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Level 6 Diploma in Ophthalmic Dispensing

2023 Guidance for supervisors

Pre-Qualification Period

abdo

ABDO Level 6 Diploma in Ophthalmic Dispensing

Thank you for helping us 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, to highlight the legislative requirements and to help you prepare your trainee in completing their practice placement and portfolio of case records.

Practice Education Lead (PEL):
Identified as the lead supervisor within the main registered practice, overseeing progress and holding overall responsibility for ensuring the correct levels of supervision are applied as the trainee develops in capability and competency in all tasks undertaken.

The PEL should:

- *have a minimum of two years full registration with the General Optical Council (GOC) with equivalent or greater scope of practice than the trainee, and maintain GOC registration for the full training period*
- *have previous experience in supervision and/or have evidence of undertaking supervisor training, such as ABDO CPD accredited course or equivalent (eg College of Optometrists)*
- *have sufficient time allocated to review and approve the work and progress of the trainee, signing staged declarations and case records*
- *have full oversight of the progress of the trainee, ensuring appropriate facilities and levels of supervision are provided to maintain progress and patient safety*
- *provide a list of registered professionals that may assist in supervision duties at every practice in which a trainee may work during their practice placement*

Practice Task Supervisor (PTS):
With a variety of registered professionals and associated skills now working in modern practice, it is recognised that trainee dispensing opticians may have access to multiple task supervisors. A PTS can have a variety of experience (including newly qualified) and be from a different profession, on condition that the supervision undertaken is for tasks within their own scope of practice.

The PTS should:

- *be on the list of registered professionals provided to ABDO by the registered PEL prior to undertaking any supervision (extra names can be supplied at short notice if needed)*
- *maintain registration with the relevant governing body for the duration of the training overseen*
- *have evidence of, undertaking supervisor training, such as ABDO CPD accredited course or equivalent (eg College of Optometrists)*
- *sign the appropriate logged hours and case records*
- *liaise with the PEL to provide feedback on the progress of the trainee*

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 that you are there to oversee: ***sale and supply of restricted categories – supervision must take place with prescription (Rx) verification, and 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 given access to a link containing the Pre-Qualification Period (PQP) portfolio information at the start of their studies. This should be compiled throughout their practice placement and elements submitted at the end of each academic year. The PQP covers a number of their required GOC Outcomes for Registration (OfR); each part of the case record is designed to prepare the student not only for their Final Qualifying Examinations (FQEs), but also to provide excellent preparatory skills for life as a qualified professional.

There is an initial declaration within the PQP link, which must be signed by the trainee and the registered PEL to commit to continuous personal supervision. The PQP should be worked through together, forming the basis of the training; logging the statutory hours, dispensing, checking, fitting, repairs and adjustments.

Submission Stages
At the end of each academic year, a trainee is required to submit:

Stage 1: 10 case records and a reflective statement and interim declaration

Stage 2: 20 case records, a literature review, a reflective statement and interim declaration

Stage 3: final 20 case records, reflective statement, logged tasks and logged hours of supervised time, evidence of CPD and final declaration

At each stage of the submission process, the registered PEL will be required to sign a declaration confirming you have discussed the records with your trainee, can verify the authenticity of the patient encounters and approve the standard of work submitted. The final declaration submitted at stage 3 is also to confirm the trainee is now prepared for their FQEs, having undertaken the necessary training and experience in practice.

Every trainee and registered PEL will receive a practice visit by ABDO during the PQP practice placement. Each ABDO practice visitor is a qualified assessor; they are there to carry out a number of checks to approve the practice and PEL for training purposes, and they will also assess some of the Outcome for Registration (OfR) with the student. Please make sure that you have all the necessary equipment on the checklist, which can be found within the information link. The visitor will be looking at the audit trail in place to link submitted case records to the patient records. They will provide advice and guidance on the assessment element of the practice visit and the training requirements relative to the FQEs.

The trainee has been advised that in order to comply with the Data Protection Act, they should obtain written permission from patients for a third party (ie your ABDO practice visitor) to view their original records. Please ensure the patients are aware that portfolio records contain no patient identification details. However, original records may be viewed to check for authenticity during the practice visit; they will not be removed from the practice at any point.

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 the Fitness To Practice (FTP) Committee.

The trainee has 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 trainee. This will help to engage them in the thought process required for the additional comments, and also for the viva sections of the FQE.

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Contents

ABDO Level 6 Diploma in Ophthalmic Dispensing

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 passed the required criteria, in order to be entered for the Final Qualifying Examination (FQE) and subsequent registration with the General Optical Council (GOC).

*You will be eligible to sit your FQE on condition that you have submitted and **passed** your practice visit and submitted and **passed** your portfolio inclusive of:*

- *1600 supervised hours in no less than 200 days*
- *all dispensing tasks*
- *interim and final declarations*
- *50 completed case records including a report on a visit to an approved manufacturing tour*
- *three reflective statements*
- *literature review*
- *evidence of Continuing Professional Development (CPD)*

INITIAL DECLARATION: Before any work may be completed, you must submit your initial declaration found within the portfolio information link available on the ABDO website. No case records or logged hours will be counted until your main practice and Practice Education Lead (PEL) have been registered with ABDO Examinations and Registration and a date of commencement confirmed.

Practice Education Lead (PEL):

- is your main supervisor, the person you spend the greatest number of logged hours with
- must be qualified and on the GOC register as a full member, for a minimum of two years, and maintain registration for the duration of your studies
- have previous experience in supervision and/or have evidence of undertaking supervisor training, such as ABDO CPD accredited course or equivalent (eg College of Optometrists)
- allow allocated time to provide peer support with full oversight of your training and progress
- ensure your training and supervision is appropriate to your level of progress
- provide oversight, feedback and sign off portfolio case records
- complete interim and final declarations
- submit agreed list of Practice Task Supervisors, this must be completed prior to a PTS undertaking any supervision of tasks or dispenses

Practice Task Supervisors (PTS):

- additional registered professionals that may supervise your tasks at any stage of your training
- must be recorded on the list of additional supervisors submitted by your PEL to ABDO
- must be on the register of the appropriate governing body (eg GOC, HCPC); they may be newly qualified
- be suitably qualified for the task they are supervising
- have evidence of undertaking supervisor training, such as ABDO CPD accredited course or equivalent (eg College of Optometrists) within three months of signing the declaration
- help to document, reflect and sign the experience in the case record and logged hours
- liaise with the PEL to provide updates on your progress

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: Any lapse in PEL and/or PTS 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 trainee undertaking their PQP in the Republic of Ireland to graduate with a UK issued FBDO they must be supervised by a GOC registered PEL (who meets all the usual supervision requirements). Any trainee who undertakes their PQP in the Republic of Ireland under the supervision of a PEL registered with the Irish Regulator but not the GOC will be treated as European qualified and will be awarded FBDO (overseas) and must apply to register with the GOC via the EU Directive.

