

Accreditation Manual for Optometry Programs in India

Background

World Council of Optometry (WCO) has defined optometry as:

Optometry is a healthcare profession that is autonomous, educated, and regulated (licensed/registered), and optometrists are the primary healthcare practitioners of the eye and visual system who provide comprehensive eye and vision care, which includes refraction and dispensing, detection/diagnosis and management of disease in the eye, and the rehabilitation of conditions of the visual system.

In 2007, an estimated 456 million people of India's population of 1.12 billion people require vision correction (spectacles, contact lenses or refractive surgery) to be able to see and function for learning, work and general life activities^{1,2}. This included 37 million children younger than 16 years of age². A further 133 million people, including 11 million children, are blind or vision impaired due to uncorrected refractive error^{2,3,4}.

As primary eye care practitioners, optometrists have a vital role in eliminating uncorrected refractive error. In most developed countries, the minimum number of qualified optometrists is 1:10,000 population⁵, to allow the provision of excellent vision care to all people. In order to reach this recommended ratio, India would need almost 116,000 fully trained optometrists – without taking into account any population growth⁶. India currently has approximately 9,000 4-year trained optometrists and an estimated 40,000 2-year trained eye care personnel.

Optometrists have a vital role in detecting potentially serious eye diseases such as cataract, glaucoma and age-related maculopathy, as well as general health conditions such as hypertension and diabetes, which means optometrists can also help alleviate the burden of all the major causes of blindness through diagnosis, referral and in some cases co-management.

Without having appropriate standards for optometric training and practice, the general and ocular health of the Indian public is being jeopardized. For these compelling reasons, optometry should be recognized as an independent and legalized profession in India. The time is right for India to regulate the profession of optometry, and increase the numbers of skilled and trained eye care providers who can provide vision care to the people at all levels and in all areas of the country.

1 - Holden B, Fricke T, Ho S, et al. Global vision impairment due to uncorrected presbyopia. *Arch Ophthalmol*. 2008;126(12):1731-1739

2 - ICEE estimates, 2010

3 - Resnikoff S, Pascolini D, Mariotti S, Pokharel P. Global magnitude of visual impairment caused by uncorrected refractive errors in 2004. *Bull World Health Organ*. 2008;86(1):63-70

4 - Holden B, Fricke T, Ho S, et al. Global vision impairment due to uncorrected presbyopia. *Arch Ophthalmol*. 2008;126(12):1731-1739

5 - Horton P. The Australian optometric work-force. *Clin Exp Optom*. 1992;75(1)

6 - Consensus of the Indo-Australia Symposium on the Development of Optometry and Blindness Prevention in India, New Delhi, 11–13 April 2010

Optometry as a profession needs to develop in India. The key activities required for the next 10 years are to further develop and standardize education in optometry, as well as lobby for and work towards national accreditation, regulation and academic development of optometry in India. Achieving this will require substantial resources and effort, and will be a long term process. The various levels of primary eye care providers need to work side-by-side to further the development of optometry and regulation of the profession, which would make a major contribution to the visual health and welfare of the people of India. Only through a united effort by all optometrists in India can these ambitious goals be achieved.

There are currently about 80 institutions in India which offer four-year degree programs in optometry. About 40 institutions in India currently offer two- or three-year optometry programs; numerous others offer a variety of eye care programs ranging from six months to one year; of these only a small number of institutions currently offer any kind of post-graduate optometric education¹.

Increasing the number of primary eye care providers, and regulating and expanding optometry as a profession in India will require an increase in the number of training institutions which offer degree level optometry courses, bridge courses and training for mid-level personnel, as well as an increase in the number of qualified faculty members to staff such institutions. It is estimated that the country will need at least 100 schools of optometry over the next few decades to meet the demand for fully qualified optometrists. When considering the establishment of new schools of optometry in India, it would be important to carefully evaluate which geographical areas have the most need for such training institutions (based on population numbers and existing optometry courses offered in each region).

The profession of optometry is very dependent on the quality of undergraduate and postgraduate teaching provided². Ensuring that quality education is delivered in all undergraduate optometry programs would require the development of a large number of optometric educators, who are capable of imparting the skills to future optometrists.

The main objectives of the Optometry Council of India are to:

- regulate training and education in optometry and develop standardized form of education
- registration of the Optometric practitioners with the Optometry Council of India
- impart knowledge to the public about optometry education
- practice, establish guidelines for setting up of schools and colleges of optometry including, period of courses of study, syllabi
- endorse qualifications on completion of the courses;
- develop and maintain mechanism for certification and recognition of practicing Optometrists, through conduct of examinations to verify adequate knowledge and skill competencies and renewal of such certifications and recognitions.

¹ Estimates from ASCO and ICEE, April 2010

² Schmid KL. The accreditation of university teachers: an optometric viewpoint. *Clin Exp Optom.* 1998;81(3):104–111

1 Introduction

1.1 Role of OCI

OCI was established in September 2012 and has the representation from :

- Indian Optometry Federation
- Association of Schools and Colleges of Optometry
- Indian Health Care sector
- Indian eye care NGO

The two key roles of OCI are:

- to accredit optometry programs in India leading to registration and endorsement
- to register optometry practitioners in India

Both roles aim to provide a system of quality assurance for the public in the provision of eye care in India.

1.2 Accreditation of programs

The aim of the accreditation process is to assess an optometry program against Common Minimum Optometry Curriculum (CMOC) and the stated objectives. A summary of the standards is mentioned in this manual (Appendix: 5).

OCI will conduct regular review of Optometry programs.

- OCI will appoint an accreditation panel consisting of optometric educators, practitioners and personnel from fields with experience of conducting accreditation.
- Leading educators / practitioners would be trained in the process and teams would be formed to assess the program.
- The program would be compared to the Common Minimum Optometry Curriculum (CMOC) and the stated objectives to decide accreditation status of the optometry program.

Accreditation performs a number of important functions, including:

- assuring the public that graduates are effectively prepared for entry to the profession and
- providing schools with regular feedback on the contemporary needs of the profession.

1.3 Optometric education

1.3.1 Defining the optometric curriculum

In order to help the optometry schools in this process the Association of School and Colleges of Optometry of India (ASCO) India has also published the Common Minimum Optometry Curriculum and the competency standard document (IELOCS - Indian Entry Level Optometry Competency Skills) for graduating students from optometry. The documents had been shared by ASCO with schools and colleges. However, schools have their own mechanisms for program review and for implementing changes to the curriculum and methods of teaching where required.

As curriculum design and implementation is the responsibility of the schools, it is important that schools have processes and procedures that monitor the effectiveness of the curriculum in achieving outcomes that are consistent with the IELOCS and its stated objectives.

OCI does not prescribe the curriculum for optometry programs. Instead, it refers to the well accepted Common Minimum Optometry Curriculum (CMOC) provided by ASCO and endorsed by many recognized institutes of optometry in India. This curriculum also allows each optometry school the flexibility to develop its own curriculum within the quality assurance mechanisms of the particular university.

1.3.2 Summary of the OCI Standards

The following are the OCI Standards.

1. *Organization & governance*
2. *Physical Infrastructure, Staff & Students*
3. *Curriculum*
4. *Clinical Training & Assessment methods*
5. *Student Assessment*
6. *Research Activities*
7. *Best Practices & Innovation*
8. *Other Courses*
9. *Service at Peripheral Health Centers (PHC)*

For details and the evidence required for the standards, refer to appendix 6.

2. Accreditation Process and Procedures

2.1 Overview of the accreditation process

2.1.1 Assessment Team

The Assessment Team (the Team) undertakes the review and assessment of individual optometry programs on behalf of the OCI. OCI is responsible for recommending the membership of an Assessment Team to the OCI Board.

The Chair of the Team is appointed by the OCI Board from among the members of the Assessment Team. The Chair is usually a senior academic.

OCI's CEO and OCI staff provides secretarial support to the Assessment Team.

2.1.2 Types of accreditation

There are three types of accreditation status relevant to optometry programs. OCI has a process and procedure for each, covering:

1. Accreditation Status Category One - Accreditation – section 2.2 Please remember that accreditation means that the established schools that are established before June 2010 will be the ones accredited and the procedure for accrediting them again after 4 years will also be the same.
2. Accreditation Status Category Two - Major Changes – major changes to an accredited optometry program – section 2.3
3. Accreditation Status Category Three – The process of accreditation of schools established after June 2010 would be finalized by June 2014.

Figure 1: Types of Accreditation

Types Of Accreditation	Possible Outcomes
Accreditation Status Category One (Accreditation)	Accreditation for 4 years
	Accreditation not granted
Accreditation Status Category Two (Major Change)	Accreditation of modified program for the remainder of the current period of accreditation
	Accreditation not granted / withdrawn

2.2 Accreditation Status Category One: accreditation

2.2.1 Procedure for accreditation

The procedure for re-accreditation is set out in Table 1. This accreditation process usually takes at least six months. Time frames will be negotiated with the school undergoing assessment of its program.

