advocacy efforts to increase availability of funding for education programmes and/or increasing capacity of education institutions.	Initiates and leads efforts to strategically plan and increase funding for education programmes and/or increasing capacity of education institutions.	

Learning and Development activities

Learning and Development activities (LDA) address WHAT an eye care worker does in the context of continuing their own education, and developing and teaching others. Not all activities will be relevant to all eye care providers; the activities selected will depend on the roles and responsibilities of the eye care worker.

Learning and Development Activities (LDA)	Knowledge (K) and Skills (S)	Summary	Tasks			
			Introductory level (1)	Intermediate level (2)	Advanced level (3)	Expert level (4)
LDA1 Continuing education	LDA1K: Recognition of the need for continuing education, i.e. lifelong learning; Establishment of learning and continuing education goals; Different avenues for learning and development; Learner-centred approach; Personal needs and preferences for learning; Education and training pathways for specializations in alignment with practical local needs; Technology options in learning. LDA1S: Developing and maintaining education through different avenues; Using information technology to manage information; Self-monitoring of personal learning and development; Reflecting on own practice and seeking to improve the quality; Designing training courses and education programmes including defining learning outcomes, modes of content delivery, assessment, and evaluation; Planning appropriate learning activities.	**LDA1.1 Developing educational resources**	Contributing to the development of relevant education and practice resources.		Managing the development of education and practice resources including introducing new technologies and managing e-learning.	Reviewing, providing expertise and guidance on the education resources, including emerging technologies in learning.
		LDA1.2 Monitoring personal performance	Participating in monitoring of personal performance against given expectations using tools such as a competency assessment, and adopting a reflective openness to feedback.	Actively seeking performance data and identifying and reflecting on the factors which contribute to gaps between expectations and actual performance.	Analysing, reflecting, and implementing behavioural changes and feedback from peer review, to narrow the gap between expectations and actual performance.	Challenging assumptions and considering alternatives to narrow the gap between expectations and actual performance.
		LDA1.3 Continuing education programmes	Participating in, and adhering to, continuing education requirements for relevant registration, licencing, certification and/or self-learning.	Coordinating continuing education programmes, as directed.	Developing and managing continuing education programmes.	Coaching and creating opportunities for continuing education programmes for lifelong learning and excellence.

Learning and Development Activities (LDA)	Knowledge (K) and Skills (S)	Summary	Tasks			
			Introductory level (1)	Intermediate level (2)	Advanced level (3)	Expert level (4)
		LDA1.4 Learning plan and recording	Contributing to a self-learning plan and maintaining a record of learning activities, with support.		Designing and implementing a learning plan for oneself and others.	Measuring the effectiveness of a self-learning plan for oneself and others, making improvements where needed.
LDA2 Developing and teaching others	LDA2K: Roles of teachers and eye care team members; Principles of learning and teaching such as learning behavioural theory, pedagogy, andragogy, competency-based curriculum design; Potential barriers to learning and development, and strategies to address these; Responsibilities and obligations as a teacher or supervisor; Teaching and supervision techniques; Different modes of education and learning; Range of teaching resources; Importance of feedback in teaching and learning. LDA2S: Developing curricula, learning outcomes and teaching tools; Building rapport and trust with trainees; Providing constructive feedback; Maintaining a process and protocol for supervising; Using different modes of teaching; Using different resources and technologies to enhance teaching; Working within structural and curriculum constraints; Performance appraisal of others.	**LDA2.1 Developing trainees**	Participating in teaching of trainees and assisting in identifying gap areas, with support.	Contributing to the teaching of trainees and identifying gap areas.	Mentoring and providing supervision to trainees.	Providing expertise on content while developing training experiences, learner competencies and outcomes.
		LDA2.2 Developing teachers/ faculty	Participating in the development of teachers and faculty and assisting in identifying gap areas, with support.	Contributing to the development of teachers and faculty, and identifying gap areas.	Mentoring and providing oversight to teachers and faculty.	Providing expertise on content while developing teacher/ faculty training experiences, teacher competencies and outcomes.
		LDA2.3 Developing eye care team members	Participating in the monitoring of competence and performance of eye care team members, and assisting in identifying gap areas, with support.	Contributing to the monitoring of competence and performance of eye care team members, and identifying gap areas.	Identifying development areas, mentoring and providing supervision and constructive feedback to eye care team members.	Initiating and creating opportunities for development of eye care team members.

Domain 4: Management and Leadership



Management and Leadership (ML) competencies relate to service development, resource management, organizational skills and team leadership. Relationships are key to the success of the eye care team, where shared trust, respect and decision-making are required for services to be delivered efficiently and within the available resources.

