

abdo | Examinations

Level 6 Diploma in Ophthalmic Dispensing

2023 Guidance for supervisors

Pre-Qualification Period



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, 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.

PEL should:

- have a minimum of 2 years full registration with the 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 consider or have evidence of undertaking supervisor training, such as ABDO CPD accredited course or equivalent (e.g. 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, providing the supervision undertaken is for tasks within their own scope of practice

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 applied at short notice if needed)
- maintain registration with the relevant governing body for the duration of the training overseen
- consider, or have evidence of, undertaking supervisor training, such as ABDO CPD accredited course or equivalent (e.g. 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 which you are there to oversee: ***sale and supply of restricted categories - supervision must take place with 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 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 (FQE), but also to provide excellent preparatory skills for life as a qualified professional.

There is an initial declaration within the PQP link, this 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 Final Qualifying Examinations (FQE), having undertaken the necessary training and experience in practice.

Contents

Every trainee and registered PEL will receive a practice visit by ABDO during the 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 PEL for training purposes, they will also assess some of the 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 FQE's.

The trainee has been advised that 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 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 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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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
- 3 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 2 years, and maintain registration for the duration of your studies
- have previous experience in supervision and/or consider or have evidence of undertaking supervisor training, such as ABDO CPD accredited course or equivalent (e.g. 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
- consider, or have evidence of, undertaking supervisor training, such as ABDO CPD accredited course or equivalent (e.g. College of Optometrists)
- 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 that 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 a 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 PTS 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 PTS may only sign records for work they have 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, obtaining approval from ABDO Examinations and Registration via a 'specialist clinic supervisor form' it 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 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 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 exams department that your practice visitor will contact you to arrange your visit. This will be conducted by an ABDO examiner.

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 of 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.

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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 FQE's.

During your practice placement, you will be required to submit a set number of case records at 3 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

Between 1 – 31 August, usually at the end of year 1
(You should have approximately 600 logged hours at this stage).

You will be required to submit:

- 10 case records signed by the relevant supervisors.
- Reflective learning statement based on the records you are submitting.
- Stage 1 declaration signed by your PEL.

You will submit your case records online using the link provided by ABDO Examinations; these will be reviewed by an ABDO examiner and feedback will be provided. If any of your 10 case records should fail at this stage, you can review the feedback provided, make the necessary amendments, and re-submit for remarking. Allocated resubmission dates will be sent with your feedback.

At this point, you are likely to be in the earlier stages of your training, we recommend that you use any feedback provided to help when completing your stage 2 records.

NOTE: Once you have submitted your Stage 1 PQP you can, with agreement from your PEL, apply for your ABDO practice visit, the application form can be downloaded from the ABDO website. It is recommended you undertake your practice visit within year 2 of your studies (if undertaking the distance learning model), do not leave this until year 3, as the practice visit must also be completed to be able to apply for your FQE's.

Stage 2 Submission

Between 1 – 31 August, usually at the end of year 2
(You should have approximately 1200 logged hours at this stage).

You will be required to submit:

- 20 case records signed by the relevant supervisors.
- Reflective learning statement based on the records you are submitting.
- Literature Review.
- Stage 2 declaration signed by your PEL.

Stage 2 will be submitted online in the same way as Stage 1, reviewed by an ABDO examiner and feedback provided. If any of your Stage 2 case records should fail, you should review the feedback and make the necessary amendments and re-submit for remarking during the allocated submission date, before the January Stage 3 submission window.

NOTE: Should any of your Stage 1 and/or Stage 2 case records remain a fail by Stage 3 submission date, you will not be permitted to submit your Stage 3 records and associated paperwork until these have passed.

Stage 3 Submission

Between 1 – 31 January, prior to your FQE's
(You should have 1600 logged hours at this stage).

You will be required to submit:

- Your final 20 case records signed by the relevant supervisors.
- Reflective learning statement based on the records you are submitting and improvements you have made to your dispensing skills since Stage 1.
- 1600 logged hours and dispensing task sheets.
- Evidence of CPD completion.
- Stage 3 Final Declaration signed by your PEL.

Stage 3 will be submitted online in the same way as Stages 1 and 2 and assessed by an ABDO examiner. Should any of your Stage 3 case records fail, you will not be permitted to apply for your FQE's and will need to defer until the next available sitting once all records have passed. Feedback will be provided on case records that fail, these can be amended and resubmitted in the designated resubmissions dates.