Table 1: Procedures and schedule for accreditation

Stage One: Initiation of accreditation process	
Determine program to be accredited & Assessment team membership	<p>OCI Office:</p> <ul style="list-style-type: none"> determines the program to be accredited in consultation with the Head of School and notifies the school and university decides time frame for the process in consultation with the school. recommends an Assessment Team and Chair of the team to the OCI Board.
OCI Board approval	<p>OCI Board:</p> <ul style="list-style-type: none"> endorses or requests changes to the recommendations of the Accreditation team.
Formal notification to university and school	<p>CEO:</p> <ul style="list-style-type: none"> formally notifies the Head of School regarding: <ul style="list-style-type: none"> the need to undertake an assessment of the program. proposed membership of the Assessment Team with copies of CVs provided. the accreditation process (providing a copy of the Accreditation Standards). <p>School:</p> <ul style="list-style-type: none"> begins preparing the accreditation submission. contacts recent graduates (last 3 years) to seek permission for school to pass on names and email addresses to OCI. <p>All future communication between OCI and the school, both written and otherwise, is between the Head of School and OCI CEO or his/her delegate.</p>
Stage Two: Confirmation of process and Assessment Team Membership	
Responses from the school	<p>School:</p> <ul style="list-style-type: none"> notifies OCI of any objections to any members of the Assessment Team and the reasons for objection. advises preferred times during a teaching week for the assessment visit
Response of OCI to any objection	<p>OCI:</p> <ul style="list-style-type: none"> Considers the response of the assessment team member and takes a decision to: <ul style="list-style-type: none"> change the members' constituting the Assessment Team or continues without any change if fairness or validity of assessment process is not affected.

Briefing of the Assessment Team	<p>CEO:</p> <ul style="list-style-type: none"> organizes an orientation session for the Assessment Team (by telephone or face-to-face).
Stage Three – Preparation of submissions	
Submissions invited from the profession	<p>OCI</p> <ul style="list-style-type: none"> invites recent graduates and employers of recent graduates on issues relating to the program. <p>School:</p> <ul style="list-style-type: none"> seeks permission from recent graduates (from the last three years) to provide their name and email address to OCI. Closing date for these submissions is the same due date as the accreditation submission from the school.
Accreditation submission supplied by the school	<p>School: supplies an accreditation submission form that addresses the Standards.</p> <p>Assessment Team receives:</p> <ul style="list-style-type: none"> a copy of the accreditation submission. copies of all written submissions. <p>Head of School receives:</p> <ul style="list-style-type: none"> de-identified copies of any written submissions. A general overview may be prepared by the CEO
Stage Four – Review of submissions	
Review of the accreditation submission and other submissions from the profession	<p>Assessment Team:</p> <ul style="list-style-type: none"> reviews the accreditation submission and decides if further information is required. requests further information if documentation is incomplete or not clear. reviews submissions from the profession and decides which professional bodies / members of the profession to meet (in person or by electronic means) during the assessment visit – this may include persons who have not made a written submission.
Stage Five: Preparation for the site evaluation	
Planning the assessment visit	<p>Assessment Team and School:</p> <ul style="list-style-type: none"> discusses and agrees on the draft visit plan that has been prepared by the Assessment Team Chair and the CEO.
Head is notified of need for further information	<p>CEO:</p> <ul style="list-style-type: none"> writes to the Head of School requesting the supplementary information, if required.
Further information is provided	<p>School:</p> <ul style="list-style-type: none"> provides the further information requested, which is circulated to the Assessment Team.
Preliminary meeting (usually occurs 2 weeks prior to the site visit)	<p>CEO and Assessment Team Chair meet with Head of School (by phone or face-to-face) to:</p> <ul style="list-style-type: none"> discuss the process and purpose of accreditation. finalize the program of the assessment visit.

	<ul style="list-style-type: none"> • discuss any issues that have arisen in the review of the accreditation submission that will need to be resolved during the visit.
Stage Six - Site evaluation	
Assessment Visit (Upto 3 days). See Appendix 1 for a model schedule	<p>Assessment Team:</p> <ul style="list-style-type: none"> • meets with the Head of School. • tours the physical facilities. • meets with students, recent graduates, academic staff of the school, subject coordinators of other schools that teach optometry students, senior officers of the faculty additional meetings arranged as needed. • discusses its findings at the end of each day and records main comments. • concludes visit by meeting with the Head of School – the Chair presents the principal comments and recommendations of the team and seeks the Head’s comment.
Stage Seven – Assessment team report and final determination and recommendations	
Draft report written	<p>The Assessment Team:</p> <ul style="list-style-type: none"> • prepares the first full draft of its report and recommendations using the template (see Appendix 2).
Draft report submitted	<p>Chair of the Assessment Team:</p> <ul style="list-style-type: none"> • submits a draft report to the CEO. <p>CEO:</p> <ul style="list-style-type: none"> • sends an in-confidence draft of the Assessment Team’s report to the Head of School for comment on the factual accuracy of the report.
Head of School comments sent to Assessment Team	<p>Head of School:</p> <ul style="list-style-type: none"> • provides written comments on the factual accuracy of the report. <p>CEO:</p> <ul style="list-style-type: none"> • sends a copy of the Head of School’s comments to the <p>Assessment Team:</p> <ul style="list-style-type: none"> • arranges a teleconference for the Assessment Team to discuss the comments made by the Head of School.
Stage Eight – Final report and notification to the school	
Final Report	<p>Assessment Team:</p> <ul style="list-style-type: none"> • prepares their final Assessment Team report. The section containing confidential information can be provided as an Appendix or as a separate document. This is an internal document and will be marked ‘not for circulation’. • recommends one of the four options of accreditation.
Accreditation Team report	<p>Accreditation Committee:</p> <ul style="list-style-type: none"> • reviews the final Assessment Team report and the comments made by the Head of School. • may refer matter back to Assessment Team for further advice • Prepares their report. The section containing confidential information or information that might be considered commercial in confidence can be provided as an Appendix or as a separate

	document. This is an internal document and will be marked 'not for circulation'.
OCI Accreditation Report and adoption of the recommendations by OCI Board	<p>OCI Board:</p> <ul style="list-style-type: none"> • receives the report of the Accreditation Team. • may adopt the recommendation on accreditation of the <p>Assessment Team:</p> <ul style="list-style-type: none"> • may refer the matter back to the Accreditation Team for further advice • prepares the final OCI Accreditation Report.
Notification of the outcome	<p>OCI:</p> <ul style="list-style-type: none"> • notifies its decision on accreditation to: <ul style="list-style-type: none"> - the Head of School • provides the Head of School with a copy of the OCI accreditation report. The report will be de-identified and will not contain any information that could be considered confidential (this includes details that could identify individuals). • The OCI Accreditation report is marked 'not for public release' until after the time has passed for seeking an internal review, or if internal review is sought, until it is completed. After this the accredited colleges will be put on the OCI website.

2.2.2 Options for Accreditation Status Category One

a. Accreditation for four years

Accreditation for Four years is granted when the optometry program meets the Standards. This applies if there are no major changes to the program during the period of accreditation granted. A school is obliged to notify OCI if it plans any major change to its optometry program. Refer to section 2.3.1 for the definition of major change.

Schools conducting accredited programs are required to submit an annual report (see section 2.7) summarizing the changes, if any made to the program in the preceding year, and indicating any proposed changes to the course.

d. Accreditation not granted

Accreditation will be refused when there are deficiencies and OCI judges, on the advice of its Accreditation Team.

If OCI decides to refuse to accredit a program it must give written notice of the decision to the Head of School that provides the program. The notice will state the reasons for the decision and that, within 30 days after receiving the notice, the school may apply to OCI for an internal review of the decision. See Section 2.7 for further information.

2.3 Accreditation Status Category Two: Accreditation of major changes to an optometry program

2.3.1 Definition of a major change

A major change to an accredited program may affect its accreditation status. The gradual evolution of a program in response to initiatives to meet the expansion of Optometry practice and ongoing review is not necessarily considered a major change.

A major change in an optometry program could be a:

- change to the institutional setting
- change in the length of the program, especially any reduction of length
- significant change in the format or overall sequence of subjects of the program
- significant change in teaching strategies or assessment methods
- significant reduction in / or change in student numbers leading to an inability to meet the standards of the accredited program.

If a school is in doubt about whether proposed changes fall into the category of a major change, it should confer with OCI. The OCI is available to give general advice as to whether the proposed changes in fact major changes or not.

Schools contemplating such changes should consult OCI at least 6 months prior to any changes being introduced. OCI must also be kept informed of significant steps in the changed process. A broad outline of the proposed changes may be requested.

In the event OCI is not advised of proposed program changes 6 months prior to their introduction, there may be insufficient time for OCI to assess the program changes and this may result in a change of accredited status.

2.3.2 Assessment of proposed major changes

Assessment of major change to a program usually involves a process as depicted in Figure 2.

