

**APPLICATION for PRACTICE VISIT and  
IN-PRACTICE COMPETENCY [5.2]  
ASSESSMENT**



<b>IMPORTANT NOTES</b>	<ul style="list-style-type: none"> <li>• <b>TRAINEES are responsible for ensuring the correct information is provided</b></li> </ul>
	<ul style="list-style-type: none"> <li>• <b>The application for the PRACTICE VISIT and the IN-PRACTICE COMPETENCY [5.2] ASSESSMENT must be submitted BEFORE 31 January for the SUMMER sitting / 31 July for WINTER sitting.</b></li> </ul>
	<ul style="list-style-type: none"> <li>• <b>All sections must be fully completed.</b></li> </ul>

Name of Trainee	.....
ABDO membership no.	..... GOC Reg No.....
Alternative contact number	.....
Email address	.....
Name of Primary Supervisor	.....
Supervisor's qualifications	.....
Supervisor's GOC Reg No.	.....
Name of Practice.	.....
Address of Practice.  <b>NB. This application will be rejected if the supervisor is not listed at this practice in the current GOC register</b>	..... ..... ..... Postcode..... Tel:.....
PLEASE COMPLETE when current supervision began	DAY/ MONTH / YEAR: .....

CL Course training College						
Please indicate which days the trainee and Primary supervisor are together in the practice –						
Monday	Tuesday	Wednesday	Thursday	Friday	Saturday	Sunday

<b>For administrative use -</b>	
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**Note 1** – ‘Continuous personal supervision’ is defined as the presence of the supervisor on the premises, whilst the person training as a contact lens optician is attending any patient so that the supervisor is able to ensure that no untoward consequences to the detriment of the patient can arise from the actions of such a person.

In the event of the temporary absence of the supervisor due to ill health or holidays, it is the supervisor's personal responsibility to ensure another suitably registered contact lens optician or optometrist is accessible to provide the required degree of supervision, and that that person is willing to provide the temporary supervision. For an extended period of cover [in excess of four weeks] approval of such arrangements must be agreed with the Association. [ See Supervision of Trainee Contact Lens Opticians below]

**Note 2** –The Primary supervisor is required to complete a declaration which is submitted with the case records prior to the examination sitting, confirming that –

- The trainee has completed a minimum of 224 hours personal clinical experience.
- The case records submitted for the practical examination are anonymised records of contact lens fittings and aftercare consultations by the candidate for patients at the practice.

## **SUPERVISION OF TRAINEE CONTACT LENS OPTICIANS**

The Trainee Contact Lens Optician must spend a minimum of 1 day per week in contact lens practice (or equivalent) until they have joined the Contact Lens Specially register. A minimum of 224 hours of personal clinical experience is required prior to entry to the practical examination. This must take place under a Primary or Supporting supervisor and at a practice approved by the Association of British Dispensing Opticians.

The approval process involves -

- A report by one of the ABDO Visitor team following a visit to the Primary practice and meeting with the trainee and the Primary supervisor.
- Subsequent confirmation of approval by the ABDO –
  - Full approval is given for a three-year period.
  - Approval will not be given if a Primary supervisor or practice falls short of the Association's requirements. Conditional approval may be given if the issues can be readily resolved.
  - In the event of Conditional Approval, the candidate may only attempt the examination once. The conditions are required to be resolved before there may be any further attempts of the practical examination.
- Refusal or withdrawal of approval may occur should it appears to the Association that the criteria for approval are not being met in the case of any supervisor or practice, it may withdraw approval, either provisional or full, at any time.

In the event of any questions arising as to the interpretation or observance of the requirements, the decision of the Association shall be final.

\* Please complete the information below with the NAMES OF THE MANUFACTURERS and TYPES of the lenses used in the practice, and answer YES/NO regarding equipment etc.

**LIST OF LENSES AND EQUIPMENT AVAILABLE for CONTACT LENS TRAINING at \*.....**

Range of Contact Lenses used in practice (should include a range of materials and designs – replacement modalities where applicable – so that the trainee receives a broad experience of products).	Soft	
Range of Contact Lenses used in practice (should include a range of materials and designs, so that the trainee receives a broad experience of products).	Rigid	

Are any lenses re-used (for complex fittings eg Keratoconus)?	YES / NO
If YES, what decontamination arrangements are made for the lenses after use?	

Range of Contact Lens Care Products,	Soft	
	RGP	

Trial Frames & Trial Lenses or appropriate over refraction equipment	
Test Chart	
Slit Lamp (Minimum magnification x 25, with availability to x 40)	
Keratometer.	
Products required for Contact Lens Fitting and Aftercare [ eg. Stains]	

The practice should also have access to-

Burton Lamp	
Ophthalmoscope	
Retinoscope	

There should also be **access** initially via a training course and then prior to the practical examination to: -

Contact Lens Verification Equipment – Radiuscope or Measuring Device, Thickness Gauge, Band Magnifier.	
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