Management and Leadership competencies

Management and Leadership competencies (MLC) address HOW eye care workers enhance the eye care team and service development, while integrating services as part of universal health coverage. The "behaviours" described are the different ways that each competency is expressed. All competencies and behaviours are considered relevant to all eye care workers, regardless of their roles and responsibilities.

Management and Leadership Competencies (MLC)	Knowledge (K) and Skills (S)	Summary	Behaviours			
			Introductory level (1)	Intermediate level (2)	Advanced level (3)	Expert level (4)
MLC1 Enhances the eye care team	MLC1K: Process of team development; Ethical principles to guide all aspects of team work; Team roles, responsibilities and scope of practice; Own role within the team; Approaches of teamwork in people-centred eye care; Principles of Inter-Professional Practice (IPP); Strategies to motivate, engage, recognize and reward others; Legal and ethical responsibilities of leaders and managers; Cultural factors impacting individual and team behaviours; Strategies for team communication and coordination; Range of leadership models; Differentiation of management and leadership roles.	**MLC1.1 Team communication**	Communicates information effectively and with confidence, clarity, and respect; uses active listening and encourages ideas and opinions of other team members.	Communicates knowledge and opinions to team members to facilitate discussions and interactions that enhance team function, while using communication tools and techniques, including information systems and communication technologies.	Seeks and provides feedback on performance from team members, and facilitates conflict resolution as needed	Facilitates regular eye care team-based feedback in complex situations; acts as role model for flexible communication strategies that value input from all eye care team members, and facilitates complex conflict resolution as needed.
	MLC1S: Demonstrating interpersonal and communication skills resulting in effective information exchange; Active listening; Using language that values all members of the health-care team; Using available evidence to inform effective teamwork and team-based practices; Recognizing how own experience level, expertise, culture, power, and hierarchy within the team contributes to effective communication, conflict resolution, and positive interprofessional working relationships; Leading members of a team; Using bottom-up decision-making; Motivating others.	**MLC1.2 Team roles/ collaborative practice**	Works and interacts collaboratively as part of an eye care team.	Uses complementary abilities of all team members to optimize effectiveness of eye care delivery.	Performs effectively in a senior team role in a variety of settings, mentors and provides guidance to promote teamwork and collaboration for a healthy working environment.	Proactively applies leadership practices that support collaborative practice and team effectiveness.

Management and Leadership Competencies (MLC)	Knowledge (K) and Skills (S)	Summary	Behaviours			
			Introductory level (1)	Intermediate level (2)	Advanced level (3)	Expert level (4)
MLC2 Enhances eye care services development	MLC2K: Principles of quality standards for evidence-based best practice; Principles of the development of an eye care service; Maintenance of equipment and furniture to be in a safe, accurate, and working state; Pharmaceuticals management; Principles of inclusive design and standards and regulations for accessibility; Demographic trends driving eye care need relative to context; Infection control measures in an eye care service; National legislative requirements, such as occupational health and safety; Organizational tools and information management. MLC2S: Using appropriate technology within an eye care service; Utilizing safety assessment tools; Understanding contextual barriers and facilitators to the quality, accessibility, affordability and safety of an eye care service; Organizational skills; Interpreting and utilizing information and data.	**MLC2.1 Development of service quality standards and affordability**	Adheres to approved quality standards and guidelines for evidence-based best practice, service development, and information management.	Contributes to activities that enhance the effectiveness of service development.	Combines information produced with evidence from a wide range of sources to maintain, enhance and evaluate the quality-of-service development.	Leads and advocates the enhancement of quality standards, information management and affordability of the eye care services.
		MLC2.2 Development of service availability and accessibility	Works with the immediate surrounding context to coordinate the availability and accessibility of eye care services.	Ensures the availability and accessibility of eye care services by recognizing and working with the wider community.	Responds to surrounding barriers and facilitators to develop availability and accessibility to eye care services.	Proactively responds to complex surrounding barriers and facilitators to develop and improve availability and accessibility to eye care services.