Change of PEL or main practice: Please notify ABDO Examinations and Registration as soon as any changes occur. The relevant paperwork (change in details form) can be downloaded from the ABDO website.

If you know you are about to change your main practice, it is advisable to ensure all your signatories are up to date. You must ensure your previous supervisor(s) complete and sign the ABDO PQP case record authentication form, which can be downloaded from the ABDO website.

A signed authentication form is required for every case record you have completed under their supervision. This is to verify 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. Proof of authenticity of case records remains the joint responsibility of the trainee and PEL from any practice you have been registered with.

You must also update your practice details with ABDO membership, GOC membership and your education institute. Please note if you change supervisor or practice you will receive acknowledgment from the examinations department once the details have been verified.

Practices and supervisors: You may complete your PQP at multiple practices; a list of PTSs must be submitted to ABDO by your PEL for each practice in which you will be working, recording your logged hours and patient experience.

Your PEL and listed PTSs may only sign records for work they have themselves supervised.

Specialist clinic supervisors: If a certain category of cases proves difficult to complete at your practice, we advise you to make arrangements for this experience to be gained elsewhere, obtaining approval from ABDO Examinations and Registration via a 'specialist clinic supervisor form' that can be downloaded from the ABDO website.

This will allow you to register a specialist supervisor for specific 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 any of your case records. A separate notebook with names and codes against your case record numbers is recommended. This must remain within the practice at all times and will be required for verification during your practice visit.

Data Protection Act: In order to comply with the Data Protection Act, you should obtain written permission from 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 viewed to check for authenticity. A data protection form template can be downloaded from the ABDO website.

Practice visit: During your practice placement, after stage 1 of your portfolio submission, you will be notified by the examinations department that your practice visitor will contact you to arrange your visit. This will be conducted by an ABDO assessor.

Your allocated practice 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, However, you must allow time for you and your PEL to talk privately with the visitor. The purpose of the visit is to verify that your working environment is conducive to training, to assess some of your Outcomes for Registration (OfR) and to support both you and your PEL in planning your revision and training in preparation for your final assessments.

You are responsible for your stage 1 portfolio case records and tracking sheets being available during the practice visit. They are required to allow the visitor to verify the authenticity of your records in conjunction with your audit trail. (More detail is provided in separate Practice Visit guidance, which can be downloaded from the ABDO website).

PQP Staged Submission
The successful submission of your PQP and completion of your practice visit (please refer to the practice visit guidance for this) are the entry requirements to apply for your FQEs.

During your practice placement, you will be required to submit a set number of case records at three different stages. These stages will be reflective of your knowledge and skills, which increase as you gain experience in each area. The categories in which you submit records at each stage can be chosen by you, but will also be influenced by the institute at which you are studying relative to the stage you are at in their curriculum.

stage 1
Submission is usually between 1–31 August at the end of year 1 (please liaise with your institute if you are working to an alternative timetable), by which point you should aim to have accrued approximately 600 logged hours (these are recommended hours, to ensure your logged hours remain achievable within the standard timeframe).

At stage 1 you will be required to submit:
a) 10 case records
b) reflective learning statement
c) stage 1 declaration.

a) 10 case records:
At stage 1, ABDO do not specify which categories to submit your initial 10 records, you will be advised by your institute which categories to attempt, in line with your level of knowledge and syllabus teaching so far. The first 10 records should be completed in full to the best of your ability. Stage 1 is your opportunity to practise completing case records to the required standard.

An ABDO assessor will provide you with detailed feedback on each record, ensuring the content provides enough detail to fully understand the dispense and your decision-making process, that it conforms to British Standards and is a good example of contemporaneous record keeping. The assessor will be confirming that the records are/are not ready to be used as supporting evidence of your achievement of learning outcomes, which will be verified during your online professional discussion, forming part of your end-point assessments.

Information on the required level of case record detail is provided per category later in this guidance.

b) Reflective learning statement:
At each staged submission you are required to complete a short reflective statement in the form of an assignment, which should be a minimum of 800 words with discussion covering cases/categories you have submitted.

At stage 1, your reflection should show how you feel the patient encounter(s) within a particular category were managed; if there was anything that went particularly well, or anything you may have done differently, and how that category has supported your understanding of the category and achievement of the required GOC learning outcomes (as listed on pages 23 and 24 of this guide and Unit 15, and pages 60 and 61 of the ABDO 2023 syllabus).

We are looking for you to include the outcomes you feel you have covered within your discussion, for example, "I feel the paediatric category has helped in my achievement of outcomes O1.2 and O2.4, the patient(s) I dealt with in cases 1 and 2 helped in appreciating the relevance of history and symptoms and the use of appropriate communication in gaining the information, case 3 the patient was under 5 and so I had to adapt my communication by…".

This type of reflective discussion highlights your awareness of the GOC OfR and your understanding of their relevance to everyday practice.

c) Stage 1 declaration:
Your stage 1 declaration should be signed by your PEL; they have overall responsibility for your training and will be confirming the 10 records you are submitting are a true account of your work and the patients are real, and that they have read and confirm your reflective statement is appropriate.

Each stage will be submitted online; ABDO examinations department will notify you when the link within your portal will be available. As stage 1 is your opportunity to practise case record completion, there is no charge for this submission. Please be aware that it is likely some of your initial 10 records may not be deemed ready for use in your professional discussion, therefore the assessor will provide feedback on what may need to be amended, resubmitted and hopefully then deemed appropriate for final assessment purposes. Resubmission windows will be the months of November, March and May.

