# **CHANGE OF DETAILS APPLICATION for APPROVAL of** NEW PRIMARY SUPERVISOR and/or NEW PRACTICE for CONTACT LENS TRAINING



| ABDO Registered                                     | <ul> <li>Trainees are responsible for ensuring the correct information is provided as soon as<br/>their circumstances change. Complete and submit this Application to notify ABDO<br/>of a change of Supervisor and/or Practice.</li> </ul> |                          |  |  |
|---|---|--------------------------|--|--|
| Primary Supervisor to complete this Section         | I confirm that I will cease contact lens supervision of the trainee as indicated below. I have discussed the role with the new clinician who will continue the trainees training and personal clinical experience.                          |                          |  |  |
|   | Full Name:  | Date Supervision Ceased: |  |  |
|   | Signature:  | Qualifications:          |  |  |
| NEW PRIMARY SUPERVISOR and for PRACTICE APRILCATION |   |                          |  |  |

| Name of Trainee:  ABDO Membership no:              | GOC Reg No:              |
|--|--------------------------|
| Name of New Primary<br>Supervisor:                 |                          |
| Supervisor's qualifications:  Date New Supervision | Supervisor's GOC Reg No: |
| to commence:                                       |                          |
| Name and Address of Practice:                      |                          |
|  |                          |
| Is this a New Practice<br>Address? YES / NO        |                          |
| Please circle the correct response                 | Tel:                     |
| Date New Practice to commence:                     |                          |
|  |                          |
| For administrative use only                        |                          |

| For administrative use only |  |
|-----------------------------|--|

### **NEW PRIMARY SUPERVISOR DECLARATION**

In signing this undertaking, the new primary supervisor confirms the following -

- 1. Current full registration with the General Optical Council of more than 2 continuous years and eligibility to fit contact lenses.
- 2. Provision of 'continuous personal supervision' [see note 1 below] for the trainee at all times when engaged in contact lens fitting and aftercare. Such supervision is required by the General Optical Council and by the Association.
- 3. The primary supervisor will accept full responsibility for the trainee's actions. They will NOT be responsible for more than one contact lens trainee at the same stage of training [see note 2]
- 4. The trainee will be given
  - a. support to gain the required minimum 224 hours contact lens practical experience prior to the practical examination.
  - b. practical experience in all areas of contact lens fitting and aftercare
  - c. access to a full range of contact lens types, and under supervision, to those drugs and solutions normally used in contact lens fitting.
  - d. opportunity to attend appropriate tutorial and revision courses.
- 5. The primary supervisor will take an active interest in helping the contact lens trainee prepare for examinations by
  - a. ensuring that the trainee is familiar with the syllabus and covers every aspect of it during the training period
  - b. observing the trainee, from time to time, carrying out complete contact lens fittings and aftercare examinations, commenting on any inappropriate procedures observed
  - c. discussing every case that the trainee sees and providing guidance in the management of the case.
- 6. The equipment in the practice will be that normally required for contact lens practice. See attached list.
- 7. The supervisor may from time to time be requested to furnish information about staff, accommodation, equipment, case records [see note 3] etc. and to permit representatives of the ABDO to visit the premises at any time considered reasonable.

I declare I have read the above requirements and the following notes and that I and the practice are able to conform to the requirements.

| Signed:                     | Date:                  |
|-----------------------------|------------------------|
| New Primary Supervisor Name | . GOC Registration No: |

Please return the completed form to: ABDO Examinations and Registration, Unit 1, Court Lodge Offices, Godmersham Park, Godmersham, Canterbury, CT4 7DT

**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 primary 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.

**Note 2** – If a trainee has been referred to retake one or more sections of the ABDO Contact Lens Certificate Examination then the supervisor may take on a second trainee at the same time on the understanding that:-

- the legal requirements for the close personal supervision for contact lens fitting by either trainee is complied with at all times
- the needs of the new trainee for advice and guidance are not neglected
- both trainees are not preparing to take the full practical examination in the same session

**Note 3** - The supervisor may be required to confirm that 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

A minimum of six months practical experience AND a total of 224 hours of personal clinical experience is required prior to entry to the practical examination. This must take place under a primary supervisor and at a practice approved by the Association of British Dispensing Opticians.

Provisional Approval will be given on the signing of the above undertaking that the requirements set out can be and will be met.

The approval process involves -

- Written confirmation of Initial Approval of the Primary Supervisor
- Confirmation of full approval of the Primary Supervisor and the practice following the Practice Visit.
  - Full approval is given for a three-year period. The supervisor and the practice are given approval separately.
  - Approval will not be given if a supervisor or practice falls short of the Association's requirements.
     Conditional approval may be given if the issues can be readily resolved
  - 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.
  - o In the event of any questions arising as to the interpretation or observance of the requirements, the decision of the Association shall be final.
- Before the 31 January for Summer sitting / 31 July for Winter sitting, an application for the In-Practice Visit and Competency 5.2 Assessment must be submitted. The Practice Visit will occur at that time.

If appropriate, the TCLO may apply for registration of a Supporting Supervisor who may be involved for up to 33% of their clinical experience. The Supporting Supervisor must meet the GOC registration requirements detailed above.

## **LENSES AND EQUIPMENT REQUIRED for CONTACT LENS TRAINING**

Access to range of SOFT contact lenses which will provide a broad experience with a variety of - Materials

Designs

Replacement modalities.

Access to a range of RIGID GAS PERMEABLE contact lenses which will provide a broad experience with a variety of  $\cdot$ 

Materials

Designs

Access to a range of CONTACT LENS SOLUTIONS for Soft and RGP lens care which will provide experience with a variety of care products and disinfection methods

The PRACTICE should have the following EQUIPMENT -

Trial Frames & Trial Lenses or appropriate over refraction equipment

Test Chart

Slit Lamp (Minimum magnification x 25, with availability to x 40)

Keratometer

Focimeter

Products required for Contact Lens Fitting and Aftercare [eg Stains]

The PRACTICE should also have -

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,