

Level 6 Diploma in Ophthalmic Dispensing

2015 Guidance for supervisors

Pre-Qualification Period

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Thank you for helping us to maintain the high standards of the profession by passing on your knowledge and skills to others. This guide has been prepared to help you understand the responsibility you have accepted, highlight the legislative requirements and to help you prepare your trainee in completing their portfolio.

As a supervisor, you must have been fully registered with the GOC for a period of two consecutive years prior to accepting the responsibility. You must maintain this registration for the full training period. Any lapse in this registration will void some of your student's hard work and examinations. You may only be responsible for a maximum of two GOC registered trainees at any one time.

GOC definition of supervision: ***'the supervisor must be physically present on the premises, contactable and able to intervene and exercise their clinical judgement if required'***.

There are limitations placed on a trainee which you are there to oversee: ***sale and supply of restricted categories - supervision must take place on collection when Rx verification, fitting and final adjustment must be checked (irrespective of whether the original dispense was by a registered practitioner, or supervised trainee). If no registered practitioner is on the premises, no sale or supply can take place for restricted categories.***

Your trainee will be sent a Pre-Qualification Period (PQP) portfolio at the start of their studies. This should be compiled throughout their training period, and is representative of a cross section of their competencies. Each part of the case record is designed to prepare the student not only for their Final Qualifying Examinations (FQE), but also providing excellent preparatory skills for life as a qualified professional.

There is an initial declaration at the front of the PQP portfolio; this must be signed by the trainee and yourself to commit to continuous personal supervision. The PQP should be worked through together, forming the basis for the training; logging the statutory hours, dispensing, checking, fitting, repairs and adjustments.

At the end of the portfolio is the supervisor's final declaration, this states that you are satisfied all the work has been completed and that the trainee is prepared for their FQE. As their supervisor you should check, sign and assist the trainee in selecting the 51 case records to be submitted for the FQE.

Every trainee and supervisor will have a practice visit by ABDO during their Pre-Qualification Period. Each ABDO practice visitor is a qualified examiner; they are there to carry out a number of checks to approve the practice and supervisor for training purposes, they will also assess some elements of the core competencies with the student. Please make sure that you have all the necessary equipment on the checklist which can be found within the portfolio. The visitor will be looking at a minimum of 10 case records on the day of the visit and how the audit trail is in place to link the case record to the patient records. They will provide advice and guidance on the portfolio and the examination process.

The trainee has been advised in order to comply with the Data Protection Act, they obtain written permission from the patients for a third party (i.e. your ABDO practice visitor) to view their original records. Please ensure the patients are aware that the portfolio records contain no patient identification details whatsoever, however original records may be required to check for authenticity.

No patients can be shared between multiple trainees and you should only sign case records where you are confident that they are authentic patient records. If a case of plagiarism is suspected, the GOC will refer both the trainee and supervisor to Fitness To Practice (FTP) Committee.

The students have been issued with the following information on how to complete their portfolio and associated tracking sheets. In addition please use the guidelines on case study content to discuss as many prescriptions as possible with your student. This will help to engage them in the thought process required in the additional comments, and also for the viva sections of the Final Qualifying Examination.

For legislation and registration queries please contact
Emma Hastings - Examinations Assistant
Email: ehastings@abdo.org.uk

For technical and professional queries please contact
Alicia Thompson
Director of Professional Examinations
Email: athompson@abdo.org.uk

Miranda Richardson
Assistant Director of Professional Examinations
Email: mrichardson@abdo.org.uk

ABDO Level 6 Diploma in Ophthalmic Dispensing

Students welcome

WELCOME to your programme of study to become a qualified dispensing optician. These guidelines have been designed to help you with your studies and portfolio completion. Please read everything carefully to facilitate your journey and avoid unnecessary complications.

Your Pre-Qualification Period (PQP) portfolio is a supervised record of your dispensing history throughout your practical placement. It is the evidence to prove you have fulfilled the required criteria, in order to be entered for the Final Qualifying Examination and subsequent registration with the General Optical Council (GOC).

