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## **Deliverable: Intellectual Output 1**

### **An EU Professional Profile for Visual Disabilities Rehabilitator**

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# 1 Executive summary

This document includes the description of an exploratory and Delphi Study that was conducted to identify the professional profile and “core competencies” for a newly proposed professional role, a Visual Disabilities Rehabilitator (VDR) for Europe.

This work represents the main outcome of Work Package 1 of the oMERO project and is **Deliverable IO1: The EU PROFESSIONAL PROFILE FOR VISUAL DISABILITIES REHABILITATOR**. The VDR Professional Profile (PP) has been modelled, based on a needs’ analysis and professional profiles (PP) for related roles which already exist at EU level and internationally. The PP forms the basis for a competence-based role that will be compliant with EU standards such as EQF and will linked with ESCO.

Initially, we conducted a review of the health sciences literature and a critical analysis of complementary professional training curricula, including any existing officially recognized current curricula in the field of visual rehabilitation, low vision support or related roles in Europe, the UK, USA and beyond. This process was facilitated by a template used by the WP1 partners, who collected information on current curricula from the following countries: Poland, Lithuania, France, Italy, Ireland, UK, USA, Canada, Germany, and Sweden. These curricula provided a thumbnail sketch of the current VDR-relevant training programmes officially provided in Europe, the USA/Canada, and the UK, which vary a great deal, not only across countries, but often also within the same country.

Next, up to 36 experts from six European countries, the USA, UK and Canada, responded to two rounds of a Delphi Study. This was complemented by a consultation with non-professional experts (service users and their families), after which a list of 17 Key Activities, each associated with up to six core competencies, was identified. Finally, input on the list of competencies from Key Opinion Leaders (KOLs) from international third sector organisations and relevant professional bodies was sought.

The report also describes how these core competencies can be framed within the ESCO classification and how their development was driven and informed by the most relevant international recommendations.

The Professional Profile and its core competencies will constitute the basis on which the oMERO partners in subsequent WPs will develop the “Learning Outcomes” of the Modules of the European VDR curriculum.

Then there are three Appendices that include:

- a) **Appendix 1:** Examples of professional roles in the European Union complementary with the proposed VDR
- b) **Appendix 2:** The Template used by Partners to collect complementary existing curricula.

- c) **Appendix 3:** Template for lay stakeholder interviews on VDR Professional Profile Key Activities

## 2 Introduction to the oMERO project

### 2.1 Context

The proportion of the population aged 65 years and over is increasing in every European Union member state; this is a long-term trend, which began several decades ago in Europe (EUROSTAT, 2016). This trend is associated with a rising prevalence and incidence of aging-related health conditions, including vision-related disabilities, which impact on the quality of life and wellbeing of individuals. A key emerging challenge that European governments need to face, is to allow older people to remain as independent for as long as possible, enabling them to participate in local community life and contribute meaningfully to society (WHO, 2006).

According to the WHO's "*Universal eye health: a global action plan 2014-2019*", globally, at least 2.2 billion people have a vision impairment or blindness, of whom at least one billion have a vision impairment that could have been prevented or has yet to be addressed. In Europe, it is estimated that there are over 23 million blind and partially sighted individuals. Among them, 2.6 million are blind, 2.5 million live with moderate to severe visual impairment, and 18.2 have mild visual impairment (EUROSTAT, 2016). Despite ongoing diagnostic and therapeutic advances for many ocular conditions, the European population's progressive ageing is resulting in an increased incidence and prevalence of sight-threatening diseases that are strongly associated with age. Both blindness and visual impairment can have a substantial negative impact on an individual's quality of life and is associated with loss of productivity and significant socioeconomic impacts.

Practical and feasible rehabilitation interventions to foster quality of life, societal engagement and continued productivity for people living with visual disabilities are currently available; however, to support these interventions, **a trained visual rehabilitator with the necessary skills and expertise to manage a range of visual disabilities in different settings and for different populations is necessary**. Unfortunately, in most regions of Europe, recognition of and training for this type of professional does not exist. Thus, a new professional profile, and training and education curriculum, for this type of role must be developed. The oMERO project, supported by funding from the European Commission's Erasmus Plus program, now aims to define this role. oMERO will define an EU reference Professional Profile (PP) for '**Visual Disabilities Rehabilitator**' (VDR), which will provide the baseline for the EU curriculum and for the definition of an VDR professional qualification.

### 2.2 Work leading up to and informing this project

Prior to conducting the Work Package (WP) 1 work of oMERO, a needs' analysis was conducted to support the preparation of the oMERO project proposal. The needs' analysis focused on existing research in the field, as well as on the most recent

international reports and recommendations regarding the health context. The needs' analysis pointed out the need to develop a new and innovative professional profile for the role of "Visual Disabilities Rehabilitator (VDR)". This need for this new role is supported by many practitioners, reports and recommendations underlining the need to implement new healthcare models centred on task shifting and sharing away from more specialised professions, such as ophthalmologists and optometrist, to a more community-based, rehabilitation-type role.

The proposed VDR will be a role offered to blind and partially sighted people (children and adults) to assist them to remain or become independent and to support their quality of life. The VDR will work directly with individuals to assess their needs, as well as developing and delivering a tailored programme of training in skills and coping strategies. The VDR will respond to an individual's unique circumstances, working with them to problem solve and find acceptable solutions.

Existing models of excellence regarding certain aspects of the work required of a proposed VDR include the **Professional Certificate in Low Vision** offered by the UK's College of Optometrists and 'vision rehabilitation worker', which usually requires a foundation degree in Rehabilitation Work (Visual Impairment). This may also be referred to as a Diploma of Higher Education in Rehabilitation Studies. Additionally, the 'Synpedagog' in Sweden, the 'typhlopedagogue' in Lithuania, the unofficial role of the 'Riabilitatore delle Disabilità Visive' provide further models for the proposed.

The most completely developed roles related to the proposed VDR exist in the USA, with accompanying training curricula and an accreditation program. These are supported by the Association for Education and Rehabilitation of the Blind and Visually Impaired (AER), a professional membership organization dedicated exclusively to professionals who provide services to persons with vision loss (<https://aerbvi.org/>), and the training curricula fall under the remit of Academy for Certification of Vision Rehabilitation & Education Professionals (ACVREP). ACVREP's certification programs are designed to offer Vision Impairment Specialists, who provide services to individuals who are blind or have low vision, the means to demonstrate critical knowledge and skills that promote the provision of quality services and ethical practice (<https://www.acvrep.org/index>). The roles supported by ACVREP overlap with the proposed VDR role and include: **Certified Orientation & Mobility Specialists (COMS)**, **Certified Low Vision Therapists (CLVT)**, **Certified Vision Rehabilitation Therapists (CVRT)**, **Certified Assistive Technology Instructional Specialists (CATIS)**. However, none of these roles provides an 'exact fit' for what is envisioned for the VDR through the oMERO project.

Broadly, the role of the above-mentioned professionals, as well as the proposed VDR is envisioned as a professional who will be able to provide physical, psychological, and sensory rehabilitation services to people with visual disabilities, under the framework of a new trans-disciplinary, user-centred and ICT-based approach. The proposed VDR will work on a 1:1 basis with individuals (children to adults) with visual impairment, accepting referrals from outside agencies or providers, the individuals themselves, or other health and social care professionals. Following referrals, an initial assessment to ascertain abilities and needs around a range of daily functional activities will be

undertaken by the VDR. This specialist assessment will likely take place within the individual's own home, but assessment other settings such as school or workplace may also be needed. The assessment will lead to a tailored rehabilitation plan designed to foster independent living, wellbeing and quality of life. This may include provision of and instruction about specialized equipment, and digital and IT solutions. Further detailed assessments may follow, involving a programme of intervention which may include training, education and sign-posted regarding daily living skills, communication, assistive technology, orientation, mobility and IT and digital skills. Ongoing contact with the individual may be needed to take account of changing needs (i.e. progressive visual impairment) or circumstances (i.e. transition from school to workplace). The VDR will also make referrals to relevant health and social care agencies, as well as education or occupation-related services. Finally, an important aspect of the role includes supporting individuals to come to terms with their visual impairment if sight loss is recent or progressive

**The health economic imperative for the VDR role is clear.** Although specific health economic modelling is beyond the scope of the oMERO program, work carried out in the UK on the impact of the complementary role of the 'vision rehabilitation worker' has provided certain insights (Ronca et al, 2017). In this study, commissioned by the RNIB and conducted by the Office for Public Management (OPM), an economic assessment involved a cost-avoidance analysis approach based on a case study vision rehabilitation service in England (run by Sight for Surrey, a charitable organisation that delivers specialist services to people who have vision impairment, are deaf or hard of hearing, or have combined sight and hearing loss) identified costs avoided, reduced or deferred as a result of the vision rehabilitation service, both for the health and social care system and for individual service users (and their families and informal carers). The report also identified five key impacts of the vision rehabilitation worker role:

- Functional independence
- Personal safety
- Emotional wellbeing
- Social participation
- Outcomes for families and informal carers related to reduced anxiety and burden of informal care

Their study concluded by suggesting that vision rehabilitation services not only contribute to meeting a set of needs experienced by people with a vision impairment, but that the financial value resulting from these services may significantly outweigh the financial costs of delivering the services for the health and social care sector.

### ***2.3 Aim of oMERO project***

Based on the above-mentioned needs, and given that currently no standardized professional profile (PP) for a Visual Disabilities Rehabilitator (VDR) is available at EU level following the stated recommendations, the **oMERO project's aim is to define a PP and a Curriculum for a VDR.**

The VDR PP will be competence-based and will serve as a baseline for the definition of a European, innovative, learning outcome-oriented modular curriculum for VDR. Through this activity, the OMERO project is targeting a specific existing mismatch between the skills currently offered by the vision health community and those actually demanded by both public health care institutions and private service providers when applying innovative healthcare models centred on best practice to support quality of life and wellbeing in people living with visual disabilities.

IO1, in particular, described in this report, concerns the definition of the VDR Professional Profile.

### 3 WP1 Work description

According to the oMERO proposal, Work Package 1 (WP1) aims to define a PP for the Visual Disabilities Rehabilitator (VDR), which could become the European benchmark for the Vocational Education and Training (VET) of VDRs. By “professional profile” we mean the components of “qualification” that describes the job requirements in terms of Key Activities and *Core Competencies*.

To achieve this aim, the work under WP1 is structured into two main tasks:

- Task 1.1 - Identification of the current VDR working and occupational contexts
- Task 1.2 - VDR Professional Profile

In particular, under Task 1.1, which was carried out during the first four months of the project, a study was conducted by the OMERO consortium to complete the existing evidence about VDR skills needed to make the PP for VDR as close as possible to the current (and future) working and occupational context for VDR. Since policies about healthcare systems are changing, both at EU and at a national level, and challenges caused by the ageing population and economic crisis are forcing governments to make important choices, we considered the following:

- The actual roles played by VDRs in different EU countries may differ.
- The role played by public and private entities in the health and social care ecosystem.
- The specific country-related contextual elements affecting the role played by VDR.
- The sustainability of VDR role in social-health systems.

Task 1.2, the primary objective was to produce the VDR Professional Profile (PP) and key activity and core competency list supporting this role. The present document is the main outcome of this task and contains the list of core competences for the VDR, as they were derived by a Delphi Study, service user, family and KOL consultation, conducted by the Trinity College Dublin (Task leader). We adopted a participatory approach with stakeholders to elicit most relevant competences for a VDR.

## 4 Existing evidence about VDR skills: data collection and analysis

Prior to conducting the Delphi involving the wider oMERO consortium, significant preliminary work was carried out by partner SI4LIFE, and others to develop the foundation of the work going forward. This included a preliminary analysis of existing documentation, a description of frameworks guiding the VDR Professional Profile development, an outline of ESCO (European Skills, Competences, Qualifications and Occupations) recommendations, and a description of VDR compatible current curricula in Europe and beyond, and, finally, some specific examples of professional roles complementary with the proposed VDR.