The main August submission window has been agreed by your institute as the most appropriate, falling between any year-end assessments and the start of the following semester, allowing you time to make any necessary amendments for resubmission. The earlier you can submit and act on feedback, the more time you will have to complete your main

submissions at stages 2 and 3. Staged portfolio submissions help you to plan this work alongside your studies, with greater awareness of the level of work involved in the case records.

Resubmissions
Your allocated resubmission windows are November, March and May. The initial stage 1 submission will receive detailed feedback, noting what you are doing well and possibly what is missing from the record to demonstrate your understanding of the category and patient requirements. The assessor will also note how you need to amend the record to meet these requirements.

Any records requiring resubmission, and records submitted at stages 2 and 3, will have more limited feedback noting if anything needs to be amended, however, specific advice on how things may be rectified or if something has been done well will not be recorded. This is advice limited to your first stage 1 submission only and should therefore be used as a guide when completing any resubmissions or future staged submissions.

Practice visit
Only once you have submitted your stage 1 submission are you able to apply for your practice visit; the visit may be booked even if one or more of your initial 10 cases need to be resubmitted. Your PEL must agree that you are ready to undertake your visit, and the application form and payment instructions can be downloaded from the ABDO website. It is recommended that you complete the visit between stage 1 and stage 2 submissions, generally in year 2 of your studies; the practice visit must be passed before you are able to apply for your end-point assessments in your final year. Separate practice visit guidance is available on the ABDO website, providing an overview of what to expect on the day and the learning outcomes that will be covered.

Stage 2
Stages 2 and 3 are your main assessed submissions, where successful completion of both stages allows you entry to your final assessments. There is a one-off submission fee applied at stage 2, which also covers stage 3; any subsequent resubmissions will have a nominal administration fee applied per submission (not per case record). A list of ABDO assessment fees can be found in the examinations section of the ABDO website.

The main stage 2 submission window is between 1–31 August usually at the end of year 2 (please liaise with your institute if you are working to an alternative timetable), by which point you should aim to have accrued approximately 1200 logged hours (these are recommended hours, to ensure your logged hours remain achievable within the standard course timeframe).

At Stage 2, you will be required to submit:
a) 20 case records
b) reflective learning statement
c) literature review
d) stage 2 signed declaration

a) 20 case records:
The second set of case records can be from your choice of category, aligning with the patient encounters you have experienced to this point. You should use your detailed feedback from stage 1 as a guide when completing your stage 2 and 3 submissions, helping to ensure you provide enough detail to meet the category requirements. Case records that an assessor notes as not ready for the professional discussion will need to be amended and resubmitted (a fee will be applied per resubmission, not per case record).

At stage 2, assessors will note what elements need to be rectified in each record; however, as these cases are being assessed at this point, the feedback will be minimal, with errors noted but not how they should be rectified. If you are aware of a category that you are struggling to achieve, you may need to organise a temporary placement (such as a local low vision clinic) for which you will need to complete the specialist clinic supervisor form (available on the ABDO website) and send to the examinations department for verification. A specialist clinic placement can be organised at any point in your training; it is recommended this is not left until your final year.

b) Reflective learning statement:
By stage 2 in your training your reflective statement should, as in stage 1, be a minimum of 800 words and with discussion covering cases/categories you have submitted in aligning your experiential learning with the PQP associated outcomes.

Explain how you feel the patient encounter(s) within a particular category were managed; if there was anything that went particularly well, or anything you may have done differently. You should also reflect on cases completed in the same category in stage 1, and if you would now change your approach as your level of knowledge has progressed, noting how that category has supported your understanding of the category and achievement of the required GOC learning outcomes (as listed on pages 23 and 24 of this guide and Unit 15, pages 60 and 61 of the ABDO 2023 syllabus).

Within your assignment, include the outcomes you feel you have covered, for example, "I feel I have completed the paediatric category records, each encounter has helped in my achievement of outcomes O1.2 and O2.4, the patient(s) I dealt with in cases 1 and 2 helped in appreciating the relevance of history and symptoms and the use of appropriate communication in gaining the information, case 3 the patient was under 5 and so I had to adapt my communication by...".

This highlights your awareness of the GOC OfR and your understanding of their relevance to everyday practice.

c) Literature review:
As part unit 10 Practitioner Development on the 2023 ABDO syllabus, you are required to submit a researched review of literature of 1000–2000 words in total (total word count does NOT include the reference list or any appendices, although it DOES include in-text references) as part of your stage 2 submission. Please liaise with your institute in the preparation of this piece of work, as the review will be based on an eye health topic chosen by you. Your institute will be able to provide guidance on selecting your topic title as well as how to critically review and integrate relevant research content and ideas to form an evaluative discussion of your chosen eye health topic.

Begin by introducing the topic before examining the main themes. Your review should include the associated research in a discussion format, rather than simply describing what the books/articles say. We recommend you select literature that explores the key debates with opposing claims, as well as strengths and weaknesses of relevant material. You may wish to identify limitations of previous research related to your study and suggest how future research could build on this.

Your institute will provide support on where/how to access resources; these could be from a range of sources such academic journals, reports or books. Please be aware of the academic rigour of the sources chosen and note that citations from online platforms can be accepted but should be referenced correctly.

ABDO recommends Harvard referencing, although please align with the style of referencing taught by your education institute as we will accept alternative methods if required.

d) Stage 2 declaration:
Your stage 2 declaration should be signed by your PEL; they have overall responsibility for your training and will be confirming your latest 20 records are a true account of your work, the patients used in your case records are real and that they have read and confirm your reflective statement is appropriate.

Stage 3
This is your final submission and should be uploaded onto the platform in the same way as stages 1 and 2. This submission window is between 1–31 January; this will usually be halfway through your final year, allowing the remainder of your training to be focused on revision for your final theory and final practical qualifying examinations (please liaise with your institute if you are working to an alternative timetable). By this final stage you must have accrued your full 1600 logged hours.

At stage 3, you will be required to submit:
a) final 20 case records
b) final reflective learning statement
c) 1600 logged hours and dispensing tasks
d) evidence of CPD attendance
e) stage 3 final declaration

a) Final 20 case records:
Your stage 3 submission will be the last 20 records you have left to complete. You should use your detailed feedback from your initial stage 1 submission and any amendments you were required to make for stage 2 as your guide to completing this final stage. The comments you received at each stage are unique to you and the way you have approached the records to this point. Stage 1 should have provided you with a clearer understanding of the detail required within the records in order for them to be used effectively as evidence of outcome recognition in your professional discussion. You should have a clear awareness of the content of each patient encounter, and how its chosen category has supported your understanding of the GOC OfR.