You will be eligible to sit your Final Qualifying Examination (FQE) on condition that you have completed your portfolio, to include 1600 supervised hours in no less than 200 days; all stipulated dispensing tasks, your final declaration, 51 completed case records including a report on a visit to an approved manufacturing tour.

Legislation

INITIAL DECLARATION: Before any work may be completed, you must submit your initial declaration found at the front of your portfolio. No case records or hours logged will be counted until your practice and supervisor have been registered with ABDO Examinations and Registration and a date of commencement letter sent.

Date of commencement: You will be issued with this date upon receipt of your initial declaration. Only case records dispensed and hours logged after this date will be accepted.

ABDO and GOC student membership: You must maintain both memberships throughout your academic studies. Any lapse in either membership will deem any case records, hours, examinations and institute assessments completed during this time null and void.

Supervisor registration: Supervisors must have two years continuous full registration with the GOC (previous student registration is not permitted), and maintain this throughout your period of supervised practice. Any lapse in supervisors registration will deem any case records and hours completed during this time null and void.

Supervisors based in the Republic of Ireland: In order for a student undertaking their PQP in the Republic of Ireland to graduate with a UK issued FBDO they must be supervised by a GOC registered supervisor (who meets all the usual supervision requirements). Any students who undertake their PQP in the Republic of Ireland under a supervisor registered with the Irish Regulator but not the GOC will be treated as a European qualified and will be awarded FBDO (overseas) and must apply to register with the GOC via the EU Directive.

Supervisor/Student ratios: A maximum of two GOC registered students may be supervised at any one time by an individual supervisor, irrespective of which optical discipline.

Students are advised to register two supervisors to allow flexibility for cover during periods of holiday and sickness. Both supervisors must be registered with ABDO Examinations and Registration. Your logged hours should demonstrate the majority of your time has been spent with your principal supervisor.

Change of supervisor or practice: Please notify ABDO Examinations and Registration as soon as any changes occur. The relevant paperwork can be found at the back of your PQP portfolio or printed from the ABDO website, 'Change in details' form.

If you know you are about to change practice it is advisable to ensure all your signatories are up to date; if you are selected for an audit visit we will visit both practices. You are also advised to make sure your previous supervisor/s complete and sign the authentication form for every case record you have completed under their supervision. This is to confirm they have checked your case record account against the practice record, that it is a true reflection of the dispense and should the need arise they could produce the original records if you are selected for a random audit inspection following your

examinations. Proof of authenticity of case records remains the responsibility of the student and supervisor of any practice you have been registered with.

You must also update your practice details with ABDO Membership, GOC Membership and your institute.

Practices and supervisors: You may complete your PQP at a maximum of two practices with a maximum of two different supervisors.

Your registered supervisor may not sign records for work they have not themselves supervised.

Specialist clinic supervisors: If a certain category of cases prove difficult to complete at your practice, we advise you to make arrangements for this experience to be gained elsewhere and obtain approval from ABDO Examinations and Registration via a 'specialist clinic supervisor form'. This will allow you to register another supervisor for specialist experience for a fixed period of three months.

Audit trail: You should be able to produce a corresponding patient record held within your practice, to match the anonymous details on your case record. A separate notebook with corresponding names and codes against your case record numbers, is recommended which will be required for the practice visit.

Data Protection Act: In order to comply with the Data Protection Act, you should obtain written permission from the patients for a third party (ie your ABDO practice visitor) to view their original records. Please ensure your patients are aware that your portfolio records contain no patient identification details whatsoever, however original records may be required to check for authenticity. A data protection form template can be downloaded from the website.

Practice visit: During your in practice training you will need to apply for your practice visit to be conducted by an ABDO examiner. You will need to apply using the appropriate forms (which can be downloaded from the ABDO website, or found within your main portfolio). Your visitor will contact you to arrange a mutually convenient time for your visit to take place. The appointment should be made on a day where there is a clinic running, but please allow time for you and your supervisor to talk privately to the visitor. The purpose of the visit is to verify that your working environment is conducive to training, to assess some elements of the core competencies and to support both you and your supervisor as much as possible.