### 4.1 Preliminary analysis of existing documentation

In line with what is described in the project proposal, for the definition of a PP for a VDR, in the first instance, a review of the international documents that describe the competencies of existing visual disability support professionals was conducted. This established the context and provided the imperative for a further needs' analysis undertaken for the project proposal. This background was the starting point for the WP1 work and enabled the WP1 partners to determine how the VDR qualification can be formalized at the EU level and how it might fit in with the established standards of ESCO classifications.

Specifically, the initial needs analysis revealed the following key gaps:

- the PP of “Visual Disabilities Rehabilitators”(VDRs) is not clearly defined, especially at EU level; thus, in many EU countries and regions, the VDR qualification is not formalized, awarded and certified; so students are not motivated to take up this career although required by the labour market
- VDR training is often left to few national pioneer initiatives set up by HEIs which:
  - neither meet the learning needs of students, nor are relevant for the labour market and for the wider society
  - neither implement the trans-disciplinary approach required by IPCEC, nor the innovative pedagogies related to the user-centred perspective and to the introduction of new ICTs and devices for rehabilitation
  - don't support transparency and international mobility comparability, as well as formal and informal competences recognition and validation
- academics often lacks new fundamental skills to be able to design and deliver innovative curricula such as the one targeting the VDR occupation.

Thus, the main SCOPE of oMERO project is to overcome the identified mismatch between the skills currently offered by VDRs curricula and those demanded by healthcare institutions, private service providers and end users.

From the analysis of existing curricula at the EU and wider international level, with the exception of the USA where there is a well-defined, complete and structured academic pathway for obtaining a National Certification in Rehabilitation Teaching for the Blind (NCRTB), and UK with its degree in Rehabilitation Work, it emerged that, worldwide, the professional training of new specialist skills in the area of visual rehabilitation is left to the sporadic, isolated and self-referential initiative of centres and associations without the intervention of definition processes and official certification of competences: usually needed skills are targeted by different specialization courses and not framed in an integrated trans-disciplinary curriculum; this fragmented approach affects the quality of the training and the recognition of a qualification.

## **4.2 Frameworks guiding the VDR Professional Profile development**

The **WHO's 'World Report on Vision' (2019)** is a key proposal for all countries to provide integrated person-centred eye care services to ensure that individuals receive a continuum of eye care based on their individual needs throughout their lives. This report points out that without good continuity and coordination of eye care, individuals with vision impairment are at risk of experiencing fragmented, poorly integrated care from multiple providers. The report goes on to state that effective and feasible rehabilitation interventions are currently available for the entire range of needs associated with eye conditions and vision impairment across the life course; however, as per the guidance from the **Integrated People-centred Eye Care (IPCEC)**, these roles need to be configured based on a new approach, which puts the comprehensive needs of people and communities, not only diseases, at the centre of healthcare. It encourages people to be empowered to take a more active role in their own health.

The IPCEC approach has the potential to address many of these challenges to delivering effective eye care services. Moreover, effective and feasible rehabilitation interventions are currently available for the entire range of needs associated with eye conditions and vision impairment across the life course. Thus, we have chosen the IPCEC recommendations (<https://www.who.int/publications/i/item/9789241516570>), and its transdisciplinary approach to rehabilitation, as the framework guiding the development of the new VDR role.

The main outcome of IPCEC are:

- User and caregiver experience of continuity of care and smooth, well-coordinated care in all health care settings
- Care and support meet individuals' changing personal health needs
- Care professionals work well together

Coordination of care for the individual involves a range of strategies including case management, team-based care, and efficient referral systems, but also encompasses the creation of linkages between eye care and other health programmes. The education sector needs to ensure that sufficient health workers are trained with appropriate knowledge and skills; the labour sector needs to ensure that working in the areas of

health is attractive, and that financial incentives and working conditions assure an appropriate distribution of health workers.

IPCEC is person-centred in its approach and focuses on quality of life and independent living. In addition, visual disabilities often occur in people with multiple disabilities, thus supporting a person with visual disabilities requires professionals who integrate the skills of the health-rehabilitation area with new key-competences in relation to a broader approach to individual quality of life and bio-psycho-social interactions (ICF). Thus, supporting a person with visual disabilities requires professionals who integrate the skills of the health-rehabilitation area with new key-competences related to:

- the use and the teaching of new technological devices and electronic aids;
- users' empowerment through the enhancement of orientation, independent mobility, daily-life skills, etc.
- the planning and the implementation of user-centred interventions, based on the actual needs of blind people and visually impaired persons

The **WHO Report on Disability (2011)** defines rehabilitation as “*a set of measures that assist individuals who experience, or are likely to experience, disability to achieve and maintain optimal functioning in interaction with their environments*”. A distinction is sometimes made between habilitation, which aims to help those who acquire disabilities congenitally or early in life to develop maximal functioning; and rehabilitation, where those who have experienced a loss in function are assisted to regain maximal functioning, but globally the term “rehabilitation” covers both types of intervention.

Rehabilitation is cross-sectoral and may be carried out by health professionals in conjunction with specialists in education, employment, social welfare, and other fields. Global information about rehabilitation workforce is inadequate; differences across countries in the type of training and the competency standards required influence the quality of services.

Training for rehabilitation personnel should include an overview of relevant national and international legislation, including the CRPD, that promotes client-centred approaches and shared decision-making between people with disabilities and professionals, using appropriate technologies, and using progressive education methods including active learning and problem-based orientation.

In 2013, the World Health Assembly approved the **2014-19 Action Plan for Universal Access to Eye Health**, a roadmap for Member States, the WHO Secretariat and international partners with the aim of achieving a measurable reduction of 25% of avoidable visual impairments by 2019. The aims of the plan are the prevention of the visual impairment and vision rehabilitation – where “rehabilitation is for the first time an eye-care essential intervention. WHO supports a comprehensive approach to the work in rehabilitation, including human rights, inclusive education and living, and provision of assistive devices.

A comprehensive description and definition of **visual rehabilitation** has been described in several countries (i.e. in USA and in the Canadian context) starting from an accurate

visual and personal assessment, to develop or restore abilities and/or skills that are typically dependent on vision and that are critical to the patient's safety, mobility, and independence. Low vision rehabilitation (LVR) teaches people with visual disabilities to use their residual vision and to apply compensating techniques or practical adaptations to their environment to safely maximize functional independence.

**The Consensus Conference<sup>[1]</sup> on Vision rehabilitation (Rome 2015)** is a framework launched the process to reach an international consensus on the definition of vision rehabilitation and its various delivery levels and expected performances, linked to the development setting of the place where it is conducted – aiming to define in a step-wise approach fundamental standards and goals.

Every level is described in the assessment and rehabilitation performances, information and advocacy aims, training and research activities. Between these it is set that training in rehabilitation methods should be available for all cadres of rehabilitation teams, through staff training curricula, courses, fellowships and mentor programmes.

Special consideration is given for the visually impaired child. Early identification of sensory impairment is important because there are critical periods of development for senses, in order to activate and organize the link between the primary visual cortex and the visual associative areas, so that and the earlier interventions begun, the more success for the child global development.

Finally, consideration must be given to the **ICF International Classification of Functioning, Disability and Health (2001; 2018 updates)**, which is based on the bio-psycho-social approach. This approach can foster a common understanding among health-care staff and the use of assessment tools and standardized outcome measures to better manage rehabilitation interventions.

### **4.3 ESCO recommendations**

ESCO<sup>1</sup> is the multilingual classification of European Skills, Competences, Qualifications and Occupations, which identifies and categorizes skills, competences, qualifications and occupations relevant for the European labour market and education and training. The aims of ESCO are:

- to improve the communication between the education and training sector and the EU labour market;
- to support geographical and occupational mobility in Europe;
- to make data more transparent and easily available for use by various stakeholders, such as public employment services, statistical organisations and education organisations;
- to facilitate the exchange of data between employers, education providers and jobseekers irrespective of language or country;

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<sup>1</sup> <https://ec.europa.eu/esco/portal/home>

- to support evidence-based policy making by enhancing the collection, comparison and dissemination of data in skills intelligence and statistical tools and enabling better

Notably, there is *no* specific ESCO classification for a VDR, underscoring the need for the current proposal. However, a summarized introductory description of this profession, as agreed upon by our oMERO consortium, *could* state: “A *Visual Disability Rehabilitators (VDRs)* is described as a professional who physical, mental and sensory rehabilitation services to people with visual disabilities, under the framework of a new trans-disciplinary, user-centred and ICT-based approach. The new VDR can be employed both in public and in private sector, in residential, semi-residential or outpatient healthcare facilities. The VDR will be able to collaborate with the other members of the rehabilitation team and informal carers. The VDR is supposed to develop, implement, and monitor the global rehabilitation interventions of the visually disabled user of any age, assuring the best level of quality of life and autonomy through empowerment, communication, learning, mobility and orientation, daily life skills.’

#### **4.4 VDR compatible current curricula in Europe and beyond**

Each oMERO partner was asked to identify existing EU documents and existing VDR-related curricula currently available in Europe, the USA, UK and Canada, which could be helpful to prepare a provisional list of potential VDR core competencies to be then evaluated and amended by the panel of experts through the Delphi.

Since this task required significant input, each WP1 Partner decided to collect current VDR-related curricula from those countries where they had good contacts, which would allow them to collect the most reliable information. To organize the collection of current curricula, a template consisting of several sections was designed (see Appendix 2), which the WP1 partners used to collect information on current curricula from 11 European countries, as well as the UK and USA. The information collected by all that Templates were then summarized into one table (see Appendix 1).

These curricula provided a snapshot of the great variability of current VDR courses officially provided in Europe, thus substantially confirming the absence of a standardized common VDR curriculum not only among countries, but often also within the same country.

Low Vision/visual disabilities rehabilitation office roles, in general, tend to be filled by optometrists with a special interest in this area. Much of what would be needed in such a role is arguably core scope of practice for optometrists.

Some work in this area is also picked up by dispensing opticians; however, this role is primarily to provide support with adaptive devices etc.

#### **4.5 Specific examples of professional roles complementary with the proposed VDR**

Current literature and documents mainly used several different terms to describe the different roles comprising the envisioned role of the VDR, all of which supported the initial list for the identification of the core competences for the VDR. The curricula supporting these diverse roles are outlined and analysed in more detail in [Appendix 1](#). Although the roles are both EU-based and beyond (i.e. UK and USA), we include detailed descriptions of the EU roles only for the purposes of this report. These roles broadly include the following, which includes a brief mention of additional non-EU roles:

- **Optometrists** or **opticians** with higher certificate-level training (EQF6) may obtain additional qualifications in different countries, such as a low vision therapist, vision rehabilitation therapist, assistant technical therapist, and certified deaf-blind interventionist.
- The UK's **low visual rehabilitation worker role** (described in detail at: <https://www.rnib.org.uk/nb-online/good-practice-guide-vision-rehab>), which is a person who is a specialist in enabling people who are blind or partially sighted to be as independent as possible in their day to day lives. They are trained to respond to a person's unique and complex situation and to find solutions that will work well for them. The role usually requires a foundation degree in Rehabilitation Work (Visual Impairment) which may also be referred to as a Diploma of Higher Education in Rehabilitation Studies.
- In the **UK**, the **College of Optometrist's Higher Qualifications** are about to be comprehensively reviewed, although currently there are three higher qualifications in this area:
  - Professional Certificate in Low Vision - **Prof Cert LV**
  - Professional Higher Certificate in Low Vision - **Higher Cert LV**
  - Professional Diploma in Low Vision - **Dip LV**
- The **USA's** roles are clearly outlined in: <https://www.acvrep.org/index> and include the following:
  - Certified Low Vision Therapist (CLVT)
  - Certified Orientation and Mobility Specialist (COMS)
  - Certified Vision Rehabilitation Therapist (CVRT)
  - Certified Assistive Technology Instructional Specialist for People with Visual Impairments (CATIS)
  - Certified Deafblind Intervenor Specialist (CDBIS)

The details of EU roles including Belgium, Sweden, Italy, Lithuania, France, Denmark, Croatia, Spain, Poland, Germany, and Switzerland are outlined in Appendix 1.