Reflective Learning Statement: At each staged submission, alongside your case records you are also required to submit a reflective learning statement. Each reflective piece should be based on:

- The styles of communication used.
- What you believe was the patients' perception of the encounter.
- The outcome of the encounter,
- What you learnt
- What you would change in the future
- A list of GOC OfR you believe were covered within the submitted encounters.

Your reflection statements should be based on the case records submitted at each stage, providing examples of learning through experience and noting the associated learning outcomes.

Stage 1 and Stage 2 submission reflective statements should be a minimum of 800 words. Your reflective statement for Stage 3 should reflect on your experience overall, taking into account improvements in your knowledge and skills and changes to the way you have developed as a practitioner during your placement.

Stage 3 reflective statement should therefore be a minimum of 1000 words.

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. Re-glazes 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 i.e. 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 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 via 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.

The final declaration will be submitted towards the end of year 3, with the confirmation that your portfolio submission has been completed to a satisfactory standard and under the correct levels of supervision in preparation of your FQE's. This must be signed by your registered PEL to confirm that you are fully prepared for the requirements of the FQE and that all elements of the PQP have been completed.

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.

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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 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 PEL and PTS 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 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 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 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.

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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

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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 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 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.

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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 between 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, 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.

Evidence of Continuous Professional Development (CPD)

Learners are required to submit evidence of attending/completing a form of CPD during training, this can be in the form of attending an online webinar, conducting a peer review session with colleagues, or completing an online course such as the ABDO safeguarding course. ABDO CPD department will provide you with a certificate of completion which must be submitted at Stage 3.

NOTES

A large grid of graph paper, consisting of 30 columns and 40 rows of small squares, intended for taking notes.

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 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 on-line 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 & Myopia Management	6	page 15
7-10	Powers +/-5.00 to +/-9.75D	4	page 15
11-14	Powers over +/-9.75	4	page 15
15-16	Bifocals	2	page 15
17-22	Trifocals & PPL's	6	page 15
23-24	Occupational dispensing	2	page 16
25-26	Alteration of reading addition for a specific task	2	page 16
27-30	Problem solving	4	page 16
31-32	Sports eyewear dispensing	2	page 16
33-34	Personal eye protection	2	page 16
35-36	Prescription for gross anisometropia	2	page 16
37-38	Prescribed prism	2	page 17
39-40	Prescribed Tint	2	page 17
41-46	Low vision	6	page 17
47-48	Involvement in referral for pathological reasons	2	page 17
49	Contact lenses	1	page 18
50	FMO manufacturing report	1	page 18

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ABDO case record form for the Pre-Qualification Portfolio

Case number:		ABDO membership no.	
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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:	
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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. Trainees 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.

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.

Case study content

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

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: This is the dispensed Rx, along with the testing distance. Within the additional comments record the full prescribed prescription 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. Re-glazes 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 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 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 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. 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

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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 Trifocal and PPL category is also an anisometropic Rx, detailed discussion and relevant calculations 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. The same pair of spectacles is not permitted to be used in more than one category.

1. Paediatric Dispensing & Myopia Management x6

The NHS definition of a paediatric dispense is aged 16 and under. You must include a minimum of at least 2 children aged 4 and below i.e. up until their 5th birthday.

Include:

- At least 2 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 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
- Lens availability
- Safety aspect
- Alternatives to spectacles

A minimum of one effectively 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, 6 PPL dispenses are perfectly acceptable, although 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, 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).

- 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 that 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
- Discuss 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 the eye protection
- Health and Safety requirements
- Determination of lens material
- Lens type justification
- Justification of frame choice
- A 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
- Discuss the meaning of anisometropia and the relevance to the patient dispensed
- V/A's 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
- Discuss 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

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Minimum additional comments for each category - continued

12. Prescribed Prism x 2

Single vision and multi-focal 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:

- A 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 2 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 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 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 which 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 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. (Only **one** cataract referral is permitted for this category).

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 registered professional discussed inclusive of the content of the referral letter
- Attach a copy of the referral letter with all patient and practice information redacted
- Detail 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
- 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. 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.

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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 FQE's.

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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