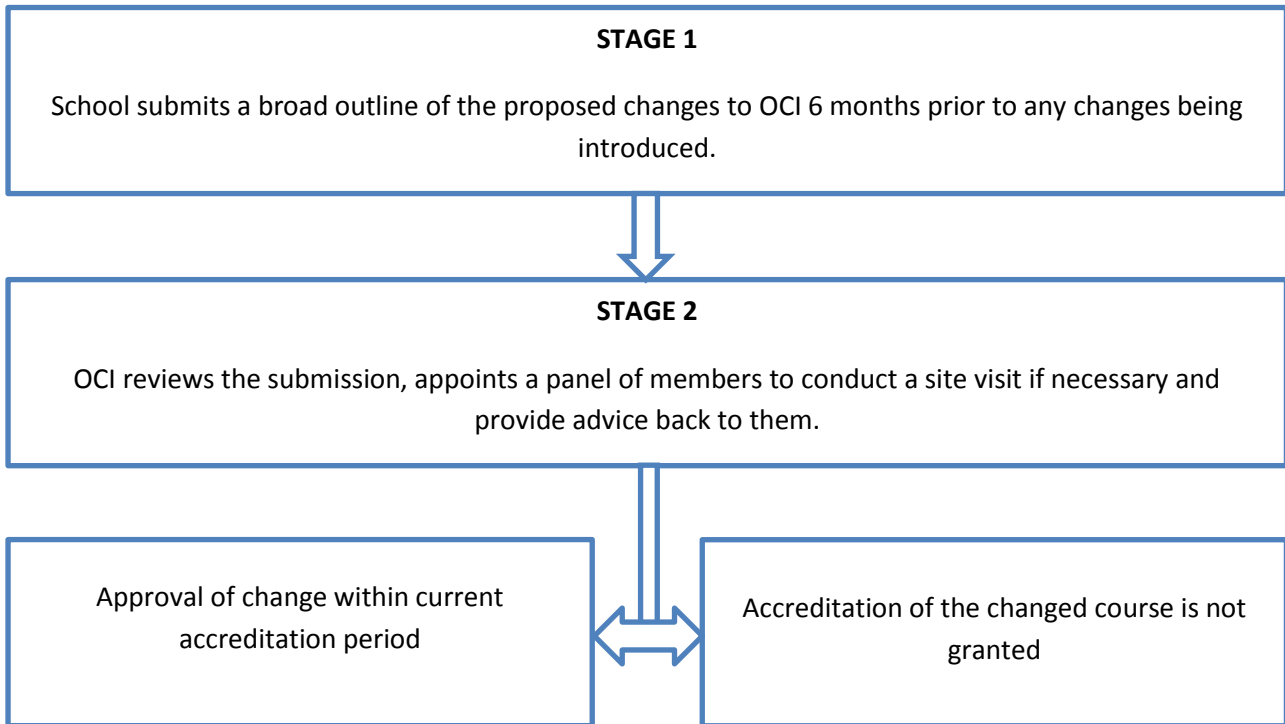
In stage 1, the school submits a broad outline of the proposed program changes to OCI 6 months prior to the changes being introduced. The submission should specify the proposed changes and the impact that these have on each Standard. The submission should also address the capacity of the school to manage the change process, including any impact on students completing the currently accredited program.

In stage 2, the Accreditation Committee appoints a panel of members to review the submission, conduct a site visit if necessary and to provide advice, either that the changes:

- comply with the Standards and the school has demonstrated capacity to manage the change process. In this case, the panel is likely to recommend that the major change be approved within the program's current period of accreditation or grant accreditation with or without conditions until the first cohort has completed the changed program (see 2.3.3)

- do not meet the Standards and/or the school has not demonstrated a capacity to manage the change process. Options that may be recommended by the panel in this instance include change in accreditation status.

Figure 2: Process for assessment of proposed major change to a program. This process (both Stage 1 and Stage 2) must be completed before the first cohort of students graduates from the changed program.



2.3.3 Options for Accreditation Status Category Two

- Accreditation of modified program for the remainder of the current period of accreditation
- Accreditation not granted

Accreditation will be refused when there are significant deficiencies and OCI judges, on the advice of its Accreditation Team, that the school does not have the capacity to remedy them or does not accept the need to do so.

If OCI decides to refuse to accredit a program it must give written notice of the decision to the Head of School. The notice will state the reasons for the decision and that, within 30 days after receiving the notice, the school may apply to OCI for an internal review of the decision. See Section 2.7 for further information.

2.3.4 Notification of outcome

The final accreditation report and notification will follow a similar process to that outlined in Table 1, Stage 8. The OCI Board will notify its decision on accreditation to the Head of School. The OCI Accreditation report is marked ‘not for public release’ until after the time has passed for seeking an internal review, or if internal review is sought, until it is completed. After this, the result will be made available on the OCI website.

2.4 Internal review process

If OCI decides to refuse to accredit a program, it must give written notice of the decision to the school that provides the program. The notice will state the reasons for the decision and that, within 30 days after receiving the notice, the school may apply to OCI for an internal review of the decision. The notice must also state how the school may apply for the review. A review committee will be nominated by OCI and will comprise persons who have not been involved in the accreditation process to this stage.

OCI will then consider the review committee's report, the original Assessment Team's report and the school's formal response in making its final decision on whether to uphold the original decision or change the accreditation status to be granted.

This process also applies to the review process undertaken after the evaluation of an annual report. A fee will apply on a cost recovery basis.

2.5 Annual Reporting requirements

2.5.1 Annual reports

All schools, which are accredited must submit an annual report to OCI. In particular, all changes made to their programs and, student load, including those that will have effect in future years must be detailed clearly. A proforma annual report (refer Appendix 3) will be sent to the Heads of School each year by the CEO.

In the case of a school conducting a new program, the annual report must provide detailed comments on the final arrangements for the later years of the program including:

- the success of the presentation of the first year of the program and;
- the details of the preparation for the final years of the program.

2.5.2 Procedures following consideration of annual reports

The annual reports are considered by the OCI, which reports to the OCI Board. If the Board considers any reported changes in a program are likely to have a significant effect on the ability of the School to meet the standards, or if it considers that a school's progress in meeting any conditions of its accreditation to be unsatisfactory, it will inform the school of its concerns and the grounds on which they are based, and request a site visit.

The review visit will normally be conducted by a panel comprising of 3 members. They would be

- one member of the original Assessment Team
- one member of the OCI
- one member with specific expertise may also be appointed

The panel reports directly to OCI either:

- that the program changes will not significantly affect standards of teaching and/ or that the conditions set on the accreditation are being met or are likely to be met in the near future.
- that the school and its program no longer meets the requirements for accreditation and/ or the conditions set on accreditation are not being met and are unlikely to be met in the near future.

If the report is favorable, OCI may affirm the accreditation of the program for a specified period subject to satisfactory annual reports.

If the report is unfavorable, OCI may:

- revoke accreditation for the program, if it considers that the school is unable to deliver the program in a manner compatible with the Standards.

3. Assessment

3.1 Assessment team

3.1.1 Composition

The composition of an assessment team is a crucial aspect of the process. OCI aims to create a team with the right mix of skills and experience. The team should not be chosen from other schools or professional bodies that may create a possible conflict of interest. The composition of a team will depend on the nature of the visit being undertaken. The school has the right to object / query the suitability of a team member as part of the accreditation process, and the OCI will take this into account when finalizing the visiting team

The CEO of OCI arranges administrative support to the Assessment Team. The Assessment Team usually comprises:

1. Two senior academics from optometry schools other than the school undergoing assessment, current Heads of India Optometry Schools are not usually appointed.
2. One junior academics, residing in the state (or country if there are no states) of the school undergoing accreditation.
3. One member from OCI or nominated by OCI who would ensure uniformity of the assessments.

The Chair is appointed by the OCI Board from among the members of the Assessment Team. The Chair is usually a senior academic with previous assessment team experience and who is fully conversant with the Accreditation Standards and the assessment process.

3.1.2 Orientation of the Assessment Team

The primary function of an Assessment Team is the analysis and evaluation of the optometry program against the OCI Standards. Individual team members should be aware of their roles and responsibilities and the Council's expectations relating to professional conduct and conflict of interest.

Professional conduct

Team members are expected to participate actively and courteously throughout the duration of the assessment. Punctuality to all scheduled meetings and activities, both formal and informal, is required to ensure that the assessment is conducted efficiently and effectively.

As part of the assessment visit schedule, team members are expected to accept official and formal invitations from the university or school. However, during the assessment visit individual team members must not accept social invitations from the school or university staff.

Confidentiality

All information gathered during the assessment must be treated confidentially. Although team members may discuss general findings and recommendations with the Head of School during the exit interview at

site visits, team members must not express either personal or team opinions regarding the accreditation status of the program being assessed at any time. Decisions about the accreditation status of optometry schools are made by OCI Board, on the advice of the Assessment Team, and only after thorough discussion and review of the report.

Following publication of the final OCI Accreditation Report, Assessment Team members must destroy their copy of the pre-assessment materials and other documents.

Conflict of interest

The accreditation procedures of OCI have been developed to ensure fairness and impartiality in all aspects of the assessment process. Members of the Assessment Team are appointed for their professional and educational expertise and care will be taken to ensure that those selected do not have a conflict of interest or a predetermined view about the school or its staff.

The school may object to any of the appointments to the proposed Assessment Team and if a reasonable objection is made, OCI will undertake to appoint another person to the team.

Members of the Assessment Team should give careful consideration to whether or not there is any reason why they might be perceived as having a conflict of interest or a predetermined view about the school. If so, the matter should be raised with the CEO of OCI. If necessary, the Chair of the Assessment Team and the Head of School will be consulted. The OCI Board is empowered to make the final determination to resolve any questions regarding real or perceived conflicts.

Even where a circumstance indicates a perceived conflict of interest or bias, the appointee may continue with the assessment team. A declaration of the circumstance may be sufficient to allay concern.

Grounds for a conflict of interest or bias, include (but are not limited to) circumstances where the Assessment Team member:

- is or has been involved with the school as a lecturer, clinician, consultant or administrator of the school or a body closely associated with the school in the last 3 years.
- has a family member employed by or affiliated with the university, or who is a student in the school.
- has publicly been critical of the school or its staff or there is animosity between the team member and the Head of School, or staff member of the school.