Management and Leadership Competencies (MLC)	Knowledge (K) and Skills (S)	Summary	Behaviours			
			Introductory level (1)	**Intermediate level (2)**	**Advanced level (3)**	**Expert level (4)**
		MLC2.3 Safety of services	Maintains a safe working environment through equipment maintenance, safe storage of therapeutic substances and prevention of hazards, such as infection prevention and control, hazardous waste, electrical safety, and standard safety precautions; and appropriate management of information.	Recognizes unsafe working environment; documents and communicates safety concerns to the relevant authority and provides support to enhance safety of services.	Addresses actual and potential risks to safety and security, and reports concerns to the relevant authority; complies with infection prevention procedures, and challenges breaches of safety measures in the practice of other eye care workers.	Leads and advocates for the enhancement of safety and security measures relevant to eye care.
MLC3 Supports eye care to be an integral part of Universal Health Coverage (UHC)	MLC3K: Principles of UHC and integrated people-centred health-care concepts; The role of eye care in UHC; How health systems can deliver care effectively with available resources; The effects of systemic health on eye care; Local and national health system; Population needs and preferences for eye care relevant to context; Awareness of the roles, knowledge and skills of health workers; Approaches to engage different stakeholders. MLC3S: Working with health-care workers to optimize a person's health; Building relationships with other health-care workers using different approaches; Advocacy techniques; Communications techniques.	**MLC3.1 Integrate to UHC**	Recognizes the need for eye care to be an integral part of UHC.	Engages with eye care workers and other health-care workers across disciplines to integrate eye care within the health system.	Collaborates, implements policies, and shares accountability with other health workers across disciplines to integrate eye care within the health system, including capturing eye care indicators as part of national health information systems.	Advocates, develops policies, and creates opportunities for multidisciplinary relationships and partnerships, across disciplines, to integrate eye care within the health system, including capturing eye care indicators as part of national health information systems.

Management and Leadership activities

Management and Leadership activities (MLA) address WHAT an eye care worker does in the context of eye care service delivery and team members. Not all activities will be relevant to all eye care providers; the activities selected will depend on the roles and responsibilities of the eye care worker.

Management and Leadership Activities (MLA)	Knowledge (K) and Skills (S)	Summary	Tasks			
			Introductory level (1)	Intermediate level (2)	Advanced level (3)	Expert level (4)
MLA1 Managing an eye care team	MLA1K: Factors underlying effective teamwork; Team roles, responsibilities and scope of practice relevant to eye care service; Personal role within the team; Activities and tasks required to deliver eye care; Approaches to monitoring performance of eye care team members; Different management and leadership styles; Different levels of monitoring and supervision, delegation, reporting and indications for applying these; Policies and legislation for human resource management including recruitment processes and performance management; Approaches to interviews and selection processes. MLA1S: Maintaining accountability and responsibility during task delegation; Allocating tasks; Delegating responsibilities; Identifying strengths and limitations of team members and how to manage these to best effect; Using respectful language appropriate for a given difficult situation, crucial conversation, or conflict; Recruiting team members.	**MLA1.1 Delegating tasks/ Task allocation**	Adhering to delegated tasks, in line with personal level of proficiency and scope of practice.	Delegating tasks to others, according to ability, level of preparation, proficiency, and scope of practice.	Identifying, managing, and monitoring of delegated tasks within the eye care team with available resources, and establishing appropriate human resources for the eye care service.	Evaluating and advocating for additional support for the eye care team to effectively distribute the task load and improve care.
		MLA1.2 Recruitment	Assisting in the induction of a new member to the eye care team.	Contributing to the recruitment process.	Managing the recruitment process.	Providing guidance to the recruitment process, particularly in the selection of the recruit.
		MLA1.3 Monitoring performance	Participating in self performance reviews and setting of key performance indicators, with support.	Contributing to performance reviews of self and others, and development of key performance indicators, seeking feedback to improve performance.	Carrying out performance review of self and eye care team members, giving constructive feedback to improve delivery of eye care.	Implementing and evaluating performance managing systems and procedures.

Management and Leadership Activities (MLA)	Knowledge (K) and Skills (S)	Summary	Tasks			
			Introductory level (1)	Intermediate level (2)	Advanced level (3)	Expert level (4)
		MLA1.4 Reporting structures	Participating in, and providing input on, lines of reporting and support structures.		Implementing lines of reporting and supporting structure for eye care team members.	Evaluating lines of reporting and support structures for eye care team members, implementing changes for improvement.
MLA2 Managing eye care service delivery	MLA2K: Principles of eye care service management including development and maintenance of a service, and business principles; Practice management tools and software; Maintenance of equipment and furniture to be in a safe, accurate, and working state; Service delivery indicators, data disaggregation and sources; How to apply, interpret and report service performance measures; Mechanisms for service data collection and aggregation; Policies and regulations for data collection and reporting; Resource requirements for delivering services; Methods of managing confidential information and related standards and regulations; General principles of disaster management and resilience-building including preparedness, response and recovery. MLA2S: Utilizing available resources to enhance outcomes; Translating policies and processes to tangible actions; Conducting stocktake of equipment and consumables; Procuring resources; Maintaining inventories;	**MLA2.1 Managing a practice/service centre**	Ensuring the safety, comfort, and cleanliness of the eye care service with good operational flow, using available resources.		Managing available resources to facilitate the delivery of services efficiently with an approved standard of quality, while identifying and reporting the need for additional resources.	Initiating and procuring additional resources to improve the delivery of services, and maintaining financial sustainability of the service.
		MLA2.2 Policies and procedures	Adhering to policies and/or procedures for delivery of services, including recognizing to keep specified information confidential.	Disseminating and contributing to the development of policy and/or procedures.	Developing, implementing, and monitoring policies and/or procedures.	Evaluating policies and/or procedures, and recommending changes for improvement.