Any case records that an assessor notes as insufficient for use in the professional discussion at stage 3, will need to be amended and resubmitted (a fee will be applied per resubmission, not per case record), and will mean deferring your practical assessment to the following sitting. Like stage 2, assessors will note what elements need to be reviewed, but not exactly how they should be rectified.

b) Final reflective learning statement:
Your final reflective statement should be a minimum of 1000 words with your discussion covering the cases/categories you have submitted throughout your experiential learning and aligned with the PQP associated OfR.

The assessors will be looking for you to note the elements of your practice placement that you feel were successful or that you would have approached differently from your earlier submissions, reflecting how your increased knowledge and skills have influenced these changes in your practice. As with all three reflective statements, your cases should be used as evidence to show how your training has prepared you in your understanding/achievement of the GOC OfR and noting particular outcomes against categories or individual case records in your discussion (as listed on pages 23 and 24 of this guide and Unit 15, pages 60 and 61 of the ABDO 2023 syllabus).

c) 1600 logged hours and dispensing tasks:
As part of your final submission, you must also provide signed evidence that you have undertaken a minimum of 1600 logged hours of supervised time. Completion of the logged hours sheet is covered on page 12.

Alongside your logged hours, you are also required to submit evidence of undertaking a set of dispensing tasks; the completion of the dispensing tasks is covered on page 13. Both the logged hours and dispensing tasks should be uploaded in the portal with the remaining stage 3 documentation.

d) Evidence of CPD completion:
Outcome 7 Lifelong learning requires learners to demonstrate their understanding of the CPD requirements of a registered professional. You are required to attend a form of CPD during your training and provide evidence of such within your final portfolio submission. This will generally be in the form of an attendance certificate from an ABDO CPD webinar or a certificate of completion for an online CPD module, such as the ABDO safeguarding module, alongside a copy of the CPD reflection.

Although the ABDO online discussion sessions are an excellent way to undertake CPD, we request that you do not book these sessions during your training, as places are limited and used by full members only.

e) Stage 3 final declaration:
The final declaration is confirmation from your PEL that your portfolio submission, and stage 3 associated documentation, has been completed to a satisfactory standard and under the correct levels of supervision in order to ensure you are appropriately prepared for your FQEs.

50 case records: A record may only be submitted if it is entirely your own work - trainees are not permitted to share patients or submit plagiarised work. A case record can only be used in one category.

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

Submission of more than 50 records is not permitted.

A single patient may be used in more than one category if they have been dispensed multiple pairs of spectacles where the resultant optical appliances are different, ie different frame and different prescription requirements/lenses. However, patients submitted within the low vision category, should only be recorded and submitted within this category, with all dispensed appliances noted within one case record – where each appliance will be considered part of the overall management of the patient and the requirements associated with their pathology.

Presentation: Please provide your case studies and tracking sheets in a typed, clear and legible manner. Records must be numbered correctly (as per this guide) and separated into the category you have selected.

Signatures: Each case record must be individually signed (either using pen and paper or with a stylus and touchscreen) by the registered PEL or PTS you worked with that day, and this should match your daily tracking sheet of supervised time.

Declaration Forms: At each stage of portfolio submission, your registered PEL is required to complete a declaration form confirming they have reviewed the content and confirm the authenticity of each of the case records within that submission.

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 supervisor(s) being reported.

ABDO 2023 Syllabus Unit 15 PQP Submission

Result/Feedback Form

Candidate No.	123456	Course Start Date	Year 1 2023/2024
Colour code	Submitted for marking	Requirement met	Requires amendments
Case Record Category	Case Record Progress and Feedback		Assessor Initials & Date
Paediatric & Myopia	01 02 03 04 05 06		
	Include two under 5s		
	Include two Myopia		
	Comments*		
Powers +/-5.00 to +/-9.75	07 08 09 10		
	Include a calculation		
	Comments*		
Powers Over +/-9.75	11 12 13 14		
	Include a calculation		
	Comments*		
Bifocals	15 16		
	Comments*		
Trifocals & PPLs	17 18 19 20 21 22		
	Include three different designs		
	Comments*		
Occupational	23 24		
	Comments*		
Alteration of Reading Addition	25 26		
	Comments*		
Problem Solving	27 28 29 30		
	Comments*		
Sports	31 32		
	Comments*		
PEP	33 34		
	Comments*		
Anisometropia	35 36		
	Comments*		
Prism	37 38		
	Comments*		

Tints	**39** **40**	
	Comments*	
Low Vision	**41** **42** **43** **44** **45** **46**	
	Include a minimum of 2 dispensed aids	
	Comments*	
Referral	**47** **48**	
	Comments*	
Contact Lens	**49**	
	Comments*	
FMO report	**50**	
	Comments*	
Stage one reflective statement	Comments*	
Stage two reflective statement	Comments*	
Stage two literature review	Comments*	
Stage three reflective statement	Comments*	
Stage 3 evidence of CPD	Comments*	

*Space for ABDO Examiners to comment when marking.

Stage one supervisor declaration		
Stage two supervisor declaration		
Stage three supervisor final declaration		
Stage three evidence of CPD		

All ABDO PQP elements are complete assessor to confirm requirement met, with initials and date	

Tracking sheet completion

Tracking sheets are the important supporting evidence that the PQP portfolio has been completed. On receipt of your date of commencement you can begin entering dates on your tracking sheets and writing case records. If you change PEL 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
- Registered PELs and PTSs may only sign for work that they have directly supervised
- Only work completed within practices you have registered with ABDO will be accepted

We advise that the PEL and PTS sign your tracking sheet entries on a daily basis, where possible. PEL and trainee 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 PQP 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 can be downloaded from the ABDO website.

Tracking sheet for supervised time

Date
Please list 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 PEL or PTS should sign each individual entry to verify your time.