#### **4.6 Rapid review of the health science literature to support the role**

Led by WP1 partners, LAMUT, several scientific papers (including the grey literature) supporting the new VDR role were collected and analysed and then used as a preliminary input for the definition of the core competences. These include

The more significant articles retrieved include:

- The importance of public awareness of low vision rehabilitation and the unique visual rehabilitation need pattern of small city low vision patients in China. (<https://iovs.arvojournals.org/article.aspx?articleid=2335031>)
- Investigative Ophthalmology & Visual Science June 2015, Vol.56, 503.
- Roberts PS et al. A conceptual model for vision rehabilitation. <https://www.ncbi.nlm.nih.gov/pmc/articles/PMC5444332/>
- Caver College of Medicine. Vision Rehabilitation and Counseling. <https://medicine.uiowa.edu/eye/patient-care/clinics/vision-rehabilitation-and-counseling>
- The role of the rehabilitation worker (visual impairment) with the main competencies the professional is going to acquire. Training provide by the Institute for apprenticeships & technical education: [https://www.instituteforapprenticeships.org/apprenticeship-standards/rehabilitation-worker-\(visual-impairment\)-v1-0](https://www.instituteforapprenticeships.org/apprenticeship-standards/rehabilitation-worker-(visual-impairment)-v1-0)
- International Standards for Vision Rehabilitation: report of the International consensus Conference shared by the international agency for the prevention of the blindness ( 2015): <https://www.iapb.org/learn/resources/international-standards-for-vision-rehabilitation-international-consensus-conference-report/>

## 5 The Delphi Study to identify the VDR Core Competencies

Here we describe the approach and method undertaken to establish the Professional Profile for the new VDR to address the current European skills' gap regarding this role, and to create the foundation for subsequent work to develop a new curriculum for training this new professional, the VDR.

### 5.1 Description of the Delphi method

The oMERO consortium conducted a global e-Delphi Survey to collect the views and perspectives of professional experts in the complementary field of vision or other sensory health sciences and rehabilitation, regarding the core competencies comprising the professional profile of the VDR.

The Delphi method is a widely used approach applied to elicit consensus from domain experts regarding real-world knowledge for which no previous consensus existed (Hsu, & Sandford, 2007). This method assumes that group opinion is more reliable than the opinions of individuals alone and is considered one of the most robust approaches to achieve consensus (Dalkey and Helmer, 1963). The technique involves various rounds of eliciting opinions from experts through a series of questionnaires with structured feedback. At each round, by summarizing the consensus view of the experts of the previous round, the 'systematic emergence of a concurrence of judgement/opinion' emerges (McKenna, 1994 - p. 1222). The number of rounds usually ranges between two and four, depending on the complexity of the topic and the degree of consensus of the experts.

In the oMERO project, we used the *e-Delphi technique*, which fosters higher response rates and enables greater flexibility of administration of the rounds (Keeney, Hasson, & McKenna, 2010), particularly during the COVID-19 pandemic, when the Delphi exercise took place. This approach also enabled participation of experts internationally by accommodating time zone differences and obviating the need for travel. We were also guided by the Delphi methodology described by Okoli et al. (2004), who followed Delbecq et al. (1975).

The Delphi process allowed for the definition of the VDR Professional Profile in terms of Key Activities and related Core Competences.

Conventionally we defined Key Activities as “*an integrated group of professional competences, which are in their entirety necessary to perform a task relevant to the job profile. The key activities of one profession must together cover all activities for the performance of a profession, regardless of its application context*”<sup>2</sup>.

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<sup>2</sup> See ENhANCE Project Glossary - <https://www.enhance-fcn.eu/glossary-of-terms/>

Core Competences are “*the main competences that a VDR should master in order to perform each Key Activity*”.

## **5.2 The Panel of Experts in the oMERO Delphi study**

For our e-Delphi study, we adopted a simplified version of the guidelines for identifying experts, as described by Delbecq et al. (1975) for a basic group technique study. The participants in a Delphi study generally include qualified experts in a field or related field who have both professional and real-world knowledge within a particular domain and can provide deep understanding and opinions of the topic of interest. As such, they are not representative of any population, and selection does not rely on statistical sampling. Thus, to achieve the aims of the exercise, the selection of suitably qualified experts is critical.

In preparation of Round 1 of the Study, each oMERO consortium member was tasked with identifying at least three professional experts for the Delphi, striving for a balance across professions (i.e. vision science, optometry, ophthalmology, vision rehabilitation, occupational therapy and other relevant roles), gender, level of experience and training, and region. To obtain a good consensus with meaningful information it was deemed important to include experts across a wide range of related professions and expertise, as well as taking demographic diversity into account. In addition, further experts were identified from websites and published material related to the complementary roles and curricula that were scoped to inform the Delphi list of competencies. The latter was particularly important for locating academics rather than clinicians, who were more readily identifiable through personal networks. Finally, experts were also identified using the snow-balling technique to ensure that gaps in a skills matrix were filled.

Of the 45 professionals approached (via e-mail) with an invitation to participate in the Delphi, up to 67 % responded.

Prior to the first Delphi round, a field test of a dummy version of the Delphi, Round 1 was circulated for technical review and feedback on item wording. This field test was sent to 25 professional expert respondents. Feedback was incorporated to develop Delphi Round 1, which was sent out two weeks later. Technical issues and wording of items were corrected.

For Delphi Round 1, 30 (66% response rate) experts accepted the invitation and opinions on an initial long list of Key Activities was sought. All responses with <85% agreement were omitted from Delphi Round 2. Moreover, additional items suggested by respondents were considered by the core oMERO team and, if appropriate and within remit of the proposed VDR, were included in Delphi Round 2. Delphi round 2 had 29 responses from the 45 people invited (64% response rate).

## **5.3 Data collection and analysis method**

Here we describe how the Delphi survey was developed, administered, and analysed.

### 5.3.1 Developing the questionnaires

We initially planned to adopt a modified procedure for “ranking-type” Delphi studies, adapted from the outline by Schmidt (1997). This type of Delphi involves three general steps:

- Step 1: Developing the first list of core competencies for Delphi 1
- Step 2: Narrowing down the original list to the most important ones; and
- Step 3: Ranking the list of important factors. This final step was omitted from our procedure after Delphi 2 due to the high level of agreement among respondents. The acceptable number of Key Activities rendered any ranking procedure unnecessary. Instead, within the core oMERO team, some core competencies were ‘re-classified’ into different Key Activities from their original categorisation. This was undertaken by agreement during the Delphi Round 3 consensus meeting.

We outline these steps in detail below.

#### **STEP 1: DEVELOPING THE FIRST LIST OF CORE COMPETENCIES FOR DELPHI 1**

To develop the initial long list of Key Activities, and Core Competencies, we undertook brainstorming, surveying existing related curricula in Europe, UK, and USA/Canada, and by rapid reviewing the literature for the initial long list of competencies. All the key activities and core competencies were extracted from these sources by the TCD team and other team members, and redundant items were removed. Consistency of wording of items was agreed in a series of full oMERO consortium meetings undertaken remotely on videoconferencing. Final internal group discussions to clarify details. In the case of any disagreement on items among team members, both items were included in the long list.

Using principles of good survey design (Lindsay and Sell, 2016), we strove to keep the respondent time to less than 30 minutes, as well as ensuring that the questions were clear, addressed single concepts and avoided repetition. The initial draft of the survey was field tested internally by members of the oMERO team for technical aspects, ease of response and errors.

We purposefully kept the survey design for Delphi Round 1 simple, offering four response options for each suggested Key Activity: (1) Yes (i.e. retain the item); (2) No (omit the item); (3) If no, please explain why not; and (4) Retain the item but modification needed. The written explanation enabled us to capture important qualitative information, as well as allowing us to reconcile discrepancies in responses from the experts. Thus, Delphi Round 1 included a list of Key Activities only, which were broad categories of competencies. Additionally, we included free text space for an unlimited number of additional suggested Key Activities and Core Competencies for each respondent. At this stage, we did not consider weighting or ranking of activities and they were

purposefully arranged in a random order to address potential bias in the listing of competencies.

## **STEP 2: NARROWING DOWN THE LIST OF CORE COMPETENCIES FOR DELPHI 2**

After receiving completed surveys from the first Delphi round, competencies selected by over 70% of the experts were retained. Based on this criterion, we retained 17 items, outlined in Table 1 below. Those rejected were examined for explanations and independent judgements made by two oMERO researchers from TCD regarding whether the reason for reject was technical (i.e. wording incorrect or item requiring modification) or conceptual (i.e. an inappropriate competency for the role). Those rejected for technical reasons were restructured according to the panelists' feedback and included in the items for Delphi Round 2. The others were omitted from Round 2.

**Table 1. Key Activities resulting from Delphi Round 1**

<b>KEY ACTIVITIES SPECIFIC TO THE VDR ROLE</b>
KA1. To evaluate visual and global (overall) function and capability in visually impaired persons in collaboration with the wider healthcare team
KA2. To develop and implement an individualised vision-related rehabilitation program for visually impaired adults, using a multidisciplinary approach
KA3. To develop and implement a individualized vision-related rehabilitation program for visually impaired children, adapted for their development age, using a multidisciplinary approach
KA4. To implement mobility and orientation training with visually impaired persons in collaboration with the wider healthcare team
KA5. To support an individual's autonomy and independence in everyday activities in relation to visual impairment
KA6. To foster inclusion in formal education for visually impaired children
KA7. To foster inclusion in professional and occupational activities for visually impaired adults
KA8. To provide training and support for the use of assistive technologies for visual impairment
KA9. To support the psychological and social dimensions of a visually impaired person's life using a biopsychosocial approach

KA10. To have basic clinical knowledge and skills to address general health and concurrent health concerns, in relation to vision health in collaboration with the wider healthcare team
KA11. To be aware of local healthcare policy, health and social care ecosystem and health care organizational governance structures
<b>CROSS-CUTTING KEY ACTIVITIES</b>
KA12. Communication and education in relation to vision health
KA13. Collaboration in relation to vision health
KA14. Monitoring and recording in relation to vision health
KA15. RESEARCH AND DEVELOPMENT IN RELATION TO VISION HEALTH
KA16. Professional approach, learning and ethics in relation to the VDR role
KA17. Organizing and scheduling

### STEP 3: REFINING THE FINAL LIST OF COMPETENCIES

Following completion of Delphi Round 2, all items were reviewed by core members of the oMERO team (TCD, UNIGE and IDC). The objective was to obtain a final list of fewer than 30 Key Activities and accompanying Core Competencies. Since the item list was now narrower, a higher level of agreement among respondents was required. This was set at 80%. Any item with fewer than 80% 'accept' responses was ear-marked for more detailed discussion initially by core oMERO team members, and then presented to the wider oMERO team for discussion and voting at a Delphi 3 consensus meeting. Discussion about the categorization of Core Competencies, as well as wording of items were carefully considered, and cross-referenced with the existing related professional profiles from the different regions.

Evidence has shown that achieving consensus with Delphi panels that do not meet synchronously is harder to achieve. However, based on the high proportion of retained items in Delphi rounds 1 and 2, it was clear that consensus using the asynchronous e-Delphi method was achievable. Due to this high level of agreement, further steps such as ranking of items was considered an unnecessary step, as mentioned above.