Management and Leadership Activities (MLA)	Knowledge (K) and Skills (S)	Summary	Tasks			
			Introductory level (1)	Intermediate level (2)	Advanced level (3)	Expert level (4)
	Invoicing; Finance literacy; Drafting policies and procedures; Record-keeping; Report writing; Data collection, analysis and reporting, including data visualization; Using standardized service outcome measures; Inputting into health information systems; Conducting surveys.	**MLA2.3 Service data**	Adhering to service data collection processes, while maintaining privacy.	Implementing service data collection processes, and informing process towards solutions and improvement.	Critically analysing data gathered from data collection processes, generating reports, and implementing changes to improve outcomes for people and eye care workers.	Creating, implementing, and integrating data collection processes and systems both within and outside of the eye care service, while ensuring ethical procedures in data collection, analysis, dissemination, and overall management.
		MLA2.4 Utilizing information technology	Utilizing information technology to support eye care service delivery, while maintaining privacy.	Contributing towards improving and/or trouble-shooting issues with utilization of information technology.	Identifying and establishing the appropriate information technology tools and systems.	Evaluating and procuring appropriate information technology to continuously improve the delivery of services.
		MLA2.5 Equipment and consumables	Adhering to equipment maintenance protocols, and assisting in the stocktake of consumables such as lenses, frames, and therapeutic goods.		Identifying and resolving any issues relating to equipment, and managing the stocktake process.	Evaluating equipment maintenance protocols and stocktake processes, and implementing changes for improvement.
		MLA2.6 Disaster management and resilience (e.g. global pandemic/ natural disaster)	Participating in, and adhering to, disaster management and resilience-building protocols.	Contributing to the development of, and training in, disaster management and resilience-building protocols.	Identifying and implementing protocols of disaster management and resilience-building protocols.	Initiating and procuring additional resources to effectively manage disasters and build resilience in the eye care service.

Domain 5: Community and Advocacy



Community and Advocacy (CA) competencies relate to advocating the needs of the community, supporting members to be empowered to access available resources, and contributing to long-term beneficial change.

Working with the community to understand the physical and social environment, allows for more appropriate solutions. Community and Advocacy can further support communities to be empowered to make their own changes.

Community and Advocacy competencies

Community and Advocacy competencies (CAC) address HOW eye care workers empower the community, enhance community awareness, and act as advocates. The "behaviours" described are the different ways that each competency is expressed. All competencies and behaviours are considered relevant to all eye care workers, regardless of their roles and responsibilities.

Community and Advocacy Competencies (CAC)	Knowledge (K) and Skills (S)	Summary	Behaviours			
			Introductory level (1)	Intermediate level (2)	Advanced level (3)	Expert level (4)
CAC1 Supports integrated people-centred eye care (IPEC) in health systems	CAC1K: Principles of UHC and integrated people-centred eye care (IPEC); Models of care; Local programmes and support; Population needs and preferences for eye care relevant to context; Approaches to engage different stakeholders. CAC1S: Working with health-care workers to optimize a person's health; Advocacy techniques; Communications techniques.	**CAC1.1 Supports IPEC**	Recognizes the need for IPEC in health systems.	Engages with people and communities, and coordinates services within and across sectors to support IPEC.	Identifies gaps in services within and across the eye care sector, and implements appropriate models of care.	Leads efforts to re-orient models of care, and mobilizes resources to enable IPEC.
CAC2 Empowers the community	CAC2K: The demography, social determinants of health, culture, and epidemiology of the community; Social determinants of health affecting case presentations; Causes of vision impairment and blindness in the community; Principles of community development; Inequities in health care. CAC2S: Supporting community members to identify needs and solutions in a manner that is respectful, inclusive and culturally safe; Cross-cultural competency; Community engagement and mobilization; Participatory approaches in communication; Enabling communities to help make their own decisions; Advocating with, and empowering, local leadership.	**CAC2.1 Contextual barriers and facilitators**	Recognizes the community context of the person.	Works to overcome contextual barriers and encourages facilitators of the person.	Identifies and responds to complex contextual barriers and facilitators of the person.	Mentors others and leads the response to complex contextual barriers and facilitators of the person.
		CAC2.2 Addressing needs and preferences	Recognizes and respects the needs and preferences of the person and the community.	Works to address the needs and preferences of the person and the community, through forming a strong relationship with the community.	Identifies and responds to the complex needs and preferences of the person and the community.	Mentors others and adapts best practice approaches to respond to complex needs and preferences of the person and the community.