ABDO Pre-Qualification Period Portfolio 2023 Syllabus

ABDO Membership Number: 12345 (please state on each sheet)

Tracking sheet of supervised time

Date	No. Hours Worked	Running Totals	Supervisor Name	Supervisor Signature
23/05/2023	8	408	MILLY JONES	MJ
27/05/2023	8	416	MILLY JONES	MJ
28/05/2023	8	424	MILLY JONES	MJ
30/05/2023	5.5	429.5	MILLY JONES	MJ
01/06/2023	8	437.5	MILLY JONES	MJ
03/06/2023	8	445.5	MILLY JONES	MJ
04/06/2023	8	453.5	MILLY JONES	MJ
07/06/2023	8	461.5	MILLY JONES	MJ
08/06/2023	8	469.5	MILLY JONES	MJ
10/06/2023	8	477.5	MILLY JONES	MJ
11/06/2023	8	485.5	MILLY JONES	MJ
13/06/2023	5.5	491	MILLY JONES	MJ
14/06/2023	8	499	MILLY JONES	MJ
01/09/2023	8	507	MILLY JONES	MJ
05/09/2023	8	515	MILLY JONES	MJ
06/09/2023	8	523	MILLY JONES	MJ
09/09/2023	8	531	MILLY JONES	MJ
10/09/2023	8	539	MILLY JONES	MJ
12/09/2023	8	547	MILLY JONES	MJ
13/09/2023	5.5	552.5	MILLY JONES	MJ
14/09/2022	8	560.5	MILLY JONES	MJ
15/09/2023	8	568.5	MILLY JONES	MJ
16/09/2023	3.5	572	MILLY JONES	MJ
18/09/2023	8	580	MILLY JONES	MJ
19/09/2023	8	588	MILLY JONES	MJ

ABDO Level 6 Diploma in Ophthalmic Dispensing

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 PEL or PTS is required to sign each entry to validate that the work has been completed by you, under their supervision. In addition to any daily entries, your PEL must sign the totals and running totals rows.

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

Running 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
This includes 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.

ABDO Pre-Qualification Period Portfolio 2023 Syllabus

ABDO Membership Number:	12345	(please state on each sheet)

Tracking Sheet of Dispensing Tasks

Date	Frame Fitting			Adjustments			Checking				Supervisor Name	Supervisor signature (PEL to also check and sign totals)
	Bifs & PPLs	Powers over +/- 10	Remainder	Bifs & PPLs	Powers over +/- 10	Remainder	Bifs & PPLs	Powers over +/- 10	Prescribed prism	Remainder		
	50	10	190	50	10	190	100	20	5	125		
23/05/2023	2	0	3	0	0	0	1	0	0	4	MILLY JONES	MJ
27/05/2023	1	0	4	0	1	0	2	1	0	0	MILLY JONES	MJ
28/05/2023	0	1	7	1	0	5	0	0	0	2	MILLY JONES	MJ
30/05/2023	3	0	2	11	0	3	4	0	1	5	MILLY JONES	MJ
01/06/2023	1	1	3	1	0	2	1	1	0	11	MILLY JONES	MJ
03/06/2023	2	0	7	3	1	8	5	2	0	12	MILLY JONES	MJ
04/06/2023	3	0	4	2	0	10	2	0	1	7	MILLY JONES	MJ
07/06/2023	0	0	6	0	0	4	1	0	0	2	MILLY JONES	MJ
08/06/2023	4	0	5	1	0	7	3	1	0	6	MILLY JONES	MJ
10/06/2023	1	1	9	4	0	7	4	1	0	3	MILLY JONES	MJ
11/06/2023	2	1	4	1	1	5	3	0	0	4	MILLY JONES	MJ
13/06/2023	3	0	2	3	0	4	6	0	0	13	MILLY JONES	MJ
14/06/2023	1	0	6	2	1	7	3	1	0	7	MILLY JONES	MJ
/ /												
/ /												
Sheet Totals	23	4	62	20	4	62	35	7	2	69	MILLY JONES	MJ
Running Totals	38	6	99	32	6	102	59	12	3	128	MILLY JONES	MJ

Literature Review

As part of your stage 2 submission, you are required to present a researched review of literature based on a topic specifically related to eye health. You will need to select, critically review and integrate relevant research content and ideas to create a coherent and evaluative discussion.

While you have the opportunity to choose your own topic to research, it must be directly related to eye health and you are advised to consult your training provider to discuss the suitability of your topic.

The review should be 1000–2000 words in total, which does NOT include the reference list or any appendices that may accompany the review, although it DOES include in-text references.

You can choose from a range of sources, such as academic journals, reports and book chapters. While alternatives may also be used, please be aware of the academic rigour of the sources chosen.

Suggested review format
You should briefly introduce the topic before examining the main themes relevant to the topic, rather than simply describing what the books/articles say. You should ideally select literature that explores the key debates, opposing claims, and strengths and weaknesses of relevant theoretical material. It is appropriate to identify limitations of previous research related to your study and suggest how future research could build on this.

NOTES

Guidance for 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 ensure they are written up, checked and signed by your relevant PEL or PTS 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 as part of your PQP portfolio submission.

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 GOC OfR forming part of your FQE assessments
- to use reflective practice and highlight the importance of learning through experience

Portfolio case records
As this is an online submission, case records should be typed and presented on the ABDO template. The blank case record template can be downloaded from the ABDO website.

Reflection
Your reflective statement should focus on what a particular experience has taught you when dispensing a patient. This can consist of analysing the events that took place, the outcomes of the event and how they have helped you to develop your knowledge, skills and behaviours as a good practitioner and in line with the GOC OfR.

The portfolio itself should consist of the following case records:

Numbered from	Subject headings	Number of case records	Referenced in this guide on
1–6	Paediatric dispensing and myopia management	6	page 19
7–10	Powers +/-5.00 to +/-9.75D	4	page 19
11–14	Powers over +/-9.75	4	page 19
15–16	Bifocals	2	page 19
17–22	Trifocals and PPLs	6	page 19
23–24	Occupational dispensing	2	page 20
25–26	Alteration of a reading addition for a specific task	2	page 20
27–30	Problem solving	4	page 20
31–32	Sports eyewear dispensing	2	page 20
33–34	Personal eye protection	2	page 20
35–36	Prescription for gross anisometropia	2	page 20
37–38	Prescribed prism	2	page 21
39–40	Prescribed tints	2	page 21
41–46	Low vision	6	page 21
47–48	Involvement in referral for pathological reasons	2	page 21
49	Contact lenses	1	page 22
50	FMO manufacturing visit report	1	page 22

ABDO case record form for the Pre-Qualification Portfolio

Case number:		ABDO membership no.	