3.1.3 Focus of the assessment

The optometry program is assessed against the OCI Standards (refer Part 2). The Assessment Team is provided with a copy of the accreditation submission from the school. Prior to the assessment visit, the team will evaluate the school's submission and decide on matters to be addressed during the assessment visit.

In aiming at a decision to recommend accreditation of a program, the Assessment Team must be satisfied that the program satisfies the Accreditation Standards and its graduates have acquired or will acquire the knowledge, skills and attributes needed to meet contemporary standards of practice and that they have the capacity to maintain competence.

The standards form the foundation of both the school's accreditation submission and the Assessment Team's report.

3.2 Roles and responsibilities during assessment

Assessment Team

The Chair (or their delegate)

- exercises a leadership role and is responsible for the conduct of the assessment.
- briefs the Assessment Team on its responsibilities and the procedures to be followed.
- assigns particular duties to individual team members in relation to the visit and preparation of the report.
- guides the discussions of the Assessment Team and seeks to find consensus among its members on all issues that arise during the assessment.
- presents the Assessment Team's main findings to the Head of School at the end of the assessment visit.
- presents the Assessment Team's report to the OCI.

Team members

- study the Standards and accreditation process and thoroughly familiarize themselves with the philosophies and procedures set out in these Standards.
- study the optometry school's documentation carefully and analytically to ensure that it provides all the necessary information.
- attend for the whole of the assessment visit to validate the school's documentation by interviewing staff and students of the school and other groups interested in the quality of the graduates of the school.
- form their own evaluations of the program against the Standards.
- contribute to the preparation of a report on the findings of the visit.

CEO of OCI (or their delegate)

Preliminary duties

- ensures that the optometry school is informed about the assessment process and the information OCI requires from the school.
- negotiates the timing of the assessment visit with the optometry school.
- contacts proposed team members and provides them with information on the process.
- circulates the optometry school's accreditation submission and submissions from the profession to the team.
- oversees administrative arrangements for the assessment.
- drafts those parts of the report that can be prepared ahead of the assessment visit and sets up the framework for the report.

During the visit

- provides advice to the team on OCI policy and procedures.
- keeps notes of team meetings.
- organizes any additional meetings and documentation through the Head of the School.
- advises the OCI Board about any problems that arise during the assessment process.

After the visit

- finalises the report in consultation with the team Chair.
- arranges for the team's report to be submitted to the OCI Board.
- informs the Accreditation team of suggestions for changes to the process after completion of an assessment.
- arranges the release of OCI's final decision as to the accreditation status granted to the school and the final Accreditation report.

Optometry school

- cooperates with the team before and during the assessment visit by providing information and additional background materials, if appropriate, when requested.
- provides the team with a secure conference room for team meetings and individual assignments. The team should be able to lock the room as it may contain confidential materials.
- respects the confidentiality of the assessment process by not initiating any dialogue connected with the process, with Assessment Team members, outside of meetings specifically scheduled.
- seeks permission from recent graduates (from the last 3 years) to provide names and email addresses to OCI.

OCI Board

- may return the Accreditation Team's report with comments to the team for further advice.
- can adopt the recommendation of the Assessment Team

Notifies its decision to the OCI.

3.3 The assessment visit

A model schedule for an assessment visit is included as Appendix 1. Once finalized, the assessment site visit schedule should be followed closely and any departures from it should be with the knowledge and consent of the Head of School.

3.3.1 Preparation

The Assessment Team members will receive a copy of the Accreditation Standards with a letter confirming their appointment to the team. They are expected to read the Standards carefully to thoroughly familiarize themselves with the approach and the procedures for accreditation assessment. They should do this prior to receiving the school's accreditation submission.

The Assessment Team members are sent a copy of the school's accreditation submission and any written submissions received from members of the profession or the professional associations. They are expected to read the school's accreditation submission carefully to:

- establish whether information specified in the Standards has been provided.
- assess whether the information is internally consistent and provides a proper account of program curriculum.
- make a preliminary evaluation of the strengths and weakness of the school.

The Assessment Team meets, either face to face or by teleconference, shortly after the circulation of the school's accreditation submission. The purpose of the meeting is to identify any shortcomings or omissions in the documentation supplied, exchange views on the apparent strengths and weaknesses of the program and develop an outline of the program for the assessment visit. The meeting will decide:

- additional information to be requested from the school; additional information can only be requested if information required by the Standards has not been provided or if the information provided in accordance with those Standards is incomplete or unclear.
- particular issues that should be explored during the assessment visit.
- any special arrangements that should be made during the assessment visit to pursue those issues.

3.3.2 Scheduling a visit

A model schedule for the assessment visit is included as Appendix 1. The actual schedule will be decided by the Chair of the Assessment Team in consultation with the Head of School and the CEO. It will depend on practical matters such as the availability of persons for interview and on the issues already identified by the Assessment Team from the school's accreditation submission and submissions made by the profession.

The schedule should provide maximum opportunities for:

- interactive discussion with staff.
- with students, recent graduates, academic staff of the school
- While the Assessment Team has flexibility in organizing the schedule, OCI considers the following to be essential elements of the site visit.
- A meeting of the team should be held immediately prior to the first meeting with the school to discuss the visit schedule, review the protocols for the visit, discuss any further information required and review issues that have emerged as requiring particular investigation.
- A meeting with the Head of School and others designated by the Head of School should occur at the beginning of the first day of the visit to discuss:
 - the school's perceptions of the strengths, weaknesses and areas of concern in the program
 - the team's perceptions of areas that will require exploration and clarification during the site visit
 - other issues selected by the Head of School and the Assessment Team Chair
- The team should tour the physical facilities of the school.
- The team should meet with:
 - heads of sections/disciplines within the school
 - the curriculum committee of the school
 - representative staff members (with an appropriate balance of full-time and part-time staff, and academic and clinical teaching staff)
 - interest groups or committees in optometric education and research
 - recent graduates and their employers
 - students and senior administrative officers.
- A team meeting should occur near the end of the visit to allow the team to formulate its impressions and prepare a presentation of its findings to the Head of School.
- An exit meeting with the Head of School and designated staff to present the main findings of the team and to provide the Head of School with the opportunity to respond or comment.

3.3.3 During the visit

Positive feedback should be given on those aspects of the school's operation which, from the submission provided, have already satisfied the Assessment Team. It is strongly recommended that Assessment Team members carefully document information during the assessment visit as recommendations and suggestions for change or improvements need to be substantiated. Information can be recorded using paper-based or electronic formats. OCI provides a template for the Assessment Team's report (refer Appendix 2) that can be used for this purpose.

3.3.4 Post-visit consultation

In order to ensure continuous improvement of the accreditation process, the OCI seeks comments on the assessment process and visit from the Head of School and each member of the Assessment Team. These comments are taken into consideration when planning future visits.

3.4 Assessment team report and determination

3.4.1 Report format

Reports generally follow a standard format and a template has been devised to assist the team to prepare its report. This is set out in Appendix 2.

Reporting shortcomings in the program or its delivery

The report of the Assessment Team provides OCI with a documented and factual basis for its accreditation decisions.

The report must include a description of any significant failure of the program to meet the Standards. Evidence and reasons for concluding that there is a shortcoming must be provided. This outcome will normally lead to a recommendation for conditional accreditation or refusal of accreditation. The report should provide guidance as to how the school might address the problem.

The team may be satisfied that the school should be accredited without conditions but it may observe some weaknesses in the program or its delivery which, while not of sufficient importance or sufficiently numerous to preclude unconditional accreditation, should be considered by the school. These can be described in the text of the report and suggestions can be made about remediation of the weakness.

However, in identifying such shortcomings, the team should be sensitive to the complex issues institutions of higher education must take into account when devising and resourcing their educational programs. It should also recognize the autonomy of schools and universities to structure and teach their programs in different ways, depending on their educational philosophy and approach to the allocation of limited resources.

The team should not give specific solutions for any identified shortcoming. It should describe the shortcoming, the relevant issues and suggest possible approaches for rectifying these in general, non-prescriptive terms.

Minority views

Members of the team have the option of a minority opinion in the case of significant disagreement. A minority opinion can be expressed in the main report if a majority of team members agree. If there is not majority support for this, then the minority opinion and the reasons for it can be set out in a separate report provided to the OCI.

3.4.2 Timetable for completion of the report

The assessment report is usually presented to OCI within one month of the conclusion of the visit. The schedule for development of the assessment report is included in Table 2.

Table 2: Schedule for the development of the Assessment Team report

Week	Activity
1	Background sections of the report completed by OCI prior to the visit. Drafts of important sections prepared by Assessment Team during the visit. Visit concludes.
2	All report segments submitted to the CEO by individual team members.
3	The CEO assembles the drafts into the main report structure and sends Draft 1 to the Chair. Chair consults with other Assessment Team members if necessary.
4	Draft amended in consultation with team Chair.
5	CEO sends Draft 2 to Head of School for comment and review of the factual accuracy of the report.
6	Head of School's comments received.
7	CEO sends a copy of the Head of School's comments to each Assessment Team member and if necessary, arranges a teleconference of the Assessment Team to discuss these comments. The final report is signed and submitted to the CEO by the team Chair.

3.5 Other information

The CEO of OCI is responsible for administering the accreditation function, which includes acting as secretary to the Accreditation Committee and the Assessment Teams.

For further discussion regarding the accreditation process or the assessment visit, contact the OCI Office.