Community and Advocacy Competencies (CAC)	Knowledge (K) and Skills (S)	Summary	Behaviours			
			Introductory level (1)	**Intermediate level (2)**	**Advanced level (3)**	**Expert level (4)**
		CAC2.3 Active member in the community	Participates in community programmes and activities.	Contributes to community programmes and activities.	Identifies and collaborates with key members of the community on community programmes and activities through genuine, inclusive partnerships.	Guides and provides a platform and for community members to create their own eye care initiatives within the community.
CAC3 Enhances community awareness and health promotion	CAC3K: Basic epidemiology of common eye diseases; Principles of health promotion; Intervention approaches to increase awareness; Health literacy for different demographics and health system capabilities. CAC3S: Effectively communicating eye health issues to the communities; Interpersonal skills; Applying population health approaches; Linking with community resources on health and education; Advocating of service provision based on evidence.	**CAC3.1 Promotes eye health education and eye care service for access and acceptability**	Participates in the promotion of eye health education and eye care services.	Contributes to, and delivers, the promotion of eye health education and eye care services within the community.	Identifies gaps and develops resources to assist in the promotion of eye health education and eye care services within the community.	Leads and creates opportunities to promote eye health education and eye care services, to improve access and acceptability by the community.

Community and Advocacy Competencies (CAC)	Knowledge (K) and Skills (S)	Summary	Behaviours			
			Introductory level (1)	**Intermediate level (2)**	**Advanced level (3)**	**Expert level (4)**
CAC4 Acts as an advocate for eye care	CAC4K: Role of government and other partners in health at all levels; National and local planning cycles; Principles of good partnerships and relevant stakeholder engagement; Definitions and statistics of vision impairment; Principles of integrated people-centred eye care; Eye care links with the United Nations Sustainable Development Goals; National and international eye care policies; All stakeholders (governmental and nongovernmental) involved in eye care policy and services. CAC4S: Utilizing epidemiological and situational analysis data for advocacy; Identifying opportunities for partnerships; Mobilizing resources; Initiating partnerships; Advocacy planning; Interpersonal skills; Identifying, interpreting and writing eye care policies; Working with policy-makers.	**CAC4.1 Advocates for policy changes and adequate resourcing**	Recognizes the need to advocate for policy changes and adequate resourcing at the community level.	Contributes to advocating for eye care policy development and adequate resourcing at the community level.	Critically analyses policy guidelines and identifies gaps in resources of eye care services, while advocating for eye care policy changes and adequate resourcing at community and national levels.	Advocates towards changes and standardization of eye care policies and mobilizes resources at community, national and international levels.
		CAC4.2 Integration of eye care in national health plan/strategy	Recognizes the need to integrate eye care into the national health plan/strategy and uses available integrating protocols in service provision.	Collaborates with stakeholders to promote integration of eye care into the national health plan/ strategy.	Initiates and coordinates activities to integrate eye care into the national health plan/strategy and alignment of services at a local level.	Creates opportunities for stakeholders to collaborate and promote integration of eye care into the national health plan/ strategy.
		CAC4.3 Integration of eye care in development agenda	Recognizes the need to integrate eye care into the development agenda, including the United Nations Sustainable Development Goals.	Collaborates with local stakeholders to promote integration of eye care into the development agenda.	Initiates and coordinates activities to integrate eye care into the development programmes at community level and national levels.	Leads and advocates towards integration of eye care into the development agenda at community, national and international levels.

Community and Advocacy activities

Community and Advocacy activities (CAA) address WHAT an eye care worker does in the context of developing eye care programmes and disseminating health promotion messages. Not all activities will be relevant to all eye care providers; the activities selected will depend on the roles and responsibilities of the eye care worker.