Name of PEL /PTS (delete as appropriate)	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:	

Hobbies:	Any hobbies listed must be addressed in the additional comments as they may influence the way in which the prescription is dispensed. Trainees must address every need of the patient, even if they did not accept the advice given for certain appliances.

Right:	Sph	Cyl	Axis	Prism	Base
	Addition				

Prescribed Rx
Tested Vertex Distance

Left:	Sph	Cyl	Axis	Prism	Base
	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.

Lens and centration details: information should include the lens type, form and material, and 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.

Case study content

Typed: Case studies are submitted online and should be in typed format ensuring legibility for the assessors.

Case number: Each case record should be numbered consecutively and correctly within the corresponding category as listed on page 9. 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.

Confidential information: Trainees must only ever list their ABDO number within the portfolio; no student or optometrist details including GOC numbers should be present. Date of birth/age and occupation/hobbies are the main patient details required; name, address etc. should remain anonymous .

Prescription (Rx): This is the dispensed Rx, along with the testing distance. Within the additional comments, record the full prescribed Rx and explain any differences such as for effectivity.

Signature/date: Your PEL or PTS (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, reviewed and confirmed.

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

Plano Lenses and Modular Appliances: We do not accept dispensing of appliances with Plano lenses. We will only accept ONE best vision sphere appliance for the sports vision category if the rationale for its use is fully justified.

Any additional information

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

- Dispensed Rx and VAs
- Previous Rx and VAs
- Reasons for difference between prescribed and dispensed Rx
- Justification: why this is the best option for the patient
- Px history: past dispenses and conditions that may have a bearing on the decisions you make
- Calculations (where relevant): 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 a patient's 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 assessor your understanding of the dispense in its entirety, and your justification of lens and frame choice. The additional information should be no more than two sides, as a maximum. .

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 PEL or PTS that they have checked all of your work	*The date that the work was checked*
Signed by PEL/PTS (delete as appropriate)	Date checked and signed for submission

Additional Information Requirements

If a case record used in one category has elements that could be relevant to another category, candidates must still discuss all elements relevant to the dispense overall; for example, if a case record submitted in the Trifocals and PPLs category is also an anisometropic Rx, detailed discussion and relevant calculations are still required, or it is assumed you have not taken this into consideration.

With the exception of the low vision category (where patient management often involves multiple appliances so their management should be considered collectively within one record), you are permitted to use the same patient in more than one category, but only if they have been dispensed **different** pairs of spectacles. The same pair of spectacles is not permitted to be used in more than one category.

1. Paediatric sispensing and myopia management x6
The NHS definition of a paediatric dispense is aged 16 and under. You must include a minimum of at least two children aged 4 years and below, ie up until their 5th birthday.

Include:
- *at least two paediatric case records must include a dispense where myopia management has been considered*
- *reasons for the selection of the myopia management option and recommendations 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*
- *justification of lens choice*
- *justification of frame choice*
- *frame fitting – relative to the age of the child and their anatomical development, bridge development, side lengths, special features, eg curl sides, strap bridge etc.*

2. Powers +/- 5.00 to +/- 9.75D x4
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*
- *an effectivity calculation must be recorded for every record with a difference in vertex distance of 1mm or more*
- *compensated Rx requirements*
- *justification of lens choice*
- *justification of frame choice*
- *previous spectacles*
- *impact of Rx on lifestyle*

3. Powers over +/-9.75 x4
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 Rx may be transposed to demonstrate this.

Include:
- *tested vertex distance*
- *frame vertex distance*
- *an effectivity calculation must be recorded for every record with a difference in vertex distance of 1mm or more*
- *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 effectivity calculation is required in both categories 2 and 3.

4. Bifocals x2
It is acceptable to dispense the same segment shape for both case records, but clear justification should be given for their suitability for the patient, relative to the occupation and hobbies.

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, six PPL dispenses are perfectly acceptable, although a minimum of three different designs are required within the six 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 patient's needs; without the patient specific justification, the record will not pass.*

6. Occupational dispensing x2
Enhanced readers and occupational style lenses are all acceptable. A single vision pair is 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).

Include:
- *task requirements*
- *working distance relative to the dispensed prescription*
- *field of view*
- *suitability of lens type/lens justification*
- *justification of frame choice*
- *ordering criteria/design features*
- *advice to patient on use*

7. Alteration of a reading addition for a specific task x2
The prescribed Rx must be given, the calculation and the method used to determine the dispensed Rx should be demonstrated relative to the working distance of the required task. (Enhanced readers are not permitted in this category.)

***Include*:**
- *task requirement*
- *working distance*
- *suitability of lens type/ justification*
- *justification of frame choice*
- *calculation of new Rx*
- *you must include the refractive verification elements undertaken. As listed in Unit 14 Section A (page 56) of the ABDO syllabus*

8. Problem solving x4
Record cases where you have listened to the patient to ascertain the problem they are having, reviewed their records and the dispensed appliance, and managed the patient appropriately. It is acceptable to use a patient who did not purchase the appliance from your practice. If the final outcome resulted in a refund, you must include in your additional comments which solutions were offered and why this was the final resolution for the patient.

***Include*:**
- *a detailed account of the patient complaint and how the encounter unfolded*
- *what you discussed with the patient*
- *what action you took*
- *review of the patient records*
- *review of the appliance dispensed*
- *you must include the refractive verification elements undertaken. As listed in Unit 14 Section A (page 56) of the ABDO syllabus*
- *what was the likely cause of the issue*
- *what were the solutions offered*
- *how the issue was resolved*

9. 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.