4. Fees

Effective from 2014-2015, the OCI accreditation fees are mentioned below.

The fees would be:

- One time registration: Rs 25,000
- Accreditation fees / Re – accreditation fees: Rs 75,000

Re – evaluation requests:

- Within 6 months: If a school makes a request for re-evaluation within six months of accreditation being not granted.
- After 6 months: Requests for re – evaluation received after six months would be charged full fees.

APPENDIX 1

Model Schedule For An Assessment Team Visit

The Chair arranges a meeting of the team at the start of the visit so that they can meet each other and review protocols for the visit.

The Assessment Team will usually continue to meet after the formal visit for the day has ended or in the evening to discuss the progress of the visit, to plan the next day and to discuss and draft recommendations.

The school will provide a room suitable for interviews and meetings, which should be available at all times for use by the Assessment Team. This should be within the school to avoid travelling to another venue.

The school will provide the Assessment Team with lunches and morning and afternoon tea. Ideally, there should be a second room provided as a work room for team members within which lunch and morning and afternoon tea can be served and where the personal effects of the team members can be securely stored.

The school will provide a computer in the team's work room or, if the team brings its own computer, the school should provide a printer or a link to a printer. The school will assign a senior administrator to assist team members with:

- personal arrangements such as telephone internet connectivity.
- re-booking accommodation or air travel.
- making new appointments for meetings during the visit.

The team may accept invitations to lunch or dine with senior officers of the university or the school as a formal part of the assessment visit but should not accept any offer of personal hospitality.

The following model schedule is for guidance. The Assessment Team can ask for a different sequence of meetings or ask for other meetings, either by arrangement with the Head of School before the visit or in the course of the visit.

Model schedule for an assessment visit

Day 1

Time	Activity	Purpose
11.00-1.30pm	Team meeting and Lunch	Initial meeting/introductions and review protocols for the visit
1.30pm – 3.00pm	Meeting with the Head of School (others designated by the Head may also be present) Chaired by Chair of the Assessment Team	The Assessment Team will seek clarification of: <ul style="list-style-type: none"> • information requiring further explanation in the school's accreditation submission • any matter that has arisen from the school's accreditation submission • any matter that has arisen from submissions made by members of the profession which requires special attention from the team. The Head gives an overview of the school, talks about its strengths and weaknesses and areas of concern in the program, and comments on any specific issues that are relevant to the review. Arrangements for the visit are finalized.
3.00pm – 4.00pm	Tour of the physical facilities (including off-site, if possible)	This will include all teaching spaces, the clinical facility and research laboratories. The Head will ensure that the Assessment Team meet key staff during the tour.
4.00 – 5.00pm	Meetings with other committees or groups	As needed
5.00 – 6.30pm	Meetings with students, recent graduates or employers of recent graduates.	

Day 2

Time	Activity	Purpose
8.30am	Meetings with the Heads and subject coordinators in other Schools teaching in the optometry program	Assessment Team may break into two groups for these meetings.
10.30am	Tea Break	
10.45am	General Clinic Instructors	The exact arrangements for meetings with clinic instructors will depend on how clinic instruction is organized and the degree of overlap of instructors in the various specialties.
11.30am	Contact Lens Clinic Instructors	
12.00noon	Paediatric clinical instructors	
12.30pm	Other instructors (Ocular Disease Review Clinics, Low Vision Clinic etc.)	
1.30pm	Lunch	
2.30pm	Team decides its recommendation on accreditation and on those concerns or reservations that are of sufficient substance to be commented on in the body of its report. Sections of the report are drafted and the drafts discussed. The Team is advised to draft as much of the report as possible while all team members are together and can discuss the wording. Arrangements for finalizing the report and the timetable for doing so are made.	

Day 3

Time	Activity	Purpose
9.00am	Meeting with the Head	The Chair seeks the Head's response to the factual accuracy. The Chair discusses the team's recommendation on accredited status to be granted and the matters of concern that the team will mention in the report.
10.30am	Team considers the Head's response	
12.00noon	Further meeting with the Head to discuss Team's response (if necessary)	
1.00pm	Site Visit Concludes	

APPENDIX 2

Assessment Team Report Template

A. Introduction

This section is written by the CEO prior to the assessment. It:

- provides a brief summary of current situation of optometry in India, activities of OCI and benefits of accreditation.
- outlines the role of OCI and its brief to accredit optometry programs in India on behalf of the Registration Boards.
- provides an overview of the accreditation process and procedures and the Standards documented in OCI's Accreditation Standards.
- identifies the program under assessment and describes its context within the Optometry School.

B. The assessment visit

This section is also written in part by the CEO prior to the assessment visit. It includes:

- the names of the members of the Assessment Team.
- a record of the dates of the visit and program of activities.
- the names of the people who provided written submissions and/or were interviewed (as an appendix).

It refers to the accreditation submission provided by the school and may comment on the adequacy or otherwise of the information provided. It may comment on the support provided by the university and the school. Acknowledgments and expressions of appreciation may be made in this section.

C. Key findings and observations of the Assessment Team

The Assessment Team should decide whether:

- the program meets the requirements of each Standard,
- graduates are competent to undertake independent practice
- there is agreement on any concerns or reservations raised.

If the Assessment Team concludes that there are or may be deficiencies the report must give a careful and detailed account of the factual evidence and the reasoning leading to this conclusion for the relevant Standard.

The report must not include any critical comment that the Assessment Team has received in written submissions or in interview. Where there is supporting evidence for the criticism, or a strong consensus of opinion from many sources, and the Assessment Team has investigated the matter and made its own independent assessment, the view of the Assessment Team regarding the criticism must be included.

If there are shortcomings serious enough to lead the team to find that a Standard has not been met, the team should make a recommendation as to how the school could achieve compliance with that standard.

Where the team reaches the view that a Standard has not been met, it will also need to decide whether this deficiency is of sufficient seriousness to cause the team to recommend accreditation with conditions or refusal of accreditation.

A clear distinction must be made in the report between shortcomings serious enough to lead the team to find that a Standard has not been met, and those that are lesser reservations or seen by the team as providing the school with an opportunity for improvement. Where reservations of this lesser nature are sufficient to warrant inclusion in the report, they should be stated in the body of the report, not itemized in a separate section.

D. Standards

The findings and observations of the Assessment Team are to be reported for each Standard.

1. Organization and governance

This section of the report addresses the extent that the organization, governance and funding of the optometry school within the university supports the delivery of the optometry program. More specifically, it requires evidence and comment on:

- the administrative and academic organizational structure of the university and the degree of control that the optometry school has over its curriculum.
- the support given by Optometry School to clinical training in optometry, including:
 - access to clinical settings within the School for optometric teaching
 - the networks and affiliations that enrich the clinical learning experience, including networks with private optometric practitioners, medical practitioners, ophthalmologists and other centers/hospitals.

2. Physical infrastructure, Staff & Students

This section of the report evaluates the physical infrastructure, faculty, staff and students:

- The adequacy of the physical infrastructure.
- The faculty student ratio, the qualifications of the faculty and the number of full / part time faculty.
- The support staff adequacy for completing the program.

The report should state whether the infrastructure, faculty and staff are adequate to develop in students the specific objectives relating to knowledge and understanding, skills and appropriate attitudes for practice in the profession (refer Appendix 1 of Accreditation Manual Part 2).

3. Curriculum

This section of the report addresses the extent to which the school has demonstrated that it has processes in place that allow the overall content and balance of the curriculum meet its objectives. This

includes an evaluation of the organizational processes for review of the curriculum and its capacity to change the content of the program and its structure to meet changed needs and emerging issues.

4. Clinical Training & Assessment

This section of the report assesses the teaching methods used in the optometry program. Particular attention may be given to clinical teaching methods. The assessors may also evaluate the extent to which the school has adopted innovative methods of teaching to provide:

- strong foundations in the basic and biomedical sciences and a thorough understanding of the optical and visual sciences.
- a strong program in the dysfunctions and diseases of the eye and the fundamental skills required for the practice of optometry.
- students with direct contact with patients over a significant period of time – usually the equivalent of at least one year.

Schools must demonstrate that students are provided opportunity for extensive and varied clinical experience.

- opportunities to have direct contact with patients over a significant period of time.
- teaching in clinical environments where large numbers of patients of varying ages and social backgrounds are seen and where there is a wide diversity of presentations of ocular dysfunction and disease.

5. Student assessment

This section of the report addresses the reliability and validity of the methods of assessment used in the program and whether or not these methods give assurance that every student who passes the program is competent to practice optometry safely to the minimum standards expected by the profession.

Comment should be made as to whether the assessment methods are explicit and known to students at the outset of the program and at the outset of each program component.

6. Research Activities

The school's commitment to and involvement in research activities and the way these activities impact on the teaching environment should also be considered. The report should comment on the extent to which the research of the school informs the curriculum, promotes intellectual curiosity and a respect for evidence based health care in the undergraduate students, and the extent to which it helps provide graduates with the basic skills for scientific evaluation.

This section of the report addresses the various research activities by the school:

- articles in national / international journals.
- posters / presentations.
- support by the school for the various activities.
- collaboration with various institutions / organizations.

7. Best Practices & Innovation

This section of the report addresses the methods of adopting the best practices. How frequently the school is reviewing the curriculum and methods adopted to inculcate the best practices.

8. Other Courses

This section deals with the impact of any other program on the Optometry program. Any beneficial / adverse impact on the quality and resources available for the Optometry students.