#### 5.3.2 Administering the questionnaires:

The Delphi questionnaires was administered using an online survey application based on google forms. Using the e-Delphi method via respondents' email allowed for a rapid

turnaround of Delphi rounds. Panelists were given two weeks to return their surveys in each round using asynchronous response times. After the first email alert with the survey link, a second email reminder was sent out to prompt responses. It was acknowledged that due to additional workloads and email traffic engendered by the COVID-19 pandemic, many professionals would find timely responses to survey requests challenging. Hence, a lower % response rate was considered acceptable (>65%).

### **5.3.3 Data analysis**

In the first instance, feedback from the consultations was qualitative and descriptive. Studies have repeatedly shown that for questions requiring expert judgement, the average of individual responses is inferior to the average produced by the process of group decision-making. Thus, all competencies rated 'yes' by >80% of respondents were retained.

We described the respondent demographics using descriptive statistics including proportions, medians and IQRs.

## 6 Non-professional stakeholder consultation

Obtaining the views and perspectives of non-professional stakeholders related to health conditions can be captured under the framework of 'Patient and public involvement and engagement (PPIE). There is strong evidence that the quality and relevance of health research and service development is significantly improved by considering the views of end-users.

### 6.1 *Context for consulting non-professional stakeholders*

PPIE is 'an active partnership between the public and researchers in the research process and reflects the growing democratization of health research and service development by ensuring that the focus, conduct and outcomes of work are relevant and meaningful. Active PPIE involvement may take the form of consultation, collaboration or user control. This would include, for example, public involvement in prioritizing research, advising on a research project, assisting in the design of a project, or in carrying out the research (INVOLVE UK:2015). The process of involving PPIE stakeholders is particularly important when working with potentially vulnerable people, such as people with older people with sensory impairment, as their perspectives have, until recently, been neglected. People with direct lived experience of a disability such as visual impairment, as well as their families and care partners, can ensure that work to develop a VDR role is meaningful by bringing significant insights, understanding and knowledge to the research endeavour.

### 6.2 *Methods for involving non-professional stakeholders*

To most effectively elicit the view and perspectives of PPIE stakeholders, each of the oMERO partners was asked to approach lay stakeholders (users and family members) for consultation on the draft VDR professional profile Key activities arising from second Delphi Round (PP version 2). The questionnaire template for the lay stakeholder consultations is outlined in Appendix 3. Briefly, each interview was asked to provide the following non-identifiable information:

- Gender
- Age range
- Country of residence

And to identify whether they were a) a person with visual impairment; b) a supporter of person with visual impairment (i.e. family member), care partner; or c) a member of third sector organisation (i.e. vision charity) who could speak on behalf of users/visually impaired persons.

Text for a brief semi-structured interview was then supplied for interviewers (outlined in Appendix 3). Each of the VDR specific Key Activities were then presented and the lay stakeholders were asked whether they agreed for its inclusion in the proposed VDR PP or not. If they did not agree, they were asked to explain why not. This information was

captured in a free text box. Additionally, a final free text box was supplied for any Key Activities the interviewee wanted to add.

The information gathered from the consultations was analysed by TCD.

### **6.3 Outcomes of the consultations**

Seventeen responses were obtained from four European countries and the UK (five from Ireland, five from Italy, five from France, and one from each of Lithuania and the UK). The majority of respondents was female (52%) and 36% was male. The remainder were unspecified. Nearly half of the interviewees (45%) were visually impaired people, 35% were supporters or family members of visually impaired people, and 20% were members of third sector organisations representing visually impaired people.

Nearly all the interviewees agreed that the specific Key Activities lists SHOULD be included in a proposed VDR PP, except for Key Activity 9, about which there was disagreement. This item, *'To support the psychological and social dimensions of a visually impaired person's life (for example, by helping to motivate them to become independent, take control of their circumstances, learn new skills etc).'* was felt by some respondents to be beyond the remit of the proposed VDR and should be omitted; however, several interviewees felt that it should be retained and represented an important aspect of the proposed VDR role.

## 7 IO1 – The VDR Professional Profile

Following all three Delphi rounds, and considering the feedback of the lay stakeholder consultation (n=17), a final list of 17 Key Activities (VDR specific as well as cross-cutting ones) were agreed upon. Each Key Activity had up to six Core Competencies, which will form the basis of the subsequent curriculum development in the next Work Packages of the oMERO project. The Key Activities and Core Competencies are listed in Table 3 below.

Note: Conventionally we defined Key Activities as “*an integrated group of professional competences, which are in their entirety necessary to perform a task relevant to the job profile. The key activities of one profession must together cover all activities for the performance of a profession, regardless of its application context*”<sup>3</sup>.

Core Competences can be defined as “*the main competences that a VDR should master in order to perform each Key Activity*”.

**Table 3 The list of the final 17 Core Competencies of the propose Visual Disabilities Rehabilitator Professional Profile**

KEY ACTIVITIES	Core Competencies
<b>Specific Key Activities</b>	
KA1. To evaluate visual and global (overall) function and capability in visually impaired persons in collaboration with the wider healthcare team	<ul style="list-style-type: none"> <li>A. To understand and evaluate the referral information of visually impaired persons</li> <li>B. To advise on vision improvement conditions</li> <li>C. To identify visually impaired persons’ biomechanical capacities</li> <li>D. To identify the person’s vision-related functional abilities personal skills and competencies</li> <li>E. To identify the person’s global functional abilities</li> <li>F. To identify risk factors across the age-spectrum, particularly in older people</li> <li>G. To apply a bio-psycho-social approach</li> </ul>
KA2. To develop and implement an individualised vision-related rehabilitation program for visually impaired adults, using a multidisciplinary approach	<ul style="list-style-type: none"> <li>A. To develop a tailored vision rehabilitation program</li> <li>B. To implement a tailored vision rehabilitation program</li> <li>C. To adapt rehabilitation techniques to the visually impaired persons capabilities</li> <li>D. To support treatment strategies for vision-related conditions</li> </ul>
KA3. To develop and implement a individualized	<ul style="list-style-type: none"> <li>A. To be aware of early interventions in newborns and infants and intervene where appropriate</li> </ul>

<sup>3</sup> See ENhANCE Project Glossary - <https://www.enhance-fcn.eu/glossary-of-terms/>

<p>vision-related rehabilitation program for visually impaired children, adapted for their development age, using a multidisciplinary approach</p>	<ul style="list-style-type: none"> <li>B. To define a visual, multisensory rehabilitation program for visually impaired</li> <li>C. children adapting for their developmental age taking associated comorbidities into account</li> <li>D. To understand and address the impact of visual impairment on the developmental stages of children</li> <li>E. To promote developmental cognition, including spatial cognition and visuo-motor coordination</li> <li>F. to promote neuropsychomotor development and sensory experience with activities defined on the basis of the visual and global profile of the child</li> <li>G. To support and inform parents and relatives also providing indications on how to adapt different living environments to visual skills</li> <li>H. To support the parent-child relationship from the outset</li> <li>I. To prevent the negative effects of visual impairment on neuro-psychomotor development such as signs of psychopathological risk</li> </ul>
<p>KA4. To implement mobility and orientation training with visually impaired persons in collaboration with the wider healthcare team</p>	<ul style="list-style-type: none"> <li>A. To apply orientation and mobility techniques, for indoors and outdoors</li> <li>B. To instruct city mapping, viability, and topography principles</li> <li>C. To advise on environmental alterations to accommodate visual impairment</li> <li>D. To teach and implement conducting techniques</li> <li>E. To instruct in body awareness techniques</li> <li>F. To instruct the use of the white cane</li> <li>G. To introduce and support the use of mobility technological aids</li> <li>H. To instruct environmental research and exploration techniques</li> <li>I. To recommend, advise on, and instruct the use, of mobility and orientation aids and assists</li> <li>J. To collaborate with O&amp;M specialists if they already exist in a particular region</li> <li>K. To perform indoor and outdoor exploration techniques</li> <li>L. To instruct the use of public transport</li> </ul>
<p>KA5. To support an individual's autonomy and independence in everyday activities in relation to visual impairment</p>	<ul style="list-style-type: none"> <li>A. To instruct an individual to manage self-care and personal hygiene</li> <li>B. To foster independence in everyday activities</li> <li>C. To apply ergotherapy techniques</li> <li>D. To provide health education</li> <li>E. To support autonomy in everyday life activities</li> <li>F. To instruct on use of aids and devices in everyday life activities</li> <li>G. To instruct housekeeping techniques and activities</li> <li>H. To instruct techniques for cooking and food management</li> </ul>

	<ul style="list-style-type: none"> <li>I. To instruct safety and good practices in relation to everyday activities in relevant environments</li> <li>J. To support order and organization in everyday habits to facilitate autonomy</li> <li>K. To support multisensory recognition techniques</li> </ul>
KA6. To foster inclusion in formal education for visually impaired children	<ul style="list-style-type: none"> <li>A. To support the analysis of learning needs</li> <li>B. To provide advice and support in educational settings for visually impaired children</li> <li>C. To provide assistance to the learning process</li> <li>D. To provide specialized activities and strategies related to learning</li> <li>E. To manage resources and aids for didactic purposes</li> <li>F. To support student discipline in relation to the impact of the individual's visual impairment on their behaviour</li> <li>G. To raise awareness among school peers and teacher about visual disability to foster social inclusion</li> <li>H. To foster social inclusion of the visually impaired child in educational settings</li> </ul>
KA7. To foster inclusion in professional and occupational activities for visually impaired adults	<ul style="list-style-type: none"> <li>A. To support the conduct of an occupational analysis</li> <li>B. To adapt the occupational environment</li> <li>C. To provide personalised activities and strategies related to occupation</li> <li>D. To facilitate engagement in meaningful occupational activity</li> <li>E. To raise awareness among work colleagues and management about visual disability</li> </ul>
KA8. To provide training and support for the use of assistive technologies for visual impairment	<ul style="list-style-type: none"> <li>A. To support the use of technical aids</li> <li>B. To instruct digital literacy (computer basics) specific for VIP</li> <li>C. To introduce and support the use of assistive computer programs</li> <li>D. To introduce and support the use of braille</li> <li>E. To develop knowledge of assistive technologies techniques in rehabilitation</li> <li>F. To recommend, advise on, and instruct the use, of assistive devices</li> <li>G. To instruct the use of electronic health applications and technologies</li> </ul>
KA9. To support the psychological and social dimensions of a visually impaired person's life using a biopsychosocial approach	<ul style="list-style-type: none"> <li>A. To develop a collaborative relationship</li> <li>B. To apply techniques to enhance motivation and engagement with the program</li> <li>C. To encourage recognition of progress</li> <li>D. To encourage self-monitoring and empowerment</li> </ul>

	<ul style="list-style-type: none"> <li>E. To recognise mental health 'red flags' and to make appropriate referrals to specialised support services</li> <li>F. To recognise social needs' 'red flags' and to make appropriate referrals to specialised support services</li> <li>G.</li> </ul>
KA10. To have basic clinical knowledge and skills to address general health and concurrent health concerns, in relation to vision health in collaboration with the wider healthcare team	<ul style="list-style-type: none"> <li>A. To be aware of and be guided by relevant clinical guidelines</li> <li>B. To respond to the individual's changing health profile</li> <li>C. To apply clinical skills and knowledge regarding conditions which impact on vision health</li> <li>D. To apply the principles of the health sciences' disciplines</li> <li>E. To provide education about the prevention of illness</li> </ul>
KA11. To be aware of local healthcare policy, health and social care ecosystem and health care organizational governance structures	<ul style="list-style-type: none"> <li>A. To adhere to the organization guidelines and protocols</li> <li>B. To contribute to the continuity of health care</li> <li>C. To comply with quality standards relating to health practice</li> <li>D. To comply with health care laws and regulations</li> <li>E. To work in a multicultural environment in health care</li> <li>F. To promote inclusion...and other principles of (equity and diversity)</li> <li>G. To promote e-health and mobile health systems</li> </ul>
<b>Cross-cutting Key Activities</b>	
KA12. Communication and education in relation to vision health	<ul style="list-style-type: none"> <li>A. To apply teaching strategies</li> <li>B. To assist patient's learning process</li> <li>C. To keep contact with educators and teachers</li> <li>D. To listen actively</li> <li>E. To communicate effectively in the health sector</li> <li>F. To instruct patient's relations on care</li> <li>G. To empathize with the client</li> <li>H. To promote ocular health</li> <li>I. To advocate for policy in relation to vision health-related challenges</li> <li>J. To manage students and trainers</li> <li>K. To have additional language competency to a level sufficient to engage with the health sciences literature</li> </ul>
KA13. Collaboration in relation to vision health	<ul style="list-style-type: none"> <li>A. To oversee and coordinate the rehabilitation programme of the VIP, taking account of the input of other health and social care professionals involved</li> <li>B. To develop a collaborative therapeutic relationship with the visually-impaired</li> <li>C. To work in multidisciplinary teams</li> </ul>