Community and Advocacy Activities (CAA)	Knowledge (K) and Skills (S)	Summary	Tasks			
			Introductory level (1)	Intermediate level (2)	Advanced level (3)	Expert level (4)
CAA1 Developing integrated people-centred eye care (IPEC) plans and programmes	CAA1K: National and international eye health policies; Tools for situational analysis; Principles of good partnerships and relevant stakeholder engagements; Definitions and statistics of vision impairment; Basic features of community eye care programmes; Regulations and standards around eye care screening; All stakeholders (governmental and nongovernmental) involved in eye care policy and services; Sources of funding; Project cycle management. CAA1S: Interpreting and utilizing epidemiological and situational analysis data; Communication techniques; Utilizing situational analysis tools; Utilizing project management tools; Writing funding proposals; Writing reports and budgets for project management while adhering to timelines; Working collaboratively with the community; Applying policy guidelines for eye care services; Working in a low resource environment.	**CAA1.1 Engaging community and policy-makers**	Participating in engaging community, stakeholders at the community level.	Contributing to developing a relationship with stakeholders and policy-makers at the community level.	Initiating and collaborating with the community, stakeholders and policy-makers at the community, regional and national levels.	Leading and creating opportunities for engagement with stakeholders and policy-makers at community, national and international levels.
		CAA1.2 Situational analysis	Participating in conducting situational analysis, with support.	Coordinating the situational analysis, as directed.	Identifying gaps, managing, and presenting findings of the situational analysis.	Coaching, critically appraising, and applying situational analysis data collected.
		CAA1.3 Resourcing	Participating in the identification of resources for community eye care projects, with support.	Contributing to the identification and collating of resources for community eye care projects, as directed.	Identifying and collating required resources for community eye care projects including funding, workforce, and infrastructure.	Advocating and creating opportunities for collating of resources for community eye care projects including funding, workforce, and infrastructure.
		CAA1.4 Project management	Participating in community eye care project activities, with support.	Coordinating community eye care project activities, as directed.	Managing community eye care project activities including reporting within timeline and budget.	Overseeing multiple community eye care projects, and managing relationship with funders/donors.

Community and Advocacy Activities (CAA)	Knowledge (K) and Skills (S)	Summary	Tasks			
			Introductory level (1)	**Intermediate level (2)**	**Advanced level (3)**	**Expert level (4)**
		CAA1.5 Planning and implementing integrated people-centred eye care plans and programmes	Participating in the planning and implementation of eye care plans and programmes, using available policies and resources, with support.	Coordinating planning and implementation of eye care programmes at the community level, in collaboration with key stakeholders, ensuring integration into broader health programmes.	Managing, and monitoring planning and implementation of eye care programmes at the community and national levels, ensuring integration into broader health programmes.	Evaluating and recommending changes for improvements of eye care plans and programmes at community, national and international levels, ensuring integration into broader health programmes.
CAA2 Disseminating relevant health promotion messages	CAA2K: Gaps of knowledge and awareness in the community; Cultural and language barriers and facilitators of the community; Approaches to health literacy; Evidence-based eye health information; Tools for health promotion; Different approaches to communicating key messages; Campaign strategies. CAA2S: Contextualizing eye care messages; Digital literacy; Advocacy techniques; Data analytics; Strategic planning; Developing a marketing plan and campaign; Public relations.	**CAA2.1 Developing key eye care messages and strategies**	Seeking guidance to participate in collaboratively developing and adapting key messages with the community.	Participating to the identification and development of key messages and dissemination strategies.	Incorporating evidence, technical advice, and context to develop and implement key messages and strategies at community and national levels.	Evaluating and recommending changes for improvements of key messages and strategies at community, national and international levels.
		CAA2.2 Campaigning	Participating in eye care campaigns for the community, with support.	Contributing to eye care campaigns for the community, as directed.	Developing and managing eye care campaigns at community, regional and national levels.	Advocating and creating opportunities for procuring resources for campaigns at community, national and international levels.

Domain 6: Evidence



Evidence (E) competencies relate to the use, generation of, contribution to, and dissemination of evidence for eye care interventions, services and systems.

Evidence competencies

Evidence competencies (EC) address HOW eye care workers contribute to eye care research and integrate evidence in practice. The "behaviours" described are the different ways that each competency is expressed. All competencies and behaviours are considered relevant to all eye care workers, regardless of their roles and responsibilities.