You are responsible for your portfolio and tracking sheets being available at this practice visit, with **at least 10 completed case records**. They do not have to be completed to submission standard, but are required to allow the visitor to offer feedback on the level of detail required. The visitor will also verify the authenticity of these records in conjunction with your audit trail. (More detail is provided in separate Practice Visit guidance which can be found on the ABDO website).

51 case records: A record may only be submitted if it is entirely your own work ie trainees are not permitted to share patients or submit plagiarised work. A case record can only be used in one category and must be clearly defined on your case record tracking sheets. Case records must be a complete dispense where frames and lenses have been selected. Re-glazes are not permitted.

Submission of more than 51 records is not permitted.

Presentation: Please provide your case studies in either typed or hand written format, in a clear and legible manner. Minimal use of correction fluid is permitted but never where dates and signatures are required.

Signatures: Each case record must be signed by the registered supervisor you worked with that day, and this should match your daily tracking sheet of supervised time.

Final declaration: This must be signed by the principal supervisor to confirm that you are fully prepared for the requirements of the Final Qualifying Examinations (FQE) and that all elements of the PQP have been completed.

Submitting paperwork: The PQP portfolio must be completed before you sit your FQE practical exam. ABDO Examinations and Registration will request your tracking sheets and your final declaration to be sent in before a specified closing date. This will allow legislative checks to be performed prior to your FQE and any anomalies to be rectified.

We recommend all correspondence regarding the portfolio is photocopied for your records and sent via a traceable postal service. You will always receive an acknowledgment letter confirming receipt of your paperwork.

Submitting the portfolio: You must bring your original PQP Portfolio and case record tracking sheets with you to the examination venue on the day of your FQE. You will not be permitted to sit any part of the FQE if you do not present your portfolio on the day.

Please also bring a 'soft copy' of the 51 case records and the case record tracking sheet. Your original portfolio and the USB containing your soft copy will be returned to you at the end of the examining day and ABDO will retain a 'soft copy' for audit purposes.

As an awarding body we are duty bound to report any cases of suspected plagiarism to the GOC Fitness to Practice (FTP), please note this will involve both you and your supervisors being reported.

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Tracking sheet completion

Tracking sheets are the important supporting evidence that the PQP Portfolio has been completed. On receipt of your date of commencement please begin entering dates on your tracking sheets and case records. Please note if you change supervisor or practice you will receive a new date of commencement letter once your new details have been verified.

Entries

- Remember to include your ABDO membership number on every sheet
- A daily entry and signature is required, not grouped by week
- Supervisors may only sign for work that they have directly supervised
- Only work completed within registered practices will be accepted

We advise that supervisors sign your tracking sheet entries on a daily basis, where possible. Supervisor and student circumstances may change unexpectedly and they may not be available to sign your records retrospectively.

We recommend that you continue logging your hours of supervised time and completion of dispensing tasks in practice beyond the minimum requirements of 1600 hours, in no less than 200 days. This will give a more accurate record of your whole Pre-Qualification Period and may cover any shortfalls if for any reason we find we cannot accept any entries upon verification, or if errors have been made in hours calculated.

Correction fluid or use of pencils is not permitted on the tracking sheets. If you make an error please cross through the entire line and write this entry clearly on the next line available.

If you are running out of tracking sheets, these are available on the website, or a photocopy on white paper of a blank original is perfectly acceptable.

Tracking sheet for supervised time

Day and date

Please list the day and the date in full (including the year). Accurate and detailed information is required for validation of the entry.

Hours worked

List the number of hours worked each day; these will be hours during which you are performing necessary tasks for your training. Therefore please do not include, for example, time when you are on your lunch break.

Accumulated hours

Please enter the number of hours accumulated so far. This will give you a running total of your completed amount of supervised time.

Supervisor signature

Your supervisor should sign each individual entry to verify your time.