KA14. Monitoring and recording in relation to vision health	<ul style="list-style-type: none"> <li>A. To monitor progress</li> <li>B. To respect the confidentiality of the VIP and to follow data confidentiality guidelines</li> <li>C. To record the progress of visually impaired persons in relation to treatment</li> <li>D. To record clinical and professional activity with accuracy and in line with professional standards</li> </ul>
KA15. RESEARCH AND DEVELOPMENT IN RELATION TO VISION HEALTH	<ul style="list-style-type: none"> <li>A. To keep up to date with evidence-base practice from the research literature</li> <li>B. To appreciate basic principles of health science research and how it applies to developing the evidence-base for practice</li> <li>C. To support research collaboration in relation to vision health</li> </ul>
KA16. Professional approach, learning and ethics in relation to the VDR role	<ul style="list-style-type: none"> <li>A. To ensure visually impaired persons safety To undertake continuous education when and where it is needed in relation to visual</li> <li>B. To complete first aid training</li> <li>C. To be aware of and abide by the code of practice of the overseeing professional body.</li> </ul>
KA17. Organizing and scheduling	<ul style="list-style-type: none"> <li>A. To apply organizational techniques to ensure professional behavior as a VDR</li> <li>B. To organise and manage appointment scheduling with the VIP</li> </ul>

## 8 Discussion and conclusions

From the work of WP1, we determined a list of core and granular competencies describing the Professional Profile of a new VDR for Europe. The new role addresses an important skills' gap in the European health professionals' labour market. The VDR Professional Profile we have described lays the basis for a new curriculum for this specialist figure. This profile has been developed with the input from a range of professional and lay stakeholders, representing different perspectives of the diagnosis, management, and support of people with visual disabilities of all ages. Several regions across Europe were also represented, as well as stakeholders from the USA, Canada and the UK.

The VDR is described as a professional who physical, mental and sensory rehabilitation services to people with visual disabilities, under the framework of a new trans-disciplinary, user-centred and ICT-based approach. The new VDR can be employed both in public and in private sector, in residential, semi-residential or outpatient healthcare facilities. The VDR will be able to collaborate with the other members of the rehabilitation team and informal carers. The VDR is supposed to develop, implement, and monitor the global rehabilitation interventions of the visually disabled user of any age, assuring the best level of quality of life and autonomy through empowerment, communication, learning, mobility and orientation, daily life skills.

The next steps involve development of the specific training and education curriculum for the VDR in Europe. This will involve ongoing contributions from the entire oMERO consortium, representing several EU regions and aspects of vision health.

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## 10 Appendix 1: Examples of professional roles in the European Union complementary with the proposed VDR

**The following summarizes all the professional profiles and curriculum that have been collected, under the premise that the information provided is correct.**

**1. Country:** Belgium

**Job Title:** Ophthalmologist

**Condition of Entry:** Entrance examination in medicine and dentistry

**Duration /level of training :** Master of specialization: 4 year Master in medicine first required (6 years) Master of specialization in medical sciences

**Job Description :** The ophthalmologist is an eye and vision specialist. Its role is to treat vision disorders, anomalies and various eye diseases such as myopia, strabismus, hyperopia, presbyopia, conjunctivitis, cataracts, loss or modification of vision. It also treats pathologies of the eyelid such as sty or tumors. Early detection is also part of its field of action.

**Competences :** treating vision disorders Surgeon abilities and microsurgery

**People supported :** everybody

**1(A) . Country:** Belgium

**Job Title:** Optician

**Condition of Entry:** Be 18 years old on 12/31 of the registration year AND meet one of the following conditions: CESS (including professional) SFPME or IFAPME business manager training diploma in a related profession (subject to the advice of the educational advisor) 3 years of professional experience in the trade (subject to the advice of the educational advisor) and: 4th secondary year successfully completed in general, technical or artistic education (CESI / CE2D) 6th secondary year successfully completed vocational education (CE6P or CQ6P) Apprenticeship certificate Optician apprenticeship certificate Exam for access to CESS training.

**Duration /level of training :** 3 years/ Certificate of ability

**Job Description :** An optician sells, maintains and repairs articles intended for the correction, improvement or compensation of vision.

**Competences :** vision assessment, optometric measurements

Once the correction has been determined, you advise and guide the customer to find the product best suited to his needs while taking into account the aesthetic and financial aspect:

proceed to cut, calibrate and mount the lenses on the frame

you correctly adjust the glasses on the client's nose and check that the visual comfort obtained is the desired one

**People supported :** Every people with a medical prescription

**1(B) . Country:** Belgium

**Job Title:** Orthoptist

**Condition of Entry:** In order to enter the bachelor in orthoptics, you must have a CESS (Belgian secondary school leaving certificate) or a European equivalent

**Duration /level of training** : three years / The exercise of the profession also requires to hold an authorization granted by one of the Belgian Communities, as well as a visa issued by the Belgian FPS Public Health.

**Job Description** : health assistant in a paramedical profession, the orthoptist takes care of the screening, rehabilitation and rehabilitation of vision disorders. This professional intervenes in the context of various visual pathologies: strabismus, amblyopia, diplopia, low vision, neurological disorders (visual field disorders, disorders related to localization in space or to the recognition of objects and faces, dizziness, vestibular disorders, etc.).

**Competences** : Possess good scientific and technical knowledge, Carry out an orthoptic check-up ,Re-educate the muscles of the eye with appropriate exercises ,Use specific equipment ,Writing reports ,Advising patients ,Collaborate with the various members of a multidisciplinary team ,Carry out maintenance of the consultation equipment

Respect the rules of safety and hygiene, as well as professional ethics. Keep up to date with the evolution of the trade

**People supported** : everybody with a medical prescription

## 2. Country: Croatia

**Job Title:** Educational Rehabilitator

**Condition of Entry:** Completed university undergraduate degree program with a similar profile

**Duration /level of training** : 2 years Master of Educational Rehabilitation (level 7 EQF)

**Job Description** : ° Education and rehabilitation ° Early developmental rehabilitation Complementary and supportive methods of rehabilitation in education and clinical work Creative therapies and art-expressive therapies ° Professional Advice.

Educational rehabilitator performs early detection, diagnostics and early rehabilitation of children with developmental disabilities; conducts diagnostics, preventive programs and education - including preschool upbringing, elementary school education and training, job training and lifelong learning - of adults with disabilities; facilitates therapeutic and rehabilitative procedures and social inclusion of children and youth with developmental disabilities and adults with disabilities.

**Competences** : ECTS: 120

I semester: COMPULSORY COURSES - Module: Rehabilitation of Persons with Visual Impairments

**People supported** : Disabled people (intellectual disabilities, mental health impairments, visual impairments, hearing impairments, chronic diseases, speech- - voice communication impairments and specific learning difficulties) Young and elderly

## 3. Country: Denmark

**Job Title:** Education and Rehabilitation in the field of visual impairment

**Condition of Entry:** A short occupational training or University studies examples are administrative economics, environmental technology or trade. A bachelor examination of profession or in academics is accepted to join the courses in the level of Diploma.

**Duration /level of training** : Courses ( 5 courses in total 1 year) aiming for a Diploma, post educational Bachelor Degree

**Job Description** : In this field of study, you will gain the latest knowledge and theoretical insight into issues and special educational needs and opportunities for specialized efforts within the visual pedagogical practice and visual (re) habilitation. You will gain the competencies to investigate and analyze vision pedagogical needs, and will be able to plan, implement and evaluate vision pedagogical initiatives so that activity, communication, play and learning can be promoted and strengthened.

You will learn to create effective and coherent processes for the citizens you work with, and you will become better at engaging in interprofessional and coordinated collaboration in the field.

**Competences :**

Module 1: Visual impairment or blindness – assessment

Module 2: Visual impairment or blindness - learning, rehabilitation and development

Module 3: ADL - Ordinary Daily Lifestyle. To be able to cope in everyday life with visual impairment or blindness

Module 4: O&M - Orientation and Mobility. Being able to move around in the physical environment with visual impairment or blindness

Module 5: Acquired brain damage and visual impairment, young people and adults

**People supported :** People with vision impairments

**3.(A) Country: Denmark**

**Job Title:** Education and Rehabilitation in the field of visual impairment

**Condition of Entry:** A short occupational training or University studies examples are administrative economics, environmental technology or trade. A bachelor examination of profession or in academics is accepted to join the courses in the level of Diploma.

**Duration /level of training :** Courses ( 5 courses in total 1 year) aiming for a Diploma, post educational Bachelor Degree

**Job Description :** In this field of study, you will gain the latest knowledge and theoretical insight into issues and special educational needs and opportunities for specialized efforts within the visual pedagogical practice and visual (re) habilitation. You will gain the competencies to investigate and analyze vision pedagogical needs, and will be able to plan, implement and evaluate vision pedagogical initiatives so that activity, communication, play and learning can be promoted and strengthened.

You will learn to create effective and coherent processes for the citizens you work with, and you will become better at engaging in interprofessional and coordinated collaboration in the field.

**Competences :**

Module 1: Visual impairment or blindness – assessment

Module 2: Visual impairment or blindness - learning, rehabilitation and development

Module 3: ADL - Ordinary Daily Lifestyle. To be able to cope in everyday life with visual impairment or blindness

Module 4: O&M - Orientation and Mobility. Being able to move around in the physical environment with visual impairment or blindness

Module 5: Acquired brain damage and visual impairment, young people and adults

**People supported :** People with vision impairments

**4. Country: France**

**Job Title:** Occupational Therapist

**Condition of Entry:** National French exam called BACCALAUREAT (A- level)

**Duration /level of training :** 3 years /EQF level 6

**Job Description :** Occupational therapy is intended for people of all ages with disabilities, especially motor and psychomotor disabilities. It is considered a paramedical specialty and is practiced by occupational therapists who always intervene on medical prescription. To facilitate these daily activities, the occupational therapist studies, designs and develops the environment to make it accessible. He recommends and uses standard equipment, technical or animal aids, and technological assistance.