***Include*:**
- *justification of the optical appliance to patient lifestyle/hobbies*
- *discussion on suitability of appliance (benefits and limitations, specific design features)*
- *Rx modifications for BVD or immersion in different mediums*
- *specifications/suitability of any tints or filters associated with the appliance*

10. Personal eye protection x2
These must be prescription protective eyewear; plano appliances are not permitted.

Include:
- *discussion on occupation/hobby and the need for eye protection*
- *health and safety requirements*
- *determination of lens material*
- *justification of lens type*
- *justification of frame choice*
- *discussion on the British Standard markings found on the supplied appliance and how they relate to the occupation/hobby*
- *advice given*
- *adjustments made*

11. 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*
- *discussion on the meaning of anisometropia and the relevance to the patient dispensed*
- *VAs for consideration of amblyopia*
- *clearly state your calculation estimating the differential prismatic effect*
- *history of patient, including reasons for anisometropia*
- *expected patient visual problems*
- *if there is a need to manage these problems for this patient*
- *justification of frame choice*
- *justification of final lens choice and how this helps with differential prism if required*
- *discussion of alternative dispensing solutions for differential prism, even if your patient is asymptomatic, noting which option you would be likely to dispense if the patient did return with issues in the future*

12. Prescribed prism x2
Single vision and multifocal dispenses will be accepted for this category.

Include:
- *discussion on the condition requiring prescribed prism*
- *patient symptoms*
- *optical solutions for the patient*
- *dispensing problems/cosmesis*
- *lens justification*
- *frame justification*

13. 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:
- *discussion on the patient requirement for the tint*
- *justification of type, colour and transmission*
- *suitability of lenses*
- *justification of frames*

14. Low vision x6
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 can be remedied by surgery. A minimum of two patients should be dispensed either a low vision aid and/or non-standard spectacles. *NOTE: standard distance, intermediate or near vision spectacles are not valid for this category. However, spectacles dispensed with high reading additions of +3.50 or above can be included.*

The remaining case records can be all low vision dispenses or discussions, inclusive of the advice and recommendations to the patient 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 VAs 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 with a visual impairment. It is therefore important that you discuss all aspects of the achieved vision relative to the condition the patient has.

Include:
- *details of initial assessment*
- *patient condition*
- *impact on lifestyle*
- *vision and visual acuities*
- *how dispensed aid(s) 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*

Reminder: *You are permitted to use the same patient in more than one category with the exception of the low vision category, where patient management may involve multiple appliances and should therefore be viewed as a whole case record. Base your case record on one main appliance dispensed and note any alternatives that were also provided/recommended to meet their needs.*

15. Involvement in referral for pathological reasons x2
A registered dispensing optician has a duty to refer, so this category is to gain experience in the process. Alert practice staff to involve you in any case that is likely to be referred outside the practice, where symptoms could be identified through questioning and investigation by a dispensing optician. After gaining consent from the patient to observe the eye examination, ask the referring registrant if you can write the GOS18 or equivalent triage/referral form 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.

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

Your involvement in the process of referring a patient out of the practice must be evident to the assessor. Referral to the optometrist who subsequently refers the patient out of the practice is not sufficient. (Only **one** cataract referral is permitted for this category.)

Include:
- *a detailed description of the patient pathway through the practice, indicating clearly your involvement ie what you observed, what questions you asked etc.*
- *an understanding of the condition the patient may have*
- *what are the implications if the patient is not referred*
- *the findings you and the registered professional discussed, inclusive of the content of the referral letter*
- *a copy of the referral letter with all patient and practice information redacted*
- *any follow up information to relay the outcome of the referral, if known*

16. Contact lens x1
For completeness, if you wish to include the contact lens specification from the initial fit on the front of the record you are permitted to do so. The individual elements of the contact lens case record may be observed on multiple patients as you are required to demonstrate an understanding of the full process.

Include:
- *the initial assessment and fitting*
- *clear account of the collection and aftercare processes*
- *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*

17. FMO manufacturing visit report x1
Your training 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 in the 'Events' section on the ABDO website. You will need to book your place on the selected tour directly with the manufacturer. It is your responsibility to safely store your signed attendance sheet as the first page of case record 50 in your submission.

Case record 50 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 primarily be based on the production techniques of the manufacturer you have visited; any elements not observed on the tour should be researched and referenced, eg different methods of frame manufacture, demonstrating your level of understanding.

Your PEL 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
- tinting/coating
- surfacing
- 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 step by step process you observed on your tour. Highlight any elements that 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.

ABDO Level 6 Diploma in Ophthalmic Dispensing

GOC related learning outcomes

OUTCOME 1. PERSON CENTERED CARE
O1.2 *Manages desired health outcomes of patients, taking into consideration any relevant medical, family and social history of the patient, which may include personal beliefs or cultural factors*

O1.4 *Ensures high quality care is delivered. Puts into place adaptive measures as needed for different environments (such as domiciliary, prisons and special schools)*

O1.7 *Demonstrates effective clinical decision making, diagnosis, evaluation and makes appropriate and timely referral, where this is needed to meet a patient's needs*

O1.8 *Refers and signposts as necessary to sight loss and other relevant health services*

OUTCOME 2. COMMUNICATION
O2.3 *Communicates effectively within a multi-disciplinary healthcare team and works collaboratively for the benefit of the patient*

O2.4 *Critically reflects on how they communicate with a range of people and uses this reflection to improve their interactions with others*

OUTCOME 3. CLINICAL PRACTICE
O3.1 *Undertakes safe and appropriate ocular examinations using appropriate techniques and procedures to inform clinical decision-making, within individual scope of practice*

O3.2 *Engages with developments in research, including the critical appraisal of relevant and up-to-date evidence to inform clinical decision-making and improve quality of care*

O3.3 *Engages with technological advances in eye health and broader healthcare delivery and the significance of specific developments for enhancing patient outcomes and service delivery*

O3.4 *Analyses visual function from a range of diagnostic sources and uses data to devise a clinical management plan for a patient in areas that include the following:*
- *Dispensing of optical appliances*
- *Low vision/visual impairment*
- *Refractive management*
- *Anterior eye and contact lenses*
- *Ocular and systemic disease*
- *Binocular vision*
- *Paediatrics*
- *Patients with learning disabilities and complex needs*
- *Occupational optometry*

O3.5 *Meets the following clinical practice outcomes for registration as a dispensing optician*

O3.5a *(i) Acts as a first point of contact for patients for their eye health needs by investigating, diagnosing, and managing individuals' functional and developmental visual conditions, including those related to age*