Pre-Qualification Period

ABDO Membership number: 12345

Tracking sheet of supervised time

Day	Date	Hours Worked	Accumulated hours	Supervisor signature
Monday	6th August 2012	8	408	Esla.
Tuesday	7th August 2012	8	416	Esla.
Friday	10th August 2012	8	424	Esla.
Saturday	11th August 2012	5.5	429.5	Esla.
Monday	13th August 2012	8	437.5	Esla.
Tuesday	14th August 2012	8	445.5	Esla.
Wednesday	15th August 2012	8	453.5	Esla.
Thursday	16th August 2012	8	461.5	Esla.
Monday	20th August 2012	8	469.5	Esla.
Tuesday	21st August 2012	8	477.5	Esla.
Friday	24th August 2012	8	485.5	Esla.
Saturday	25th August 2012	5.5	491	Ats
Mon	27th August 2012	8	499	Esla.
Tue	28th August 2012	8	507	Esla.
wed	29th August 2012	8	515	Esla.
Thur	30th August 2012	8	523	Esla.
Mon	03 / 09 / 2012	8	531	Esla.
Tue	04 / 09 / 2012	8	539	Esla.
Fri	07 / 09 / 2012	8	547	Esla.
Sat	08 / 09 / 2012	5.5	552.5	Ats
Mon	10 / 09 / 2012	8	560.5	Esla.

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Tracking sheet for dispensing tasks

Date

Enter the date in full, and record the tasks completed that day in the relevant categories. A number of tasks may be recorded in different categories on the same line for each date. Either a tally style or number system are acceptable (see example below).

Supervisors signature

Your supervisor is required to sign each entry to validate that the work has been completed by you, under their supervision. In addition to the daily entries supervisors must sign the totals and accumulated totals rows.

Totals

At the bottom of the page the total number of tasks completed for each category, on that sheet, should be listed.

Accumulated totals

This should be used to accumulate the totals from any previous tracking sheets, with the dispensing tasks that you have completed.

Frame fitting

This can be either pre-adjusting the frame prior to measurement or adjusting the frame on collection. Do not forget to count all the patients you see, regardless of whether they are included in your portfolio.

Adjustments

Any alterations or repairs made to a frame when a patient returns to the practice. This does not necessarily have to be one of your own patients.

Checking

It is advisable to take on the daily checking task for all the completed spectacles that come into the practice, using the manual focimeter as this is good preparation for practical examinations.

Pre-Qualification Period

ABDO Membership number: 12345

Tracking Sheet Dispensing Tasks

Date	Frame Fitting			Adjustments			Checking				Supervisor signature
	Bifs & PPLs	Powers over +/-10	Reminder	Bifs & PPLs	Powers over +/-10	Reminder	Bifs & PPLs	Powers over +/-10	Prescribed prism	Reminder	
	50	10	190	50	10	190	100	20	5	125	
25 / 08 / 2013	11	-	111	-	-	-	1		-	1111	Als
27 / 08 / 2013	1	-	1111	-	1	-	11	1	-	-	Esla.
28 / 08 / 2013	-	1	11111	1	-	1111	-		-	11	Esla.
29 / 08 / 2013	111	-	11	11	-	111	1111		1	1111	Esla.
30 / 08 / 2013	1	1	111	1	-	11	1	1	-	11	Esla.
03 / 09 / 2013	2	0	7	3	1	8	5	2	0	12	Esla.
04 / 09 / 2013	3	0	4	2	0	10	2	0	1	7	Esla.
07 / 09 / 2013	0	0	6	0	0	4	1	0	0	2	Esla.
08 / 09 / 2013	4	-	5	1	0	7	3	1	0	6	Als
10 / 09 / 2013	1	1	9	4	0	7	4	1	0	3	Esla.
11 / 09 / 2013	11 (2)	1 (1)	1111 (4)	1 (1)	1 (1)	1111 (5)	111 (3)	(0)	(0)	1111 (4)	Esla.
12 / 09 / 2013	111 (3)	- (0)	1111 (2)	111 (3)	- (0)	1111 (4)	1111 (6)	(0)	(0)	11111 (13)	Esla.
13 / 09 / 2013	1 (1)	- (0)	11111 (6)	11 (2)	1 (1)	11111 (7)	111 (3)	1 (1)	(0)	11111 (7)	Esla.
Sheet Totals	73	4	62	20	4	62	35	7	2	69	Esla.
Accumulated Totals	38	6	99	32	6	102	59	12	3	128	Esla.

Tracking sheet for presentation of case records

Presentation of case records

When you have selected your final 51 case records that you wish to present, please number them 1-51, and log each one on your case record tracking sheet.