**Competences :**

- 1 - Assessing a situation and develop an occupational therapy diagnosis
- 2 –Designing and running an OT project and adapting this project to the environment
- 3- Implementing preventive medicine, re-education, rehabilitation, reintegration of psychosocial activities in occupational therapy
- 4 - Designing, making and adapting temporary, improvised, functional or technical devices or orthotics, adapting and recommending standard orthotics, technical devices and technological assistance
- 5 - Designing and carrying out an educational and advice procedure in occupational therapy and public health
- 6 - Establishing a therapeutic relationship
- 7 - Assessing and developing professional training
- 8- Researching and analysing professional and scientific data
- 9 - Organising activities and cooperating with the different stakeholders
- 10 - Training and informing

**People supported :**People with visual disabilities, of all ages

**4. (A) Country:** France

**Job Title:** Psychomotor Therapist

**Condition of Entry:** National French exam called BACCALAUREAT (A- level)

**Duration /level of training :** 3 years / EQF level 6

**Job Description :** Psychomotricity is intended for children, adolescents, adults and seniors with motor, behavioural, relational or emotional difficulties. It focuses on the prevention, screening and rehabilitation of psychomotor disorders at any age of life. And it studies the interactions between perception, feeling, thinking, movement and behaviour. Psychomotricity then observes how these interactions manifest themselves in the body and influence movement

**Competences :**

- 1) Maintenance
- 2) Psychomotor assessment
- 3) Early education and psychomotor stimulation
- 4) Rehabilitation of psychomotor developmental disorders or psychomotor disorders such as
  - delays in psychomotor development,
  - disorders of maturation and tonic regulation,
  - disorders of the body pattern,
  - disorders of laterality,
  - disorders of spatial organization
  - temporal,
  - psychomotor disharmonies, - tonico-emotional disorders,
  - motor and gestural awkwardness, dyspraxia,
  - motor debility,
  - psychomotor inhibition,
  - psychomotor instability,
  - graphomotor disorders, excluding written language rehabilitation

**People supported :**People with visual disabilities, of all ages

**4. (B) Country: France****Job Title:** Instructor for autonomy/ OM**Condition of Entry:** Occupational therapist, physiotherapist, nurse, specialist educator, orthoptist, CAEGADV, sports university (APA and EM license steps).**Duration /level of training :** 11 months/ EQF level 6**Job Description :** It intervenes in the educational, re-educational or rehabilitative field and is aimed at all visually impaired people who experience discomfort when moving around. It proposes an individualized project that takes into account the needs and aims to allow the visually impaired person to regain comfort, safety and autonomy in his or her movements indoors and outdoors.**Competences :**

Prepare and conduct an evaluation interview

Assess locomotion needs.

Formulate goals and define the means. Write evaluation or management reports.

Establish a personalized locomotion project.

Participate in the development of the individualized global project.

Choose and pass on the most appropriate techniques and strategies.

Always keep the person safe. Include for travel, necessity and type of technical aids: cane, tinted glasses, optical aids,...

Design, develop or produce educational tools: models, plans, games,...

Establish a link and exchange between the different actors or partners who care for the person

**People supported :** People with visual disabilities, of all ages**4. (C) Country: France****Job Title:** Orthoptist**Condition of Entry:** National French exam called BACCALAUREAT (A- level)**Duration /level of training :** 3 years / Certificate of ability (EQF level 6)**Job Description :** Its mission is divided into four directions: Re-education Strabismus, amblyopia in children especially Binocular imbalance + postural problem Neuro orthopt: POM (oculomotor paralysis), perceptual disorders, perceptual motor coordination Low vision of the baby in old age Learning disabilities Neurovisual disorders Functional exploration Complementary examinations to the ophthalmology consultation Refraction Visual fields Retinography Screening and Prevention**Competences :**

The orthoptist intervenes on prescription from the ophthalmologist to detect and re-educate binocular vision disorders. Knowing how to work in a team is an important skill because orthoptists, who practice a paramedical profession, may be required to work in multidisciplinary teams.

Their work allows them to better regulate the flow of patients. They carry out the non-medical part of the consultation, by measuring visual acuity, taking eye tension or performing an orthoptic check-up.

link and exchange between the different actors or partners who care for the person

**People supported :** People with visual disabilities, of all ages**4. (D)Country: France****Job Title:** Ophthalmologist**Condition of Entry:** National French exam called BACCALAUREAT (required to enter university), most often with a scientific background (mathematics, physic) (A- level)

**Duration /level of training** : 11 years / MD (medical degree) with a title of Doctor of Medicine

**Job Description** : The ophthalmologist is an eye and vision specialist. Its role is to treat vision disorders, anomalies and various eye , pathologies. Early detection is also part of its field of action. This specialist performs a visual acuity assessment, measures the field of vision, assesses eye tone, uses various devices to make his diagnosis. Depending on the severity of the problem, he may perform other examinations: angiography [1], orbit X-ray and ocular ultrasound. Then, he can prescribe medication, wearing glasses or contact lenses, rehabilitation sessions or surgery.

**Competences** :

Surgeon abilities and microsurgery

**People supported** :People with visual disabilities, of all ages

#### 4. (E)Country: France

**Job Title:** Optician

**Condition of Entry:** Baccaauréat Professionnel (Professional A level) Optique Lunetterie: three years and BTS Opticien-Lunetier 2 years (Continuing Studies The BTS optician)

**Duration /level of training** : 2 or 3 YEARS

**Job Description** : the optician welcomes people with vision problems who have just seen an ophthalmologist to his shop. He examines the medical prescription, performs some vision tests and advises his client.

**Competences** :

From evaluating the visual faculties of its customers to making glasses, including checking their fit and selling products, the optician - eyewear maker must master many skills.

Knowledge of the ametropia of the eye and types of lenses

Experience in the use of optical instrumentation

be very manual in the assembly of the lenses

Precision and attention to detail

Communication and relationship skills

**People supported** :People with visual disabilities, of all ages

#### 5. Country: Germany

**Job Title:** Visual rehabilitation specialist for blind and visually impaired

**Condition of Entry:** Either public or acknowledged by state secondary school certification, or an intermediate degree certificate, or an equivalent certification.

Completion of a three year-long professional course in a pedagogical, psychological, socio pedagogical, social working, medical or nursing profession or corresponding Professional medical skills in the fields of optic, orthoptic, optometric allow in special cases admission to the technical school if eligibility to work with blind or visually impaired people is proven through demonstration of additional education, counselling, nursing, professional experiences and/or additional qualifications.

**Duration /level of training** : 1 year

**Job Description** : At least 18-months professional experience in fields such as educational, psychological, socio-educational, medical and nursing or 6 months educational or rehabilitative activity with blind or visually impaired people

**Competences** :

Basic Professional formation area Medical basics lessons 100 (hours)

Psychological basics lessons 80

Pedagogical basics lessons 80 Orientation and mobility teaching training lessons 250 Practical Life Skills teaching training lessons 250

Professional learning area Basic notions for rehabilitation practice (in O&M and LPF) 150

Specialized training lessons for Orientation and mobility (O&M) 360  
 Specialized training lessons for Practical Life Skills (LPF) 360  
 Media and communication lessons 130  
 Vision topics lessons 20  
 Professional training area Counselling basics 40  
 Psychological case discussion 20  
 Legal and institutional studies, documentation and administration 50  
 Rehabilitation concepts 110  
 The two specialization fields Orientation and mobility - Orientierung und Mobilität – O&M  
 Life Practical Skills – Lebenspraktische Fähigkeiten – LPF  
**People supported** : Blind and visually impaired people

### 5. (A) Country: Germany

**Job Title:** State-certified specialist for the blind and Rehabilitation for the visually impaired

**Condition of Entry:** (1) Certificate of intermediate degree college  
 (2) Vocational training in a pedagogical, psychological, socio-pedagogical, social worker, medical-therapeutic or nursing profession  
 (3) At least 18 months of professional experience in the educational, psychological, socio-educational, medical-therapeutic or nursing field

**Duration /level of training** : 1 year

**Job Description** :Purpose : To qualify people to teach blind or visually handicapped children, adolescents and adults in the areas of orientation and mobility (O&M) and / or in practical life skills (LPF)

**Competences** :

**People supported** : Blind and visually impaired people

### 5. (B)Country: Germany

**Job Title:** Rehabilitation teacher for the blind and visually impaired

**Condition of Entry:** the conditions are the same as the training for the visual rehabilitation specialist for blind and visually impaired

**Duration /level of training** : 41 weeks

**Job Description** :Purpose: Professional training to become a rehabilitation teacher for the blind and visually impaired - orientation and mobility

**Competences** : Rehabilitation teachers (orientation and mobility) teach a number of skills that are important for independent and safe participation in road traffic. These skills include the basic elements of orientation using all the remaining senses, dealing with a sighted companion, the effective use of aids such as a long stick, familiarizing yourself with rooms and buildings, safely crossing streets and using public transport.

**People supported** : Blind and visually impaired people

### 6. Country: Iceland

**Job Title:** Social worker

**Condition of Entry:** BA with professional qualifications

**Duration /level of training** : 4 years

**Job Description** :

**Competences** : MA Disability studies \*Iceland Grundkursus om dövblindhed \*Iceland Kursen Usher Syndrom – forskning möter praktik \*Iceland Aldre och kombinerad syn- og hörselnedsättning \*Danmark

### 6.(A) Country: Iceland

**Job Title:** Career and guidance counselor

**Condition of Entry:** BA in sociology

**Duration /level of training :** 3 years

**Job Description :** Guidance counsellors advise students and young people so that they can make informed choices about their future in relation to employment, **education** and **training**. Responsibilities include assessing ability and potential in students, providing one-to-one counselling, and liaising with other professionals in this area.

**Competences :** Special courses

Erasmus+ PRINT3D, multiple countries - 2 years

Career and guidance counselling, Iceland - 1 year

Vocational Rehabilitation, Iceland - 1 year

**People supported :** People of all ages

**6.(B) Country:** Iceland

**Job Title:** ADL advisor

**Condition of Entry:** BSc, Registered Nurse

**Duration /level of training :** 4 years

**Job Description :**

**Competences :** ADL, Activity of daily living, course at IBOS, Denmark - 3 months

**People supported :** People of all ages

**6.(C) Country:** Iceland

**Job Title:** Manager of daily living skills and Orientation & Mobility

**Condition of Entry:** Social educators

**Duration /level of training :** 3 years

**Job Description :**

**Competences : Special courses**

ADL and O&M (Orienteering and Mobility) IBOS/Danmark - 1 year

Grundkurs for dövblindepersonale 1996-1997,

Dronninglund DK- 6 months Belysning 2007,

Sverige- Diploma i sync rehabilitering 2012-2013,

Kalmar Sverige Sound of Vision Project, Natural sense of vision through acoustics and haptics Vapit Vip Project,

Virtual Academy for Professionals in Education and training of VIP Grundkursus om dövblindhed 2013,

Island Kursen om Usher syndrome 2016,

Island Aktiv ekkolokalisering 2019, Ibos Danmark

**People supported :** People of all ages

**6.(D)Country:** Iceland

**Job Title:** ADL counsellor, O&M teacher, Guide dog trainer

**Condition of Entry:** BSc in occupational therapy Diploma in Health science

**Duration /level of training :** 3 years

**Job Description :**

**Competences : Special courses**

special courses O&M Orienteering og Mobility – IBOS/Denmark - 3 months

Synsnedstættelse eller blindhed - læring, rehabilitering og udvikling - 3 months

**People supported :** People of all ages

**6.(E)Country:** Iceland**Job Title:** Special educational advisor**Condition of Entry:** BA degree in Psychology**Duration /level of training :** 3 years**Job Description :****Competences :** Special courses

M.Ed.in Special education, 2014 Uddannelsescenter for dövblindpersonaler in Dronninglund, 1987 and 1988.

Vocational training for special schools in Iceland, 1985-1987.

Master of Special education (M.Ed.), 2006.

Special educational advisor for blind and visual impaired from University Norway, 1983.

M&amp;O advisor from Denmark, 2007.