O3.5a *(ii) Completes an informed clinical assessment of individual patients' needs and uses this to dispense, fit and advise on the safe and effective use of spectacles, low-vision aids and other ophthalmic appliances*

OUTCOME 3. CLINICAL PRACTICE *- CONTINUED*
O3.5a *(iii) Advises on the safe and effective use of contact lenses and removal in an emergency*

O3.5a *(iv) Accurately identifies patients' conditions and their potential need for medical referral in a timely way, including when urgent or emergency attention is required*

O3.5a *(v) Recognises the use of common ophthalmic drugs, to safely facilitate optometric examination and the diagnosis / treatment of ocular disease*

OUTCOME 4. ETHICS & STANDARDS
O4.4 *Applies the relevant national law and takes appropriate actions i) to gain consent and ii) if consent cannot be obtained or is withdrawn*

O4.5 *Recognises and works within the limits of own knowledge and skills. Seeks support and refers to others where appropriate*

O4.7 *Demonstrates the fulfilment of professional and legal responsibilities in supervising unregistered colleagues undertaking delegated activities*

O4.12 *Complies with legal, professional and ethical requirements for the management of information in all forms including the accuracy and appropriateness of patient records and respecting patient confidentiality*

O4.14 *Applies health policies and guidance and utilises resources efficiently to improve patient outcomes*

O4.17 *Complies with legislation and rules concerning the sale and supply of optical appliances*

OUTCOME 5. RISK
O5.1 *Recognises when their own performance or the performance of others is putting people at risk and takes prompt and appropriate action*

OUTCOME 6. LEADERSHIP & MANAGEMENT
O6.5 *Takes appropriate action in an emergency, providing care and clinical leadership within personal scope of practice and referring or signposting patients as needed, to ensure their safe and timely care*

OUTCOME 7. LIFELONG LEARNING
O7.1 *Evaluates, identifies, and meets own learning and development needs*

O7.2 *Supports the learning and development of others, including through acting as a role model or mentor*

O7.4 *Engages in critical reflection on their own development, with a focus on learning from experience, using data from a range of information sources (such as clinical audits, patient feedback, peer review and significant event analysis) and identifying and addressing their new learning needs to improve the quality and outcomes of patient care*

GOC related learning outcomes - continued

OUTCOME 1. PERSON CENTERED CARE
O1.1 *Actively listens to patients and their carers to ensure patients are involved in and are at the heart of decisions made about patients' care.*

O1.2 *Manages desired health outcomes of patients, taking into consideration any relevant medical, family and social history of the patient, which may include personal beliefs or cultural factors*

O1.3 *Protects patients' rights; respects the choices they make and their right to dignity and privacy*

O1.4 *Ensures high quality care is delivered. Puts into place adaptive measures as needed for different environments (such as domiciliary, prisons and special schools)*

O1.5 *Ensures that care is not compromised because of own personal conscious and unconscious values and beliefs*

O1.6 *Obtains and verifies continuation of valid consent from adults, children, young and vulnerable people and their carers and records as appropriate*

OUTCOME 2. COMMUNICATION
O2.1 *Conducts communications in a sensitive and supportive manner, adapting their communication approach and style to meet the needs of patients, carers, health and care colleagues and the public*

O2.3 *Communicates effectively within a multi-disciplinary healthcare team and works collaboratively for the benefit of the patient*

OUTCOME 3. CLINICAL PRACTICE
O3.5a *(ii) Completes an informed clinical assessment of individual patients' needs and uses this to dispense, fit and advise on the safe and effective use of spectacles, low-vision aids and other ophthalmic appliances.*

OUTCOME 4. ETHICS & STANDARDS
O4.1 *Upholds the values and demonstrates the behaviours expected of a GOC registrant, as described in the GOC Standards of Practice, for Optometrists and Dispensing Opticians*

O4.2 *Acts openly and honestly and in accordance with the GOC Duty of Candor guidelines*

O4.3 *Understands and implements relevant safeguarding procedures, local and national guidance in relation to children, persons with disabilities, and other vulnerable people*

O4.4 *Applies the relevant national law and takes appropriate actions i) to gain consent and ii) if consent cannot be obtained or is withdrawn*

O4.7 *Demonstrates the fulfilment of professional and legal responsibilities in supervising unregistered colleagues undertaking delegated activities*

O4.8 *Complies with health and safety legislation*

O4.9 *Complies with equality and human rights' legislation, demonstrates inclusion and respects diversity*

O4.11 *Adheres to the ethical principles for prescribing and legislation relating to medicines management*

O4.12 *Complies with legal, professional and ethical requirements for the management of information in all forms including the accuracy and appropriateness of patient records and respecting patient confidentiality*

O4.14 *Applies health policies and guidance and utilises resources efficiently to improve patient outcomes*

O4.15 *Maintains professional boundaries with patients and others, taking into consideration the additional needs of vulnerable people and specific requests/requirements*

O4.18 *Provides clarity on services available and any associated payments*

OUTCOME 5. RISK
O5.1 *Recognises when their own performance or the performance of others is putting people at risk and takes prompt and appropriate action*

O5.5 *Applies infection prevention control measures commensurate with the risks identified*

O5.7 *Able to risk assess i) patient's clinical condition and ii) a situation in clinical practice and make appropriate clinical decisions*

OUTCOME 6. LEADERSHIP & MANAGEMENT
O6.2 *Works collaboratively within healthcare teams, exercising skills and behaviours of clinical leadership and effective team-working and management in line with their role and scope of practice*

OUTCOME 7. LIFELONG LEARNING
O7.3 *Gathers, evaluates and applies effective patient and service delivery feedback to improve their practice*

ABDO Level 6 Diploma in Ophthalmic Dispensing

Your portfolio is your record of evidence as you progress through your training programme and practice placement. This must be submitted and passed to be able to enter for your FQEs.

Your portfolio should be something to be proud of, it is a significant amount of work to complete. Start making a note of dispenses in practice that could be used as you progress within each category as soon as you receive your date of commencement. The more records you have to choose from, the better the portfolio content is likely to be. We recommend you start typing up your case records as early as possible prior to each staged submission, to allow yourself time to work through and discuss each record with your PEL and PTS, ensuring they are a complete account.

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

For legislation and registration queries please contact

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Association of British Dispensing Opticians

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