Place a tick in the relevant category box along the correctly numbered row, and sign and date the trainee declaration when all categories are complete.

Ensure that individual case records are presented grouped together in the required categories. Use the ABDO dividers to arrange your records in the correct categories.

ABDO Pre-Qualification Portfolio

ABDO Membership Number: 12345

Tracking Sheet for Presentation of Case Records

Case Record Number (To identify case record, when completed)	Paediatric dispensing	Rx from +/- 5.00D to +/- 9.75	Rx over +/- 9.75	Bifocals	Progressives and trifocals	Occupational dispensing	Referral Involvement for pathological reasons	Sports eyewear dispensing	A prescription for gross anisometropia	Prescribed tints	Personal eye protection	Low vision	Contact lens	FMO manufacturing visit report
	8	8	5	2	6	5	2	2	2	2	2	5	1	1
01	✓													
02	✓													
03	✓													
04	✓													
05	✓													
06	✓													
07	✓													
08	✓													
09		✓												
10		✓												
11		✓												
12		✓												
13		✓												
14		✓												
15		✓												

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Guidance for the completion of case records

We strongly advise that you start your case records as early as possible. As with your tracking sheets of supervised time/dispensing tasks, please get them written up, checked and signed by your supervisors promptly. You can always replace a record if you feel you have a better one at a later stage, but if supervisor changes occur unexpectedly before records are signed off, you may lose the opportunity to use that record in your PQP portfolio folder.

The purpose of each case records is:

- To demonstrate detailed, accurate record keeping when working in practice
- To demonstrate the taking and recording of relevant information
- To provide evidence of decisions when determining products dispensed and services provided
- To provide a basis for assessment of the portfolio at the time of the FQE

Portfolio case records:

We have provided you with 50 blank case record sheets, should you require more they can either be photocopied or they are available to download from the ABDO website, in either PDF or Word format. The case records may be hand written or typed. Either way, records should be presented in the format shown on the opposite page.

The portfolio itself should consist of the following case records:

Subject headings	Number of case records	Numbered from
Paediatric dispensing	8	1 - 8
Rx from +/- 5.00 to +/-9.75	8	9 - 16
Rx over +/-9.75	5	17 - 21
Bifocals	2	22 - 23
Progressives and trifocals	6	24 - 29
Occupational dispensing	5	30 - 34
Referral Involvement for pathological reasons	2	35 - 36
Sports eyewear dispensing	2	37 - 38
A prescription for gross anisometropia	2	39 - 40
Prescribed tints	2	41 - 42
Personal eye protection	2	43 - 44
Low vision	5	45 - 49
Contact lens	1	50
FMO manufacturing visit report	1	51

ABDO case record form for the Pre-Qualification Portfolio

Case number:	ABDO membership no.
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Name of supervisor:	Date of dispense:
Supervisors name to confirm who was present at the time of the dispense	The date the dispense took place.

Occupation:	You should have discussed with each patient what takes up the majority of their time, to which the spectacles will relate i.e. child, retired, shop manager etc.	Age:	
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Hobbies:	Any hobbies listed must be addressed in the additional comments as they may influence the way in which the prescription is dispensed. Students must address every need of the patient, even if they did not accept the advice given for certain appliances.
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	Sph	Cyl	Axis	Prism	Base			Sph	Cyl	Axis	Prism	Base	
Right:						Prescribed Rx	Tested Vertex Distance						
	Addition							Addition					

Frame details: The name type and colour of the frame should be included, together with all relevant measurements: • Distance between pad centres • DBL • Angle of side • Bridge width • BCD • Frame vertex distance • Boxed lens size • Side type/Length • Head width Some measurements will be specific to a particular type of frame.
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Lens and centration details: information should include the lens type, form and material patients interpupillary distance together with all other relevant details: • Lens make/ Manufacturer • Coatings • Glazing instructions • Heights • Centration • Tints • Tested vertex distance • Fitting cross positions • Decentration • MSU • Dispensed Rx if different from prescribed These are minimum requirements; you should also include any additional information relevant to the successful dispensing of the prescription.