Evidence Competencies (EC)	Knowledge (K) and Skills (S)	Summary	Behaviours			
			Introductory level (1)	**Intermediate level (2)**	**Advanced level (3)**	**Expert level (4)**
EC1 Integrates evidence-based practice	EC1K: Locate information on evidence-based practice; Locate evidence-based guidelines and protocols; Appraise the relevance of evidence-based practice; Assess considerations and limitations of research application within context; Interpret relevant evidence-based practice; Critical appraisal of evidence for validity, clinical relevance and generalizability; Methods for making evidence accessible to different audiences. EC1S: Finding sources of evidence from different platforms; Understanding and interpreting relevant information on evidence-based practice; Implementing approaches to evidence in practice; Capturing data and evidence as part of work to be used for research; Critically appraising evidence; Approaches to evidence sharing and communicating in different formats.	**EC1.1 Awareness/ understanding**	Demonstrates an informed awareness of evidence-based practice.	Finds relevant resources and maintains an informed awareness of evidence-based practice and its alignment to a person's preferences.	Identifies and critically appraises relevant evidence for validity, reliability, and applicability, while providing a balanced evidence-based viewpoint of emerging issues and technologies to people and eye care workers.	
		EC1.2 Appraises and applies	Accesses and follows evidence-based guidelines and protocols in decision-making without modification.	Identifies and integrates evidence-based guidelines and protocols in decision making that are adapted to a person.	Identifies, critically appraises, and integrates evidence-based practice and scientific literature, that is guided by experience, discussions with eye care workers and feedback from people.	Coaches and collaborates with others to critically appraise and apply evidence for complex clients; and/or participates in the development of guidelines.
		EC1.3 Shares	Shares evidence in an accessible format with people, with support.	Adapts and shares evidence in an accessible format with people and eye care workers.	Creates resources to integrate evidence into accessible formats for people and eye care workers.	

Evidence Competencies (EC)	Knowledge (K) and Skills (S)	Summary	Behaviours			
			Introductory level (1)	**Intermediate level (2)**	**Advanced level (3)**	**Expert level (4)**
EC2 Strengthens research capacity in eye care	EC3K: Gaps and opportunities for research; Existing research capacity; Levers and barriers to increase research capacity; Rationale for research need. EC3S: Engaging and communicating research rationale to different audiences; Writing funding proposals for research in eye care; Supervision of research students.	**EC2.1 Generates evidence**	Recognizes the need for generation of evidence	Participates and contributes to the generation of evidence through research programmes.	Identifies gaps in evidence and advocates for generation of further evidence.	Initiates and creates opportunities for generation of further evidence.
		EC2.2 Advocates for increasing research capacity	Recognizes the need for advocating to increase research capacity.	Participates in advocacy efforts to increase availability of funding for research grants and/or development of research institute capacity.	Initiates and leads efforts to increase funding for research grants and development of research institute capacity.	Supervises learners in higher degree programmes, including MD, OD, PhD and/or Masters degree, to strengthen research institute capacity of future research leaders.

Evidence activities

Evidence activities (EA) address WHAT an eye care worker does in the context of eye care research. Not all activities will be relevant to all eye care providers; the activities selected will depend on the roles and responsibilities of the eye care worker.

Evidence Activities (EA)	Knowledge (K) and Skills (S)	Summary	Tasks			
			Introductory level (1)	**Intermediate level (2)**	**Advanced level (3)**	**Expert level (4)**
EA1 Planning and implementing research	EA1K: Project coordination; Qualitative and quantitative study designs; Research methodologies and statistics; Ethical standards and principles for research; Potential sources for conflict; Data analysis software and tools; Project cycle management. EA1S: Utilizing project management tools; Writing reports and budgets for project management while adhering to timeline; Writing study design and protocols; Writing research proposals and ethics applications; Collecting, collating and curating data; Analysing qualitative and quantitative data; Utilizing statistical software.	**EA1.1 Project management**	Participating in research project activities, with support.	Coordinating research project activities as directed by the project manager.	Managing research project activities including reporting within timeline and budget.	Managing and overseeing multiple research projects, and managing relationship with funders/donors.
		EA1.2 Designing	Participating in the design of research proposal and protocols, with support.	Contributing to the design of research proposal and protocols.	Designing and managing research proposals and protocols, including data management.	Providing oversight and critical review on the design of research proposal and protocols.
		EA1.3 Resourcing	Participating in the identification of resources for research, with support.	Contributing to the identification and sourcing of resources for research.	Identifying and sourcing required resources for research.	Advocating and creating opportunities for sourcing of resources for research.
		EA1.4 Ethics approvals	Adhering to ethics protocols.	Contributing to the development of ethics applications, and adhering to ethics protocols.	Developing ethics applications, acquiring ethics approvals, and implementing ethics protocols.	Providing oversight and advising ethics applications, approvals, and protocol implementation.
		EA1.5 Data collection and analysis	Contributing to the collection of data in a research project, with support.	Managing data collection ensuring quality of data is maintained.	Analysing data appropriate to methodologies and interpreting meaningful outcomes.	Providing oversight of data collection and analysis, and giving direction for complex research and interpretation of complex data.