**People supported :** People of all ages**6.(F)Country:** Iceland**Job Title:** Manager Optometry and deafblind matters**Condition of Entry:** bachelor of science in optometry**Duration /level of training :** 3 years**Job Description :****Competences :** MSc optometry 2001

Diploma disability studies 2011

Deafblind kurs NVC 2013

Syn og dövblindhet 2013

Usher syndrome kurs 2016

Teach CVI Erasmus+ management 2015-17

**People supported :** People of all ages**7.Country:** Italy**Job Title:** Occupational therapist**Condition of Entry :**Higher school national diploma**Duration /level of training :** 3 years/ eqf level 6**Job Description :** Occupational therapists assist individuals or groups who have occupational limitations due to diseases, physical disorders, and temporary or permanent mental disabilities, in regaining their ability to perform daily activities. They provide treatment and rehabilitation to enable them to actively participate in society, to live their lives according to their wishes and to perform those activities that are meaningful to them.**Competences :** carries out a functional and psychological evaluation of the subject and elaborates, even in a multi-disciplinary team, the definition of the rehabilitation program, aimed at identifying and overcoming the needs of the disabled person and at his or her initiation towards personal autonomy in the daily life environment social fabric; treats physical, mental and psychiatric conditions, temporary or permanent, addressing patients of all ages; uses both individual and group activities, promoting the recovery and optimal use of functions aimed at the reintegration, adaptation and integration of the individual in their personal, domestic and social environment identifies and enhances the motivational aspects and the potential for adaptation - of the individual, typical of the occupational therapeutic specificity; participates in the choice and design of orthoses jointly or as an alternative to specific aids;

The occupational therapist carries out study and research, teaching and support activities in all areas where specific professionalism is required.

The occupational contributes to the training of support staff and contributes directly to updating their professional profile.

**People supported** : People with visual disabilities of all age

**7.(A)Country:** Italy

**Job Title:** Orientation and mobility specialist

**Condition of Entry:** School degree or academic degree

**Duration /level of training** : 9 months/ eqf not expressed

**Job Description** : Orientation and mobility (O&M) specialists teach individuals with visual impairments to travel safely, confidently and independently in their environment. They work with infants, children and adults usually on a one-to-one basis in a home, school, hospital or in the community.

**Competences** : information, education and research:

Rehabilitation training abilities:

Ambient and social intervention

Evaluating capabilities and performance

Planning rehabilitation program:

**People supported** : People with visual impairments

**7.(B)Country:** Italy

**Job Title:** Orthoptist

**Condition of Entry:** Higher school national diploma

**Duration /level of training** : 3 years / eqf level 6

**Job Description** : Orthoptists diagnose and treat the vision problems and eye abnormalities of patients of all ages, checking for evidence and symptoms of disease, injury or visual defects.

**Competences** :Carry out orthoptic treatments , conduct specialised orthoptic tests

,provide therapy of the visual system, test visual acuity ,promote ocular health

**People supported** : People with visual impairments of all ages

**7.(C)Country:** Italy

**Job Title:** Tiflological expert

**Condition of Entry:** Academic degree (6 level EQF) in psycho-pedagogical area

2# year of academic performed

**Duration /level of training** : 216 hours / no level of training

**Job Description** :

**Competences** : Braille,reading and writing tools assistive technologies accessible,graphics and modelling

**People supported** : Blind and visually impaired people

**7.(D)Country:** Italy

**Job Title:** master for visual disability rehabilitator

**Condition of Entry:** Academic degree (6 level EQF) in psycho-pedagogic area

**Duration /level of training** : 1 year / master I level (level 7 EQF)

**Job Description** : The Master's course aims to train professionals who, working in a multidisciplinary team, are able to carry out the rehabilitation of people with visual impairment.

**Competences** :Content Design: Being able to collaborate in the design of individual rehabilitation interventions for the visually impaired (with or without other impairments)

Counselling: Being able to provide counselling interventions to the user and the family of the visually disabled with or without other impairments

Using assistive technologies and ICT, Knowledge of **typhlo didactic** aids and instruments (also through Braille), video magnifiers and technology

Individual interventions: being able to collaborate in the design of individual interventions for the rehabilitation of the visually impaired (with or without other impairments)

**People supported** : Blind and visually impaired people

**7.(E)Country:** Italy

**Job Title:** Expert trainer for sensory and multifunctional disabilities

**Condition of Entry:** Academic degree or equivalent (level 6 EQF)

**Duration /level of training** : 1 year/ Master I level (level 6 EQF )

**Job Description** : The role is carried out in particular in the extra-curricular environment, in connection with the family and other professional figures of the school and in the territory and in collaboration with the social and health services in the drafting and implementation of the educational project.

**Competences** : elements of physiopathology, diagnosis and therapy

problems and perspectives of special educational intervention

disorders of learning and development in situations of sensory and multifunctional disability

dyslexia and autism ,speech therapy rehabilitation and linguistic reeducation lis and braille

,educational technologies and it tools for disabilities, organization and sociology of economic and work process, health and advanced certifications

**People supported** : People with sensory impairments

**8.Country:** Lithuania

**Job Title:** Teacher for Blind and Visually Impaired (Typhlopedagogue)

**Condition of Entry:** LTQF 4

**Duration /level of training** : 4 years

TQF 6 Bachelors diploma

LTQF& Masters diploma, Certificate of residency

LTQF 8 Doctoral diploma after completion of the upper-secondary education programme and passing mature exams diploma

Mature diploma

**Job Description** : using training methods for visual functions development for blind and visually impaired people; training of effective understanding of environment, orientation and mobility.

**Competences** : To prepare and implement into practice individual and group programs for the development of impaired functions; to work with parents, teachers and consult them how to effectively train blind and visually impaired; to carry out educational activities (camps, sharing experience, „Braille and white stick“ lessons, etc.);

assessment of students; intellectual, physical, social and emotional abilities and their limits;

individual or group teaching, using special methods or teaching aids adapted to the needs of students;

t

The use of special educational techniques and methods to improve the development of sensory and perceptual movement skills, language cognition and memory;

Teaching general subjects for blind and visually impaired people and students with other disabilities, as well as developing practical self-help skills;

Teaches blind and partially sighted students to use special teaching tools and techniques;

To promote and develop confidence, interests, abilities, hand skills and coordination;

Consultations with students, parents, teachers and other student care professionals in developing individual educational plans

**People supported** : People of all ages

## 9. Country: Poland

**Job Title:** Special pedagogical assistance and typhlopedagog

**Condition of Entry:** EQF level and Qualifications required to be accepted onto the training

EQF 4 (PQF 4) .General education (con completion of the upper-secondary education Programme and passing matura examinations).

the graduate / the licentiate should be able to demonstrate knowledge pertaining to the following curricular subjects:

Basics of human development;

Physiological and social deviations;

Existing education, rehabilitation and therapy opportunities for individuals with disabilities and for socially ill-adjusted persons;

The graduate / licentiate also should:

Have a functional command of a foreign language in order to be able to read and understand professional literature from the field of special education;

Be capable of independently solving compound, special education- related problems and tasks;

Be capable of preparing professional materials for publication;

**Duration /level of training** : 5 years (10 semesters)

Typhlopedagogy (semesters, 1,5 years)

First (bachelor) + second level (master)

PQF 6 Bachelor diploma

PQF 7 Master diploma

PQF 8 Doctoral diploma

**Job Description** :\* using training methods for visual functions development for blind and visually impaired people;

Training of effective understanding of environment, orientation and mobility;

To prepare and implement into practice individual and group programs for the development of impaired functions;

To work with parents, teachers and consult them how to effectively train blind and visually impaired;

To carry out educational activities (camps, sharing experience, „Braille and white stick“ lessons, etc.);

Assessment of students; intellectual, physical, social and emotional abilities and their limits;

Individual or group teaching, using special methods or teaching aids adapted to the needs of students;

The use of special educational techniques and methods to improve the development of sensory and perceptual movement skills, language cognition and memory;

Teaching general subjects for blind and visually impaired people and students with other disabilities, as well as developing practical self-help skills;

Teaches blind and partially sighted students to use special teaching tools and techniques;

To promote and develop confidence, interests, abilities, hand skills and coordination;

Consultations with students, parents, teachers and other student care professionals in developing individual educational plans

**Competences** :Pre-school and early school education (1st year)

rehabilitation and care and educational pedagogy (1st and 2nd year)

school pedagogy with support for child development (1st and 2nd year)

Education and rehabilitation of persons with sensory impairment (visual and hearing impairment) and early intervention (early support of development of children).

the graduate / the licentiate should be able to demonstrate knowledge pertaining to the following curricular subjects:

Basics of human development;

Physiological and social deviations;

Existing education, rehabilitation and therapy opportunities for individuals with disabilities and for socially ill-adjusted persons;

The graduate / licentiate also should:

Have a functional command of a foreign language in order to be able to read and understand professional literature from the field of special education;

Be capable of independently solving compound, special education- related problems and tasks;

Be capable of preparing professional materials for publication;

**People supported** : Children / Students

## 10. Country: Spain

**Job Title:** Optometrist/ Optician

**Condition of Entry:** Certificate of intermediate degree college or general qualification for university entrance

**Duration /level of training** : 3 years/ bachelor

**Job Description** :\*In Spain, optometry is carried out by optometrist opticians (both are trained in the same studies). Prevention of amblyopia and other vision disorders

**Competences:** Perform clinical activities related to refraction, visual examination, contact lens fitting, vision training and low vision.

Applying techniques for adapting visual corrections or compensations in glasses and possible retouching of contact lenses

Product marketing

Know and apply techniques for the fabrication of visual aids and optical and optometric instruments.

To know the different protocols of action according to the patient

be familiar with the indications and procedures for carrying out and interpreting the additional tests necessary

To know the indications and the procedure for carrying out and interpreting the additional tests necessary during the vision consultation

To carry out the patient care protocol in the optometry consultation/clinic

Take a clinical history adapted to the patient's profile.

Select and correctly apply in each case all the skills, abilities and competences acquired in optometry.

Promote collaboration with other health professionals.

Communicate and inform the patient of all the procedures and tests to be carried out and clearly explain the results and their diagnosis.

**People supported** : People with visual disabilities, of all ages

**10.(A) Country:** Spain

**Job Title:** Orthoptist

**Condition of Entry:** Certificate of intermediate degree college or general qualification for university entrance

**Duration /level of training** : 3 years/ master level (A level +5)

**Job Description** :Orthoptics is therefore very often a specialization of the optometrist optician.

The orthoptist is a vision specialist who treats eye disorders through eye muscle re-education.

A graduate in orthoptics in Spain is therefore not an orthoptist according to French regulations and therefore cannot request an equivalence.

**Competences:** Ability to work in a team.

Organisational skills.

Ability to calm and reassure people.

Ability to give information.

Diagnosis and treatment of glaucoma.

Diagnoses and treats abnormal eye movements and vision problems.

Diagnoses and treats childhood eye problems, including strabismus and amblyopia.

Assesses binocular vision.

Examines children's vision at school.

**People supported** : People with visual disabilities, of all ages

**10.(B) Country:** Spain

**Job Title:** Ophthalmologist

**Condition of Entry:** Bachelor of Science and it is necessary to pass specific skills tests (Pruebas de Competencias Especificas - PCE)

**Duration /level of training** : Medical degree / 11 years

**Job Description** :Ophthalmologists are doctors who specialise in medical and surgical eye care. They diagnose and treat all eye diseases. Many of them conduct research to improve treatment options and find cures for eye diseases and vision disorders.

**Competencies:**

Diagnoses and treats all eye diseases,

Performs surgeries

Prescribes and adapts glasses and contact lenses to correct vision problems.

Involved in scientific research into the causes and cures of eye diseases and vision disorders.

**People supported** : People with visual disabilities, of all ages

**11. Country:** Sweden

**Job Title:** Ynpedagog (Specialized educator of visual impaired)

**Condition of Entry:** Previous University degree in Occupational therapy (3 years University studies) followed by Master degree (1 year) in Specialized Educator of visual impaired.

**Duration /level of training :** level 7 /master 4 years

**Job Description :**Teacher and instructor for the visual impaired/ blind children, youth 0-20 years old and enrolled in Visual rehabilitation Clinic.

**Competences:** To work individually with investigation of visual function and optometrically rehabilitation rehabilitation/habitation and pedagogical work to support visual disabled persons or blind in development- and teaching processes in daily living, school, education, work and leisure time. In addition knowledge in interdisciplinary cooperation within health care, within teaching area or industry and architecture to develop universal environment and design. The education is aiming for further development and competence within visual pedagogies and rehabilitation.