9. Service at Peripheral Health Centers (PHC)

Service being provided at the PHC for the population would be assessed.

- The number of patients examined
- The number of districts / PHC adopted
- The duration of posting of students

E. Recommendations

The Assessment Team can recommend:

- accreditation for four years
- accreditation refused.

Any conditions must be clearly and unambiguously stated.

F. Confidential Information

Outlines any information which the Assessment Team feels should remain confidential and not be published in the final OCI Accreditation Report produced. This would include information the Assessment Team considers commercial-in-confidence. Lists of people making submissions and people interviewed should be included. This section can be included as an Appendix or as a separate document.

APPENDIX 3

Annual Report Form

Year of the report

Name of the Optometry School:

Year Accredited / Re – Accredited

Year Accreditation Expires:

1. Organization & Governance

Have there been any changes or is there any proposal to change the faculty within which the school/dept. operates, merge the school with another school, or to change the lines of reporting of the school or its delegated authorities?

2. Physical Infrastructure, Staff & Students

Have there been any changes or is there any proposal to change:

- The infrastructure availability
- The number of students
- Change in number of teaching full time / visiting faculty
- Change in number of support staff

3. Curriculum

Have any subjects been deleted or new ones added or have the contact hours of any subject been increased or decreased significantly

4. Pedagogy

Has the nature or organization of clinical training changed in any way that may reduce student clinical experience eg. Reduced number of patients, loss of a clinical setting, and reduction in the ratio of clinical instructors to students?

5. Clinical Training & Assessment methods

Have there been or are there any proposals to make significant changes to teaching methods in substantial parts of the program?

If there are plans to make significant changes to teaching methods, will these significantly increase or decrease contact hours or student work load?

6. Student Assessment

Have the prerequisites for entry into the optometry program changed?

Have there been or are there any proposals to significantly change methods of assessment in any major subject or subjects of the program?

7. Research Activities

Have there been or are there any proposals to make significant changes to support / increase the research activities in the program?

8. Other Courses

Have there been or are there any proposals to start any other course which can have a significant impact on resource availability to the Optometry program?

Accreditation Report

If your previous Accreditation Report expressed any areas of weakness, please briefly outline the initiatives you have undertaken to address these.

OCI wishes to be provided with full details and explanations of any changes that may decrease the quality or effectiveness of teaching. While there is no obligation to report changes that are advantageous, reports of changes and initiatives that will improve educational outcomes are welcomed by OCI.

Internet address for the program/ curriculum details

Teaching load versus teaching resources data for the optometry school at for the year

Number of effective full time students (Note 1)			Number of full time and fractional full time teaching and research staff (Note 2)		
Year of Program	No. Full Time Student (optometry program)	No EFTS (other U/G program)		No of full time positions	No. of fractional full time staff
1			Professors		
2			Assoc Professors		
3			Senior Lecturers		
4			Lecturers		
5			Senior tutors		
6			Tutors		
7			Staff Optometrists		
Total u/g			Clinical Instructors		
PG Dip			Vacant FT Positions – number – position titles		
Masters			Casual/Sessional Staff (clinical teaching)		
Ph D			Number of sessions		
Total HD			Total positions		
Total			Total Teaching Hours		

Note 1 Equivalent full time students taught in the school excludes that fraction of students taught in other Departments of the University at the cost of those other Schools.

Note 2 Do not include research positions funded from external sources. Include only vacant positions that are being filled or which will shortly be advertised.

NAME OF HEAD OF SCHOOL

..... / /
Signature Date

Please provide a copy of the school annual report.

Definition of a major change

A major change in a optometry program could be a:

- change to the institutional setting
- change in the length of the program, especially any reduction of length
- major change in the format or overall sequence of subjects of the program
- major change in teaching, especially those involving changes to contact hours, or a major change to assessment methods
- major reduction in resources or planned changes in student numbers leading to an inability to achieve the objectives of the existing course.

The gradual evolution of an optometry program in response to local initiatives and ongoing review would not be considered a major change.

If an optometry school is in doubt about whether proposed changes fall into the category of a major change, it should confer with OCI. While plans for major change are evolving, the OCI is available to give general advice as to whether the proposed changes are likely to comply with the OCI Standards. Optometry schools contemplating such changes are advised to consult OCI as early as possible.

APPENDIX 4

Key Terms

Accreditation submission	Detailed information relating to the Standards provided by a school to the Optometry Council of India prior to the commencement of the accreditation.
Assessment Team	A team whose primary function is the analysis and evaluation of the optometry program against the standards.
Assessment Team Report	Report of the Assessment Team completed at the conclusion of the assessment process. This report is presented to the OCI and provides recommendations on the accreditation and re-accreditation of an optometry program. This is an internal document and is marked 'not for circulation.'
Competency Standards	A list of the skills, knowledge and attributes that a person needs to be able to practice optometry at entry level to the profession.
Extramural placements	Student clinical placements that occur outside the Optometry school.
Program	A program of study provided by a school. Note: The term "course" is used in many universities.
School	Specialist area within a university that delivers the optometry program. Note: The term 'school' has been used throughout this document however the word 'department' or 'discipline' is used in some universities.
Standards	Used to assess whether a program of study, and the university that provides the program of study, provide persons who complete the program with the knowledge, skills and professional attributes necessary to practise optometry.
Subject	A component of an optometry program. Note: The term 'unit', 'course' or 'topic' is used in many university programs.

APPENDIX 5

Summary of Common Minimum Optometry Curriculum (CMOC) for India

Year	Courses	Hours		Hours
First Semester			Second Semester	
	General Anatomy	32 (10)	Basic Biochemistry II	20(20)
	General Physiology	45 (20)	Ocular Anatomy	39(10)
	Basic Biochemistry I	27(20)	Ocular Physiology	47(14)
	Nutrition	15	Geometrical optics -II	45(20)
	Geometrical Optics - I	49	Physical optics	37(15)
			Clinic - I	
Third Semester			Fourth Semester	
	Ocular Microbiology	18	Optometric Optics -II	37
	Optometric optics- I	21	Visual Optics - II	27
	Visual optics - I	20	Ocular Disease - II	46
	Optometric Instruments	32	Basic Pharmacology	24
	Ocular Diseases - I	46	Pathology	20
	Clinical examination of Visual System	29	Clinics - III	68
	Clinic - II			
Fifth Semester			Sixth Semester	
	Contact lens - I	37(25)	Contact Lens - II	30(25)
	Low Vision Aid	21(6)	Binocular Vision - II	31
	Geriatric Optometry	25	Public Health and Community optometry	26
	Pediatric Optometry	30	Dispensing Optometry	19
	Binocular Vision - I	29	Occupational Optometry	20
	Systemic Disease	57	Clinics - V	68
	Clinics- IV			
Clinical Internship - Seventh and Eight Semester				

Note: Numbers in parenthesis is dedicated practical hours for different courses

CLINICAL TRAINING FROM THE FIRST YEAR TO THE LAST
YEAR OF THE PROGRAMME

1) First year :

- a. Role play
- b. Clinical Observations
- c. Vision Check
- d. Basic Lensometry

2) Second year :

- a. History taking
- b. CEVS practical
- c. Refraction Hands On
- d. Clinical Observations
- e. Vision screening camps

3) Third year :

- a. Clinical Observation
- b. Hands-on under senior optometrists
- c. Case reporting
- d. Case discussion
- e. Vision screening camps
- f. Diagnostic interpretations

4) Internship :

Primary Eye Care	25 %
Dispensing Optics	25 %
Contact Lens	10%
Low Vision Aids	10%
Orthoptics	10%
Diagnostics	10 %
Anterior Segment clinic	5%
Posterior Segment Clinic	5%

	Procedures	Minimum Number	Comments
1st year (2 nd Semester) CLINIC - I	Role Play (Patient- Optometrist)	3 cases	
	Clinical Observation and Report writing	6 cases	
	Vision Check (Snellen's Chart) – Distance + Near	12 cases	
	Lensometry (Spherical lenses)		
2nd year (1 st Semester) CLINIC -II	History taking ➤ General ➤ Specific ➤ Conditions	9 cases	Can practice on the following complaints : Blurred Vision, Headache, Pain, redness, Watering, Flashes, Floaters, Blackspots
	Lensometry	100 cases	Simple Sphere, Simple cylinder, Spherocylinder (90, 180, Oblique degrees),Bifocals, PAL
	Vision Check (log MAR) Pinhole acuity	100 cases	Simulation, especially to show and ask the students to interpret the findings.
	Extraocular Motility	10 cases	
	Cover test	10 cases	Video output Simulation of various conditions
	Alternate Cover test	10 cases	Video output Simulation of various conditions

	Hirschberg test	10 cases	Video output Simulation of various conditions
	Modified Krimsky test	3 cases	Video output Simulation of various conditions
	Push up test (Amplitude of Accommodation)	10 cases (1 case in presbyopic age)	
	Push up test (Near point of Convergence)	10 cases	
	Stereopsis test	10 cases	
	Tear Break up time	10 cases	
	Amsler's Grid test	10 cases (simulate)	Simulation of various conditions
	Photostress test	10 cases (Normals)	
	Color vision test	10 cases	
	Schirmer's test	10 cases	
	Confrontation test	10 cases	
	Slit lamp illumination	3 cases	
	Slit lamp examination	10 cases	
	Finger tension	10 cases (Normals)	
	Schiotz Tonometry	10 cases (Normals)	
	Applanation Tonometry	10 cases (Normals)	
	Negative Relative	10 cases	

	Accommodation		
	Positive Relative Accommodation	10 cases	
	von Herick Grading of Anterior chamber depth	10 cases	
	Accommodative facility(\pm 2.00 D)	10 cases	
	Corneal Sensitivity test	10 cases	
	IPD	10 cases	
	Proptosis evaluation	1 demo	Video demonstration of cases
	Ptosis evaluation	1 demo	Video demonstration of cases
	Pupillary evaluation ➤ Direct ➤ Consensual ➤ RAPD	10 cases	
	HVID	10 cases	
	Maddox rod (Phoria)	10 cases	
	Negative Fusional vergence	10 cases	
	Positive Fusional Vergence	10 cases	
2nd year (2 nd semester) CLINIC-III			
	Retinoscopy-	25 + 25 +25 cases	Model eye for retinoscopy.