Evidence Activities (EA)	Knowledge (K) and Skills (S)	Summary	Tasks			
			Introductory level (1)	Intermediate level (2)	Advanced level (3)	Expert level (4)
EA2 Disseminating evidence	EA2K: Different market locations where research is shared; Requirements of each location; Who the research is targeted at, and how best to reach them; Types of appropriate and accessible digital and non-digital formats and platforms; Impact factors and target audience; Roles of authors and contributors. EA2S: Adapting evidence into different formats; Complying to different format and platform requirements; Publishing and presenting to capture audience attention; Data visualization; Data analytics; Extracting conclusions from research results; Presenting evidence internally and externally at different levels; Writing scientific manuscripts and academic publications.	**EA2.1 Locating markets**	Identifying different locations where the evidence can be shared (e.g. scientific journals, conference workshops/ presentations, policy-makers, media and community opportunities).		Creating opportunities for evidence to be shared; and directing others where to look.	
		EA2.2 Appropriately formatting	Contributing to publication of evidence into the appropriate and accessible formats, including in plain language and scientific platforms.	Submitting and presenting evidence internally and externally to non-scientific audiences, with support.	Submitting and presenting evidence internally and externally to scientific audiences, stakeholders, and the community.	Presenting, mentoring and providing guidance to different presentation formats and platforms, and contributing as needed.
		EA2.3 Scientific publication	Contributing to writing of scientific manuscript with appropriate scientific language.		Writing scientific manuscripts with appropriate scientific language, incorporating input from co-authors and/ or supervisors.	Mentoring and building capacity of writers, peer reviewing of scientific manuscripts, and being principal investigator for large research trials.
EA3 Monitoring and evaluation	EA3K: Use of different monitoring and evaluation systems to collect data; Ability to critically analyse and interpret data. EA3S: Implementing guidelines and protocols; Collecting quality data; Interpreting data collected into meaningful information; Adapting programmes for better outcomes; Applying data for continuous improvement.	**EA3.1 Monitoring and evaluation**	Adhering to monitoring and evaluation guidelines and protocols such as data collection.	Implementing monitoring and evaluation systems, and informing process towards solutions and improvement.	Critically analysing data gathered from monitoring and evaluation systems, generating reports, and implementing changes to improve outcomes for people and eye care workers.	Creating, implementing and reviewing of monitoring and evaluation systems.

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Annex.
Development process

The Eye Care Competency Framework was developed in 10 steps as described below:

1	**Collation of existing frameworks, models, and scopes of practice relevant to eye care** Existing competency frameworks, models, and scopes of practice relevant to eye care were collated through three strategies including Internet searches using fixed search terms; open call to eye care associations and institutions; and procurement of WHO competency frameworks developed through the WHO Health Workforce department.
2	**Analysis of data collated to identify priority areas** Data from existing frameworks, models, and scopes of practice relevant to eye care was extracted and analysed. This included framework geographic origin, occupational groups covered, and domain and sub-domain labels used as structural arrangements.
3	**Establishment of ECCF outline** The various structural arrangements of the existing frameworks were analysed and used to develop a proposed structure for the ECCF which included 6 domains. This was presented to the Technical Working Group, who collectively agreed on the final design.
4	**Development of the first ECCF draft** The first draft of the ECCF was developed through identification of competencies, activities, knowledge and skills drawn from existing competency frameworks, models, and scopes of practice relevant to eye care. The Technical Working Group also contributed their expertise.
5	**Technical Working Group review** The first draft of the ECCF was reviewed by the Technical Working Group. Feedback was anlaysed, discussed and integrated to create a second draft; the Technical Working Group provided key guidance in its development.
6	**Validation of the ECCF** A modified-Delphi study was conducted to build consensus on the content of the ECCF. The study sought input from 95 eye care experts globally, comprising eye care practitioners, educators, managers and researchers. The study participants reviewed and provided feedback. There was an average of 96% agreement across the competencies and activities of the ECCF. Results, including comments, were reviewed with the Technical Working Group; minor amendments were made to create a third draft of the ECCF.
7	**Final peer review** The third draft was further developed to the full ECCF and included the explanatory text. This draft was reviewed by the Technical Working Group and other key personnel at WHO to create the penultimate draft of the ECCF.
8	**Pilot of the ECCF in different contexts** A pilot of the implementation of the ECCF had begun at different sites, identified through members of the Technical Working Group. The aim of the pilot was to have a clear understanding of how the ECCF would be used in each setting, and to assist in creating the accompanying guidance documents.
9	**Development of the ECCF guidance documents** The Technical Working Group collectively agreed on the importance of developing guidance documents to accompany the ECCF. The guidance documents would assist users to contextualize and adapt the ECCF to suit their setting, including in an educational setting.
10	**Dissemination of the ECCF** The ECCF was translated from the English language into the other official United Nations languages (Arabic, Chinese, French, Spanish, and Russian) and launched as a hardcopy version. It will be followed by digital tools. The research on the conceptualization and development process was published in a peer reviewed journal.

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