Fitting and adjustments: Include here all aspects of setting up and final adjustment using the correct terminology. Final fit - what you did. Advice on wear and care and any subsequent visits.
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Case study content

Hand written/typed: Case studies may be hand written or typed, whichever is most suitable to you. Please make sure either way it is legible for the examiners marking them.

Case number: Each case record should be numbered consecutively from 01-51. No patient identification must be evident but a separate list must be kept by the trainee as the practice visitor will require this information for the audit process. Please use the dividers provided and try and keep the numbers consecutive throughout the folder.

ABDO membership number: Students must only ever list their ABDO number in their portfolio. No student or patient identities should be present.

Prescription: This is the prescribed Rx, along with the testing distance. Make it very clear on the record which

prescription is ordered, as this may be different due to effectivity or occupational lens criteria.

Signature/date: your principal or secondary supervisor (whichever was present at the time of the dispense) must sign to say they have checked your work; the date next to the signature should be the date that the record was checked by the supervisor.

Reglazes: Case records must be a complete dispense where frames and lenses have been selected. Re-glazes are not permitted.

Plano Lenses and Modular Appliances: We do not accept dispensing of appliances with Plano lenses. We will accept best vision sphere for sports appliances if justified.

Any additional information

This section should be used to record any information that you think the Examiner should know (within reason):

- Dispensed Rx and V/A's
- Previous Rx and V/A's
- Reasons for difference between prescribed and dispensed Rx
- Justification: why is this the best option for the patient
- Px history: past dispenses and conditions that may have a bearing on the decisions you make
- Calculations: Effectivity, magnification, differential prism (estimation)
- Frame justification: anatomy, cosmesis, material, Rx, type etc
- Product knowledge: areas of vision, Rx ordered, extra measurements required
- Px requirements: How your recommendations meet the patient's needs
- Addressing needs: noting every aspect of patient lifestyle, occupational and hobbies, and matching their needs to your optical advice.
- Patient condition: low vision, aphakia, anisometropia and relevant visual acuities. The impact that all has on the patient's lifestyle.
- Copy of referral letter: anonymised and the outcome from any follow up call

Anything you think is relevant for you to prove to the examiner your understanding of the dispense in its entirety, and your justification of lens and frame choice.

Supervisor declaration

I confirm that I have checked this record for accuracy, content and authenticity against the related patient record held in my practice. I can provide ABDO with an anonymised copy of the related patient record if requested.

Confirmation signature from the supervisor that they have checked all of your work

The date that the work was checked

Signed by supervisor

Date checked and signed

Minimum additional comments for each category

1. Paediatric dispensing x8

The NHS definition of a paediatric dispense is aged 16 and under. You must include a minimum of at least three children aged 4 and below i.e. up until their 5th birthday.

Include:

- Discussions with patients and parents, especially for first time spectacles - difficulties that may arise from fitting spectacles to young patients
- Reasons for spectacles and wearing regime
- Lens choice
- Justification of frame choice
- Frame fitting – bridge development, side lengths, special features eg curl sides, strap bridge etc.

2. Powers +/- 5.00 to +/- 9.75D x8

For the dispensed power (rather than the prescribed power), at least one Rx, either right or left eye, must have a sphere power that meets the category requirements (between +5.00 to +9.75 or -5.00 to -9.75). The prescription may be transposed to demonstrate this.

Include:

- Tested Vertex Distance
- Frame Vertex Distance
- Need for an effectivity calculation
- Compensated Rx requirements
- Justification of lens choice
- Justification of frame choice
- Previous spectacles
- Impact of Rx on lifestyle

3. Powers over +/-9.75 x5

For the dispensed power (rather than the prescribed power), at least one Rx, either right or left eye, must have a sphere power that meets the category requirements (over +9.75 or over -9.75). The prescription may be transposed to demonstrate this.

Include:

- Tested Vertex Distance
- Frame Vertex Distance
- Need for an effectivity calculation
- Compensated Rx requirements
- Justification of lens choice
- Justification of frame choice
- Previous spectacles
- Impact of Rx on lifestyle
- Lens availability
- Safety aspect
- Alternatives to spectacles

A minimum of one effectively calculation is required in both categories 2 and 3, and prescriptions may be transposed to an alternative form in order to meet the category requirements.