	Static, Dynamic and Cycloplegic Retinoscopy		
	Keratometry	25 cases	
	Subjective Refraction ➤ JCC ➤ Clock Dial ➤ Duochrome ➤ Borish Delayed	25 cases	
	Addition calculation	25 cases	Give more simulated problems and discuss on it
3rd year (1 st semester) CLINIC IV			
	Direct ophthalmoscope	10 cases (Normals)	Show slides of various commonly seen retinal conditions
	Visual Field chart interpretation	10 cases - discussion	Both kinetic and Static
	B scan Interpretation	10 cases - discussion	
	A scan chart Interpretation	10 cases - discussion	Discussion having different types of wave patterns
	Case Analysis	10 cases	
	+90 D lens	10 cases (Normals)	Slides of various Cup: Disc ratios can be shown
3rd year (2 nd semester) CLINIC V			
	Gonioscopy	5 cases (Normals)	Slides of abnormal angles
	Posting in optometry	5+5+5+5+10	Pediatric/contact lens/Low vision/

	clinics	cases	Orthoptics/ GOPD
	Camps	4 camps	School screening, Cataract
	IDO (on each other)	10 cases(Normals)	Slides of abnormal fundus
	Case Analysis -	5+ 5+ 5+ 5 cases	Pathology Binocular Vision Clinical Refraction Dispensing optics
4th year CLINICAL INTERNSHIP	General OPD (History taking –DO)	500 cases	Weekly 1 case report submission
	Contact Lens	20 cases (5 RGP+ 5 Soft + 5 toric)	Totally 3 different case reports submission at the end of the postings
	Opticals	100 cases	Weekly 1 case report submission
	Low Vision care Clinic	10 cases	Totally 3 different case reports submission at the end of the postings
	Binocular Vision clinic	10 cases	Totally 3 different case reports submission at the end of the postings
	Ophthalmology clinic (Common eye conditions)	50 cases	Totally 3 different case reports submission at the end of the postings
	Camps	10 camps	Camp report submission

NORMS FOR INFRASTRUCTURE (Number of UG Students : 30)

1.1 General

The norms for space and buildings have been arrived at, based on the functions, a optometry institution offering degree programme, has to perform. In all the cases, unit norms have been evolved taking the absolute minimum needs, which are indicated as norms. As such the institutions, while envisaging their space and building requirements, must keep their perspectives for development in mind and formulate their plans accordantly.

Around the administrative building, and classrooms there is considerable movement of students and, therefore, there must be adequate veranda space in this part of the college building so that the classes do not get disturbed. For this reason, the ratio of plinth to carpet area for the normal building may be taken as 1.4 (ratio).

1.2 Classification of Building Area

The building area required for an optometry institution can be classified as:

- Instructional area,
- Administrative area,
- Amenities area and
- Residential area.

Instructional area will include classrooms, laboratories, computer center, library, seminar hall, clinical hours etc.

Administrative area comprises Principal's room, visitors lounge, staff rooms, college office, stores, etc.

Area for amenities consists of common rooms, recreation center, hobby center, Rotaract club and Alumni Association, Play area etc. (all are not necessary. However any of these facilities will be appreciated).

Residential area includes student and staff hostels, staff quarters and guesthouse.

(Optional – if alternative approach is adapted by the management)

1.3 Building Space for Instructional Area

The course structure of any optometry institution degree program will include lectures, laboratory work, clinical practical training and seminars.

The college must have adequate building areas for all these instructional activities.

According to the model curriculum, during different semesters, the total number of hours per week for which the student is to have contact with the teacher will vary between 27 to 34. In view of this, for the instructional schedule, if spread over a period of 34 hours a week, the college can work for eight hours from Monday to Friday and for four hours on Saturdays.

The student strength in a theory class should not exceed 30.

The seminars of the students must be conducted with the entire class.

In the case of clinical practice classes or labs for students, which emphasize the skills component of the training, the classes will have to be divided into smaller groups and work assigned.

1.3.1 Faculty Strength

The Optometry program should have minimum two full time teaching faculty who are post – graduates in Optometry.

1.3.2 Number of Rooms for Theory Classes :

- Separate room for each year students is ideal set-up
- Number of Rooms for Lab works.
- Separate Rooms for each Lab
- Number of Rooms for Basic Clinical Practical Training
- 1: 5 (Room : Students) For 30 students should have 6 rooms (cubicles)

1.3.3 Rooms Size for Theory Classes :

The carpet area requirement of the class rooms depends upon the number and type of seating arrangement for the students and provisions for a platform, a table and a chair for the teacher.

Further, as the space required for the teacher will remain the same irrespective of the class strength, the per student requirement of carpet area will increase with the decrease in class strength.

Type of Rooms Carpet Area Requirement in Sqm / student

Classification of size Minimum Desirable

Class rooms for 30 students 1.2 Sqm/Student

1.3.4 Laboratories:

The requirements of the laboratories depend upon the programmes that are being offered by the institution and the curricula adopted for these programmes irrespective of the students population.

1. Optics 10 / 30 feet x 20 feet
2. Chemistry 10/ 30 feet x 20 feet
3. Computer 10/ 10 feet x 10 feet
4. Clinical Practice Lab 3.2 x 1.5 (length and width)

The above areas do not include the rooms of the teaching staff even though such staff rooms are attached to the laboratories. However, they do include the sitting space for the technical supporting staff and storage of laboratory consumables and instruments.

1.3.5 Attached Eye Hospital/ Association with Eye Hospital and/or Optometry clinics and /or Optical centers:

The Eye Hospital must have the following facilities :

- Optometry Clinics
- Ophthalmology Clinics
- Optical Services
- Community Outreach programme

1.3.6 Teaching Aids:

Every class room should be provided by a Blackboard / white Board, facility for PowerPoint facility. Accessibility to VCR, TV and Video Cassettes of various optometry topics are appreciated.

- **Building space for Administrative and other facilities**

In addition to the teaching space, the norms for building requirement in a teaching department for other purposes are as below:

Carpet Area

- Principal Room 15 feet x 9 feet
- Administration Office 15 feet x 9 feet
- Faculty norms 10 per teacher
- Library 40 feet x 30 feet
- Seminar Room 30 feet x 20 feet
- Store 10 feet x 10 feet
- Maintenance department : Space and storing space for instruments/goods is essential

- **Library**

At the time of establishing an optometry institution with undergraduate programme, there should be a minimum of 200 books in the Library distributed as below:

There should be a minimum of 5 optometry journals - 1 Indian and 4 International. While this is essential for institutions offering P.G. programme, the number of International Journals may be relaxed, though preferred for those offering only U.G. Programmes.

1.4 Building Space for Amenities:

Some of the developed institutions in the country provide several amenities for students and staff. However, the minimum unavoidable requirements for such amenities for normal functioning of the Institute are given below alongwith the norms for the Building space.

1.4.1 Student's Activity Centre (Optional)

This will consist of provisions for the indoor games, gymnasium, dramatics and alumni center etc. The norms for building are 0.25 sq.m per student

1.4.2 Open Air Theatre (Optional)

The college building and the hostels will be provided with adequate number of toilet blocks with urinals, lavatories and washbasins. It will also be necessary to provide separately one toilet block for women in the college building.

1.4.3 Toilet Blocks

The college building will be provided with adequate number of toilet blocks with urinals, lavatories and washbasins. It will also be necessary to provide separately one toilet block for women in the college building.

Education Building Hostel (Optional).

10 Sq.m for each 100 student population 75 sq.m. for each unit of 120 student

1.4.4 Cycle and Scooter Stand

This will be provided as open or covered area at the rate of 15 percent of the plinth area of the college building.

1.4.5 Play Fields

The institution must be provided with play fields so that the students can have adequate participation in games and sports for healthy and constructive activities within the campus.

1.4.6 Other Amenities

The norms of space (Carpet area) or other miscellaneous amenities are as given below :

	Sq.m.
Canteen	50
Cooperative Stores (Optional)	50
NCC Office cum Stores (Optional)	50

1.5 Building Space for Residential Area (Optional)

The hostel requirements depend on the variety of factors like the location of the institution, the region from which students are admitted, local availability of accommodation and that of transport. Though, the requirement for residences for teachers and other employees of the institution also depend upon these factors but at the same time it is necessary to provide an attraction to the new teachers from far of places by providing suitable accommodation at the campus.