**People supported :** The visual impaired/ blind children, youth 0-20 years old

**11.(A)Country:** Sweden

**Job Title:** IT educator (Specialized educator in information and communication technology for visual impaired)

**Condition of Entry:** University degree in primary school teacher (first cycle) and Master of Science with a major in Systems Sciences Specialization: Computer and Systems Science. (second cycle)

**Duration /level of training :** level 7 /master 4 years

**Job Description :**Educator/ teacher for the visual impaired/ blind all ages and enrolled in Visual rehabilitation Clinic, Sweden

**Competences:**To work individually with investigation of visual technical and communication needs in daily life and rehabilitation rehabilitation/habitation and pedagogical work to support visual disabled persons or blind in development- and teaching processes in daily living, school, education, work and leisure time. Develop soft skills along with technical skills such as understanding the needs of users, practicing in group dynamics and project management. Handle computer aids and communication issues in modern daily living/ society. In addition interdisciplinary cooperation within health care, within the teaching area or industry and architecture to develop universal environment and design. The is to a large extent project and problem oriented.

**People supported :** The visual impaired/ blind all ages

**11.(B)Country:** Sweden

**Job Title:** Nordic Master in vision rehabilitation Norway-Sweden

**Condition of Entry:** Equivalent in ergotherapy/ occupational therapy, physiotherapy, engineering/ mathematics and natural sciences, medicine, optometry, oprthoptics, education, psychology, social work, nursing. Minimum requirement for admission to the master programme is grade C or better.

**Duration /level of training :** 3 to 5 years /level 7

**Job Description :**To carry out individual work in visual function assessment, special education, rehabilitation and ophthalmologic rehabilitation.

To be able to carry out special education activities to support the development and learning of people with visual impairment.

**Competences:** Be able to explain and assess visual function•employ knowledge in vision rehabilitation and special education for visually impaired of all ages in relation to everyday activities, work, education and leisure

identify

Analyse and differentiate the needs of people with visual impairment and blindness

Contribute to rethinking and development of interdisciplinary cooperation within vision Rehabilitation and special education for visually impaired related to their chosen specialization

**People supported :** The visual impaired/ blind all ages

**12. Country:** Switzerland

**Job Title:** Occupational therapy

**Condition of Entry:** A level , CFCs in the field of health and professional maturity; ECG certificate - health option and Specialized Maturity - health option;

ES diploma in the health field;

**Duration /level of training :** 3 years Bachelor of Science HES (haute école de santé) Occupational Therapist

**Job Description :** Occupational therapists help children or adults who are limited in their ability to act because of illness, accident, developmental disorders or aging to gain, regain or maintain independence in daily, social, work or leisure activities.

**Competences:** Assess the needs of the person and his or her entourage as well as his or her level of independence in carrying out daily activities (travel, communication, clothing, hygiene, nutrition, etc.);

Make a list of available resources (third party to perform certain tasks, etc.);

Establish an assessment of functional abilities (execution of a gesture, precision, speed, muscular strength, etc.) as well as the ability to plan and organize activities;

Analyse the physical and architectural environment (access to premises, work plan, furniture, etc.)

**People supported :** People with Vision Impairment and Blindness of all ages

**12.(B)Country:** Switzerland

**Job Title:** Psychomotor Therapist

**Condition of Entry:** Be in possession of the title of higher secondary education required for admission to HES-S2

**Duration /level of training :** 4 years master/level 7

**Job Description :** They intervene with babies, children, adolescents, adults or elderly people with psychomotor disorders such as: clumsiness, lack of balance or coordination of movements, difficulty in orientation, lack of muscle tone, disorders related to communication, behavior or learning difficulties.

**Competences:**

Teaching skills

Sense of coordination and movement

Sense of rhythm

Desire to help others

Listening and understanding others

Ease of contact

Tolerance and respect for others

Analytical capacity

**People supported :** People with Vision Impairment and Blindness of all ages

**12.(C)Country:** Switzerland

**Job Title:** Rehabilitation Expert

**Condition of Entry:** Bachelor

**Duration /level of training :** Basis: 25 days

Complementary: 28 days /Advanced Federal Diploma of Higher Education, specialization Low vision - Activities of daily living - Orientation and mobility

**Job Description** :They work in the three orientations that are low vision, activities of daily life and orientation and mobility. These three orientations have in common advice and support for people with visual impairment in different life situations. On the basis of an assessment by specialized professionals, the needs for aids and training, as well as the necessary adaptations of the environment, are determined together with the clients.

**Competences:** Rehabilitation experts provide visually impaired and blind people with techniques and strategies that allow them to move around safely and as independently as possible.

Teach clients orientation and mobility strategies and techniques;

Use long canes and other specific aids, adapted to the situation and the client;

Low vision : - carry out low vision assessments;

Use specific aids adapted to the client and the situation, with the aim of optimizing visual potential;

Activities of daily life:

Teach clients the techniques for performing the ordinary tasks of daily life;

Use specific aids adapted to the client and to the situation, in order to help him/her to keep the daily life;

**People supported** : People with Vision Impairment and Blindness of all ages

## 11 Appendix 2: Template for oMERO partners to scope existing professional profiles related to the proposed Visual Disabilities Rehabilitator

### Template for oMERO partners to scope existing professional profiles related to the proposed Visual Disabilities Rehabilitator

#### Instructions:

Each partner is requested to investigate information about their own and regional countries Job Descriptions (i.e. Professional Profiles) regarding VDR or related professions. If one is NOT available, partners should consider looking at other roles in complementary disciplines, such as hearing impairment rehabilitation, speech and language therapy etc.

#### Countries to consider and partner regions:

- Umea team: Sweden (+ Scandinavia and the Netherlands)
- Genoa team: Italy (+Spain)
- Univ Nice: France (+Belgium)
- Lithuania team (+Baltic states)
- Dublin team: Ireland (+UK and USA)

#### Categories of information to elicit from each candidate role:

1. Name(s) of the role or equivalent descriptor
2. Targeted care recipients (i.e. blind, visually impaired, age group etc)
3. Nature of the training and type of qualification resulting from the training
  - -duration
  - -setting
  - -syllabus/curriculum
  - -assessment process/evaluation of competencies

- -balance of clinical vs theoretical work
- 4. Description of the competencies required for the role
- 5. Formal accreditation of the role
- 6. Qualifications required to be accepted onto the training
- 7. How the role is linked within the health system (i.e. which disciplines does the role engage with?)
- 8. Potential employment opportunities (where in the health system does the post-holder work? Private vs public etc)
- 9. Funding sources for a) training; b) employment
- 10. Career progression structure
- 11. Bodies supporting the role (i.e. academic institutions, professional bodies etc)

## 12 Appendix 3: Template for lay stakeholder interviews on VDR Professional Profile Key Activities

INTERVIEW TEMPLATE:

Name of oMERO partner: \_\_\_\_\_

Name and email of team member filling out this form: \_\_\_\_\_

**Broad description of stakeholder** (Do NOT include any identifiable information such as name, address etc):

Category (circle):	<ul style="list-style-type: none"> <li>• Person with visual impairment</li> <li>• Supporter of person with visual impairment (i.e. family member), care partner</li> <li>• Member of third sector organisation (i.e. vision charity)</li> </ul>
Gender:	Female/ Male/ Other
Age range:	18-35 / 36-50 / 50-65 / >65
Country of residence:	

TEXT for interviewer to use:

- Thank you for agreeing to do this interview with us.
- It will only take 20 minutes of your time.
- We will not collect any personal identifiable information about you.
- Your responses will be entirely confidential.
- We are conducting similar interviews with stakeholders with visual disabilities or their families/supporters in several countries in Europe.
- The oMERO project aims to develop a description for a newly proposed professional role in vision health, the **Visual Disabilities Rehabilitator’ (VDR)** for Europe.

A VDR will be a new type of professional who will work to support children or adults with visual impairment to maintain their independence and quality of life. The VDR will work alongside other existing professionals such as an ophthalmologist, optician, optometrist, occupational therapist, psychologist, and other members of the vision health team.

- The role of this new VDR will include a **set of Key Activities**, describing general categories of knowledge, skills and attitudes needed for the role. There will also be very specific ‘Core Competencies’ but we will not be asking about these today. We are asking only for your opinion on the general Key Activities which we will now discuss.
- I will now read out each Key Activity.
- Please tell me if you agree that this Key Activity should be part of the VDR’s job or not. If not, please explain why not.

(interviewer must circle the correct box)

KEY ACTIVITIES <i>(note to interviewer – the blue text is just a suggestion to help describe the KA – feel free to use your own words)</i>	
1. To evaluate how a visually impaired person can function in their daily life, working with the wider vision health team and using information from their assessments done by other vision health professionals <i>(i.e. eye doctor)</i>	
Agree to include	Should not be included Why not?
2. To develop and implement a vision-related rehabilitation program for visually impaired adults that is tailored to the needs of that individual and includes other members of the wider vision health team. <i>(for example, to design a program of activity to support an individual to manage their life in an independent way at home, at work, etc).</i>	
Agree to include	Should not be included Why not?
3. To develop and implement an individualized vision-related rehabilitation program for visually impaired children, adapted for their development age, using a multidisciplinary approach <i>(for example to develop a program to assist visually impaired children manage their daily lives at home and at school; to support and inform parents about how their visually impaired child functions).</i>	
Agree to include	Should not be included Why not?
4. To implement mobility and orientation training with visually impaired persons in collaboration with the wider healthcare team <i>(examples: teaching strategies to navigate in the community, using a white cane etc)</i>	
Agree to include	Should not be included Why not?

<p><b>5. To support an individual's autonomy and independence in everyday activities in relation to visual impairment</b> <i>(for example, by assisting an individual to manage their self-care, personal hygiene and other daily activities and to become independent in their daily life, including household tasks, safety etc.).</i></p>	
Agree to include	Should not be included Why not?
<p><b>6. To foster inclusion in formal education for visually impaired children</b> <i>(for example, to work with regular schoolteachers to ensure that the child's needs are understood and accommodated for in the learning environment)</i></p>	
Agree to include	Should not be included Why not?
<p><b>7. To foster inclusion in professional and occupational activities for visually impaired adults</b> <i>(for example, to work with an individual and their employer to ensure that the individuals needs are understood and accommodated for in the work environment)</i></p>	
Agree to include	Should not be included Why not?
<p><b>8. To provide training and support for the use of sensory assistive devices</b> <i>(e.g. glasses, special lamps, magnifiers) and techniques (i.e. braille reading)</i></p>	
Agree to include	Should not be included Why not?
<p><b>9. To provide training and support for the use of digital technologies for visual impairment</b> <i>(i.e. new technology to assist vision impairment including computer programs, virtual reality etc).</i></p>	
Agree to include	Should not be included

	Why not?
<p>9. To support the psychological and social dimensions of a visually impaired person’s life (for example, by helping to motivate them to become independent, take control of their circumstances, learn new skills etc).</p>	
Agree to include	Should not be included Why not?
<p>10. To provide advice on physical health conditions that may impact on the individual’s vision health (for example, to advise about other health conditions that might make vision problems worse, such as poorly controlled diabetes).</p>	
Agree to include	Should not be included Why not?
<p>12. To be aware of local policies, regulations, and laws in the community that may impact on the life of a visually impaired individual (for example, to be aware of local laws and community regulations that might impact on the life of a visually impaired person).</p>	
Agree to include	Should not be included Why not?
<p>Are there any other Key Activities that you think the VDR should include (please focus on GENERAL activities only)</p> <p>(*Note: non-specific ‘professional’ competencies (ie. ‘soft skills) such as research, collaboration, continuing education etc. have NOT been included in this interview)</p>	
<p>Please add here:</p>	