4. Bifocals x2

Include:

- Justification for lens choice
- Justification of frame choice
- Previous spectacles
- Suitability of seg shape
- Justification of seg top position

5. Trifocals and PPLs x6

It is not compulsory, although useful to include a trifocal dispense, 6 PPL dispenses are perfectly acceptable, a minimum of 3 different designs are required within the 6 case records

Include:

- Justification for lens choice
- Suitability of lens design to lifestyle
- Justification of frame choice
- Previous spectacles
- Relevant coatings
- Extra measurements required, why?

In both sections 4 and 5 it is acceptable to state a patient has the same lens as before, but you will need to explain why that lens type is still the best option for the patients needs

6. Occupational dispensing x5

A single vision pair is perfectly acceptable as long as it is task specific (for example a single vision distance pair for a lorry driver **is not** task specific as the spectacles could be used for other purposes). A modified prescription will need to be calculated for a specific working distance. Enhanced readers and occupational style lenses are all acceptable.

Include:

- Task requirements
- Working distance
- Field of view
- Suitability of lens type/ lens justification
- Justification of frame choice
- Ordering criteria/ design features

7. Involvement in referral for pathological reasons x2

A registered dispensing optician has a duty to refer, this category is to gain experience in this process. Alert practice staff to involve you in any case that is likely to be referred outside of the practice, where symptoms could be identified through questioning and investigation by a dispensing optician. After gaining consent from the patient to observe, ask the referring registrant if you can write the GOS18 or equivalent but not sign it (this is a suggestion not a requirement as the referring registrant may wish to write the referral themselves) to get a feel for the information needed. Include the discussions you had with the referring professional about the content of the letter. Attach a copy to the case record with all patient and practice details removed, include any follow up information.

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Minimum additional comments for each category - continued

Clear understanding of the patient's condition should be evident; including signs symptoms impact of condition on Px and consequences if referral advice not followed.

Your involvement in the process of referring a patient out of the practice must be evident to the examiner. Referral to the Optometrist who subsequently refers the patient out of the practice is not sufficient. (Two cataract referrals are not permitted).

Include:

- Give a detailed description of the patient pathway through the practice indicating clearly your involvement ie what you observed, what questions you asked etc.
- Demonstrate an understanding of the condition the patient may have
- What are the implications if the patient is not referred
- Detail the findings you and the optometrist/ dispensing optician discussed and your discussion for the referral letter
- Attach a copy of the referral letter with all patient and practice information obscured
- Detail any follow up information to relay the outcome of the referral, if known

8. Sports eyewear dispensing x2

These must be dispenses that are specifically for sporting activities. A standard pair of sun spectacles will not be accepted. Rx swimming goggles, ski masks, sports goggles etc. are all accepted under this heading. It is recommended you try and dispense two different types of sports spectacle. You are permitted a maximum of one best vision sphere sports appliance in this category.

Include:

- Justify the optical appliance to patient lifestyle/hobbies
- Discuss suitability of appliance
- Rx modifications for BVD or immersion in different mediums

9. Prescription for gross anisometropia x2

The Rx must meet the criteria of a difference of 2 or more dioptres between the right and left prescriptions.

Include:

- Recognition of anisometropia
- Estimation of the amount of differential prism
- V/A's for consideration of amblyopia
- History of patient, reasons for anisometropia
- Dispensing problems caused by the condition
- Expected patient visual problems
- If there is a need to manage these problems for this patient
- Generally discuss dispensing solutions for anisometropia
- Justification of frame choice

10. Prescribed tints x2

The tint can be prescribed by you as the trainee dispensing optician. Photochromic and polarised lenses are accepted in this category, justification of the absorption/ transmission ranges and the colour chosen is required.

Include:

- Reason for the tint
- Justification of type, colour and transmission
- Suitability of lenses and frames

11. Personal eye protection x2

These must be prescription protective eyewear.