1.5.1 Hostels

Location of College Hostel Strength

Within 20 km. of a large city 25% of boys and 50% of girls enrollment

Other locations 50% of boys and 100% of girls enrollment

The boy's hostel will be made as a unit for 50 students while there is not minimum for a girls-hostel unit. The first year students will be accommodated in triple seated rooms while others will be given single seated rooms. The norms for the room areas will be as below :

Carpet	Area (Sq.m.)
Single room	9
Triple seated room	20

The other building space needed in a hostel unit will be as per norm given below :

Carpet	Area (Sq.m.)
Kitchen and Dining Hall	200
Indoor games cum Common hall	150
Medical room	50
Canteen	15
Warden Office	18*
Guest Room (2 nos.)	18*
(* Four addition rooms of 9 sq.m. each within the hostel blocks)	

1.5.2 Staff Residences (Optional):

The minimum residential accommodation that should exist in the campus should be for the Principal, and all Warden and the essential staff including a Caretaker, an electrician, a driver, a water supply operator and chowkidars. The building space for residences will be as per norms given below :

	Sq.m.
Principal	140
Professor	100

Asst. Professor/Lecturer	80
Class III staff	30
Class IV staff	20

1.5.3 Teachers Hostel (Optional)

It will be desirable to have a hostel type accommodation for 25% strength of the teachers with the norms of 30 sqm. carpet area per teacher inclusive of an attached toiled room.

1.5.4 Guest Houses (Optional)

To meet the needs of the guests visiting the institution for official work and the parents visiting the students it will be necessary to have a guest house.

1.6 Furniture

All laboratories, library, workshops, lecture and tutorial rooms offices hostels and Guest house etc. should be adequately furnished. No norms for the furniture are begin laid, however it is expected that the furniture should conform to the requirement of a dignified institution, The Institution may equip the buildings with the furniture as available indigenously.

1.7 Land

It will not be desirable to set the norms for the land requirements for an Optometry college because of existing high pressure on land availability and other similar factors. If enough land is not available near a large town, the double and triple storey construction may have to be resorted to. However, it will be desirable to have the total land area so as all requirements of the building space are fully met as envisaged in these norms.

In addition, it will be necessary to have additional land available within the campus for future expansion, with a norm of about 3 times the constructed area.

Keeping all these points in view it is expected that a new optometry institution located in non-metro location will have a land of about 3 acres at its disposal before starting.

For detailed information, please visit: <http://asco-india.org/>

APPENDIX 6

Standards & Evidence

Standard 1 — Organization and governance

- The networks and affiliations that enrich the clinical learning experience.

Administration and organizational structure

OCI expects each optometry school to be affiliated to a university, and acknowledges that universities:

- have different academic structures for organizing disciplines
- have different administrative and funding structures for managing resources.

Affiliated institutions

OCI expects optometry schools to have well established and beneficial relationships with health service agencies and research institutions affiliated with the university. These might include:

- access to affiliated health care service institutions by academic staff who teach clinical subjects to enable them to maintain and develop clinical skills.
- clinical teaching of undergraduate optometry students within affiliated health care service institutions.
- joint academic and clinical appointments in the school and affiliated health care service institutions.

Formalized arrangements to protect these relationships should be developed to ensure that an appropriate environment for teaching is in place.

The profession and the broader health community

There should be effective mechanisms enabling the school to communicate with and receive feedback from:

- optometric practitioners,
- professional associations,
- the medical profession and other health professions.

Evidence

Suggested evidence requirements for submission

a) Administration and organizational structure

- Blue print of land & building
- Details about the governing board, board of trustees
- Society / Trust deed of the location
- Statistical overview of its size, including student and staff numbers.
- List of website addresses displaying relevant information.

b) Relationships with other organizations

Suggested evidence requirements for submission

Relationships with relevant health authorities

- Statement listing the relevant health authorities the school has a relationship with and the nature of the relationship.

Suggested evidence that might be requested during the site visit

- Copies of any formalized arrangements, relating to the optometry program, between the school and other organizations.

Standard 2— Physical Infrastructure, Staff & Students

School structure and administration

- Organizational chart depicting the structure, faculty, senior officers and management of the school.
- Optometry program details – including the names of the subjects taught by each of the faculty.
- Details about the student strength, admission process.

Suggested evidence that would be required during the site visit

- Position descriptions / curriculum vitae for the Head of School and all faculty.
- University or school policy documents or other publications that provide information about the school's governance, structure and administration.
- Copies of the Terms of Reference for major school or faculty committees.
- Any other documents that will assist the Assessment Team to understand the relationship of the school to its university and the standing of the university.
- Admission process details. Details about the sanctioned strength for the students.

Standard 3 — Curriculum

Schools are responsible for developing, implementing and monitoring the curriculum. They are expected to have mechanisms evaluating and assessing the program content.

Interpretation

This standard focuses on the organizational processes for the development and review of the program content. It considers the school's capacity to change the structure and content of the program to meet changing needs.

a) Curriculum design and implementation

- The program is evaluated and compared against CMOC
- The school is expected to provide explanation for any major deviation.

Suggested evidence that would be required during the site visit

- Details of posting, academic calendar lecture schedules.

b) Monitoring and evaluating the curriculum and teaching effectiveness

Each school must demonstrate that it has mechanisms for monitoring and evaluating its curriculum, quality of teaching and quality of graduates.

The major mechanism for monitoring the program will be a program committee. The monitoring of programs should also aim to incorporate:

- student feedback
- tracking and monitoring graduates

Student feedback

1. Questionnaires/surveys

OCI recommends that student questionnaire responses be obtained and evaluated regularly for each component of the program, especially where the program has changed. Carefully designed and evaluated student questionnaires can provide valuable information where a suitably high rate of return of completed questionnaires is received.

Mechanisms for providing such feedback to those responsible for designing and teaching individual programs or program components must exist as part of a continuous improvement process. Negative feedback should also be identified, analyzed and consideration given to possible program changes.

2. Student representation on committees

In addition to student questionnaires, other pathways for student feedback should exist including student representation on curriculum committees or input into formal consultative process. Students should also have ready access to conveners of components of the program and to administrative staff.

3. Tracking and monitoring graduates

Examining the quality and success of graduates is useful in evaluating the appropriateness and effectiveness of the program. Although tracking graduates can be difficult, schools should attempt to implement mechanisms for obtaining feedback from both employers and graduates.

Evidence

This section should provide evidence of the mechanisms in place for the development and management of the program.

a) Program design and implementation

- Statement describing the policies and procedures used by the school to develop and implement the curriculum
- Short summary of the significant changes that have been made to the program in the last five years, including significant changes to the rating and extent of clinical experience.

b) Emergent topics requiring special emphasis

- Description of the mechanisms used to recognize and initiate responses to emerging issues, including those relating to changing health and educational priorities and interdisciplinary issues.

c) Monitoring and evaluating the curriculum and teaching effectiveness:

- Minutes of academic committee meetings to assess the review process.

Evidence is a copy of the board of studies approval letter.

- List of the strategies used to monitor the quality and effectiveness of the program, its component subjects and teaching, both within the optometry school and in other departments.
- Statement describing the policies and procedures used by the school to evaluate the curriculum and the effectiveness of teaching, and to instigate change. This should cover:
 - staff feedback
 - student and staff surveys
 - analysis of student results per year for the last 4 years.
 - Feedback from graduates for the past 4 years.
- Summary of examples of recent changes to the curriculum and methods of teaching made in response to student/graduate surveys and staff views.

Suggested evidence that might be requested during the site visit

Copies of any recent reviews of the program or component subjects that have been conducted by the university or the school.

Site visit / focus of Assessment Team

The Accreditation Committee may nominate some emerging issues that it wishes to have considered during the assessment. Issues may include those arising from recent or imminent legislation changing the scope of practice of optometry or changes in methods of practice arising from changes in knowledge or technology.

Standard 4 — Clinical Training And Assessment

Curriculum design and implementation

- The program is evaluated and compared against CMOOC

Suggested evidence that would be required during the site visit

- Details of posting, academic calendar lecture schedules.
- Copy of the agreement with other health institutions for clinical posting of students.

Standard 5 — Student Assessment

This section of the report addresses the various methods of student assessment:

- Clinical examination
- Semester marks

- Internship program

Standard 6 — Research Activities

This section of the report addresses the various research activities by the school:

- articles in national / international journals.
- posters / presentations.
- support by the school for the various activities.
- collaboration with various institutions / organizations.

Suggested evidence that would be required during the site visit

- Copies of the articles, posters.
- Copy of the agreement with other health institutions for promoting research.

Standard 7 — Best Practices & Innovation

This section of the report addresses the methods of adopting the best practices:

- Student feedback
- Faculty feedback
- Curriculum revision process
- Practices to promote innovation

Standard 8 — Other Courses

Other courses may be in Optometry or any other course where the resources are being shared with the Optometry program. Details of any other courses that are being run / planned to be started by the college:

- Impact of the course on the delivery of Optometry program in terms of
 - Availability of faculty
 - Institutional resources
 - Educational resources

Suggested evidence that would be required during the site visit

- Details of the curriculum of the other courses
- Academic calendar

Standard 9 — Service At Peripheral Health Centers (PHC)

Service being provided at the PHC for the population would be assessed.

Suggested evidence that would be required during the site visit

- Details of the student posting to the PHC
- Details about the number of patients examined, referred and treated.

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CONSIDERED BY OCI AT ITS MEETING ON / / 20

RECOMMENDATION OF OCI

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MEETING ON / / 20

RECOMMENDATION OF OCI BOARD ON / / 20

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