Include:

- Occupation/hobby
- Health and Safety requirements
- Determination of lens material
- Lens type justification
- Justification of frame choice
- British standard markings on frame and lenses
- Advice given
- Adjustments made

12. Low vision x5

A person with low vision is someone whose everyday life is restricted by an impairment of visual function that cannot be fully remedied by conventional spectacles, contact lenses or medical / surgical intervention. (Cataract patients are therefore not accepted here as their condition will be remedied by surgery). A minimum of 2 case records should be actual dispenses of either low vision aid and/or spectacles.

The remaining case records can be all low vision dispenses or discussions, advice and recommendations to the patients according to their condition. All records should show advice on use, how to maintain the appliance and when to return for support. We do not specify VA's as an indicator of low vision, as it is still possible with some conditions to achieve good visual acuities; it may be the extent of field loss that results in the patient being registered as low vision. It is therefore important that you discuss all aspects of the achieved vision related to the condition the patient has.

Include:

- Details of initial assessment
- Patient condition
- Impact on lifestyle
- Vision and visual acuities
- How dispensed aid will help
- Justification of frame choice
- Advice in using the aid
- Field of vision
- Working distance
- Advice on illumination glare and contrast
- Proposed aftercare regime
- Extra advice, guidance and other objects to aid everyday life
- Referral to other low vision agencies and charities

13. Contact lens x1

For completeness, if you wish to include the contact lens specification on the front of the record you are permitted to do so.

Include:

- *The contact lens case record should include close observation of the initial assessment, fitting, collection and aftercare of a contact lens patient. This may be observed on multiple patients as you are required to demonstrate an understanding of the full process*
- *Remove a contact lens under supervision, or observe the process by a contact lens practitioner*
- *If performing the task yourself, use a colleague or family member rather than a member of the public*
- *Record a detailed list of the procedures involved in the additional comments section*

14. FMO Manufacturing Visit Report x1

Your institute will be provided with a list of approved manufacturers who are happy to conduct these educational tours, and the dates the tours will be available; you can also view the upcoming tours on the ABDO website. You will need to book your place on the selected tour, directly with the manufacturer who will sign an attendance sheet which you must include as the first page for case record 51.

Case record 51 will be in the form of a written report with a minimum of 800 words. The report should be your own work, and material used from other sources must be referenced appropriately. The content should be based on the production techniques of the manufacturer you have visited, to demonstrate your level of understanding.

Your supervisor will need to sign your report to confirm you have attended the stated manufacturer tour and the report submitted is completely your own work.

Processes that may be observed:

- Glazing
- Surfacing
- Tinting/coating
- Frame manufacture

Include in your report:

- *The difference between glass and plastics materials*
- *Knowledge of the properties of each material*
- *Manufacturing methods and associated advantages and disadvantages*
- *Different manufacturing methods of frames*
- *Different methods of tint and coating applications*
- *Associated advantages and disadvantages of each*
- *The report should be based on the step by step process you observed on your tour. Please include any other information the manufacturer provided in the format of lectures or discussions as you progressed around the factory*

Any manufacturing processes that you did not observe on the tour and subsequently have researched the information (i.e. frame manufacturing), you will need to reference where you found the information to avoid cases of plagiarism.

The portfolio should be viewed as your dissertation, handed in at the end of your studies. It is a detailed log of the most interesting dispenses you have performed throughout your student life. Treat it as something to be proud of; it is a lot of work to compile. Start listing the dispenses that can be entered into the above categories as soon as you receive your date of commencement. The more you have to choose from, the better the portfolio content. Begin typing up the easiest dispenses as early as possible to avoid having to do your entire portfolio just before your final exams.

If you have any queries please get in touch, we are here to help.

For legislation and registration queries please contact

Emma Hastings
Examinations Assistant
Telephone: 01227 732 921
Email: ehastings@abdo.org.uk

For technical and professional queries please contact

Alicia Thompson
Director of Professional Examinations
Telephone: 07515 427 429
Email: athompson@abdo.org.uk

Miranda Richardson
Assistant Director of Professional Examinations
Telephone: 07875 591 667
Email: mrichardson@abdo.org.uk



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ABDO Examinations and Registration

The Old Dairy, Godmersham Park
Godmersham, Canterbury, Kent CT4 7DT

Telephone 01227 732 921

Email examinations@abdo.org.uk

website www.abdo.org.uk