

BSc (Hons) Ophthalmic Dispensing 2017 - 2018

Supervisor Information Booklet

**ABDO College
Godmersham Park
Godmersham
Canterbury
Kent CT4 7DT**

Contents

1. Information for Supervisors of BSc (Hons) students
2. Core competencies
3. Core Competency Tracking Chart
4. Late assignments
5. ABDO contact list

Information for Supervisors of BSc (Hons) Students

1. Introduction

Thank you for your ongoing support as a registered Supervisor for a student on the BSc (Hons) in Ophthalmic Dispensing. This course is run by ABDO College in partnership with Canterbury Christ Church University and your trainee will be a student with both the College and the University for the duration of the course.

This booklet contains information that we feel will help you in your role as a Supervisor. It is important that you take the time to read this information so that you can effectively support your trainee.

Your trainee has been issued with a Practical Training Timetable in which to record the results of practice based learning. It is imperative that you work through this together on a regular basis and sign when you are satisfied that they are competent in each section.

Your trainee has been assigned a Personal Tutor and is required to submit assignments on a weekly basis for marking. A copy of the timetable has been enclosed for your reference. Please do not help your trainee complete their work but do monitor their progress on the course and encourage them to submit work that reflects their ability. You have signed to say that you will review all assignments before they are sent to tutors and review the feedback given. There is a specific procedure for Tutors to deal with late assignments and this is clearly set out for the student in the Programme Handbook.

Supervising a BSc (Hons) student is a time consuming commitment but we hope that it will also be a very rewarding one. We are sure that you will find the fulfilment of this role a great opportunity for your own continuing professional development as well as gaining the satisfaction of supporting a colleague to further their own potential.

If you have any concerns about your trainee's work, please do not hesitate to contact their Personal Tutor or one of the Courses Team at ABDO College.

2. Introduction to Practice Based Learning

All students on the BSc (Hons) in Ophthalmic Dispensing are required to be training in practice for a minimum of thirty hours per week. It is essential that they are involved in a variety of tasks under your direct supervision.

In order to help you structure this experience, students have been issued with a Practical Training Timetable. Please sign in the appropriate places to verify that each of the tasks listed in the Practical Training Timetable have been completed satisfactorily.

3. Practice Equipment

For supervision of trainee pre-qualification Dispensing Opticians it is necessary for the practice and individual Supervisor to be approved by the Association of British Dispensing Opticians, within parameters agreed with the General Optical Council. ABDO specifies compulsory practice requirements including a minimum standard of equipment. These regulations and requirements are set out within the ABDO Pre-Qualification Portfolio which was issued to all students on their first block release in the first year of study.

4. Supervisor Guidelines

As a part of the students' application procedure you signed a declaration confirming that you would provide a number of services to your trainee as set out in the guidelines provided. These guidelines, and the declaration, are repeated here for ease of reference.

4.1 Regulations

The above named must be working as a trainee Dispensing Optician with you in practice, and under your supervision, ideally for a minimum of 30 hours per week. In order to supervise you must be a registered Dispensing Optician, Contact Lens Optician, Optometrist or Ophthalmic Medical Practitioner. You must have been registered with the General Optical Council for a minimum of two years without interruption immediately prior to the start of your supervision. You may only have two trainee Dispensing Opticians under your supervision at any one time and you must be in practice with your trainee(s) at all times.

Please make sure you are familiar, and can comply with, these requirements. **IF YOU ARE CONCERNED ABOUT THESE REGULATIONS, OR DO NOT MEET THEM, PLEASE CONTACT ABDO COLLEGE IMMEDIATELY.**

The Association of British Dispensing Opticians requires the Supervisor undertake to give continuous personal supervision to the trainee and accept full responsibility for his/her actions – i.e. be on the premises whilst the trainee is attending any patient.

Further details are included in the member's Advice and Guidelines, section 1.7, which are available on the ABDO website: www.abdo.org.uk. Please read this section in full to ensure that you are fully conversant with the requirements.

The Opticians Act 1989 (amended June 2005) requires that "all students are registered as such BEFORE they begin any formal course in training in Ophthalmic Dispensing or Optometry". It is therefore imperative that you ensure your trainee has registered with the General Optical Council for inclusion on the student register.

4.2 Practice Based Learning

You must ensure that your trainee is involved in a variety of tasks in the practice and meets the requirements for their pre-qualification portfolio and practical training timetable. It is necessary for you to work through these logbooks with your student and for you to sign the relevant sections when you are satisfied they are competent.

The Association of British Dispensing Opticians arranges practice visits to ensure the standard of supervision for all students during the pre-qualification period and will require to see you, your trainee and a minimum level of practice equipment.

4.3 Distance Learning Assignments and Block Release

Your trainee is required to submit 34 weekly assignments this year. These must be sent to their Personal Tutor by the date on their timetable and late assignments will be penalised according to a set procedure.

A “cover sheet” must be enclosed with each assignment. You are required to monitor your trainee’s progress on the course and their ability to meet the deadlines imposed upon them. You may wish to look at the student’s submission to ensure that they have answered all of the questions, drawn legible diagrams and not rushed their work. However, the purpose of this must be to allow you to maintain an awareness of the student’s development and NOT as any form of assessment of the work.

Students are required to submit all coursework assignments, in line with GOC requirements, and must achieve an average mark of 40% in each subject. All units shown on the timetable with a “cc” must achieve a minimum mark of 40%; if students fail to achieve this mark they will be asked to re-submit the assignment. The deadline for re-submission will be determined by the tutor. Any late work will be treated in accordance with the Late Assignments procedure.

Students unable to keep up with the schedule will be offered assessment opportunities in line with University requirements and as detailed in the students’ handbook. Failure to submit enough work on time will result in students being removed from their ABDO examinations.

Dispensing students are required to attend block release at the ABDO College in Kent for four weeks per year. This block release attendance is split into two fortnights and is a compulsory requirement imposed by the General Optical Council.

Block release dates are sent directly to the student as soon as they are available and every attempt is made not to alter these once issued. Please make the necessary arrangements to allow your trainee to attend.

Students are required to attend ALL lessons and cannot be declared competent for sessions missed. Therefore failure to attend at least 80% of their block release, for any reason, will result in the student being withdrawn from the course. Furthermore, as attendance at some lessons on block is essential (in accordance with GOC guidelines) students may be required to attend further ‘catch up’ workshops, possibly at an additional cost, if they fail to attend any of these lessons. Every attempt is made to design study weeks with start and finish times to allow for student travel considerations. **Travel arrangements must be made outside of study time.**

4.4 Reports

Interim reports completed by your trainee's Tutor will be sent to you twice a year around Christmas and Easter. ABDO College also issues a report after each block attendance. These reports are to help you monitor your student's attendance, progress and ability to keep up with the schedule. There should be no surprises if you are communicating effectively with your student.

4.5 Fees

Course fees are due before commencement of the course. Please note that coursework will be delayed until fees are paid in full and this could delay your student's studies. If your trainee is company sponsored please help to ensure prompt payment of fees. The student must retain ABDO membership, professional indemnity insurance and GOC registration for the duration of their course.

4.6 External Examinations

The Foundation Degree combined with either the BSc Hons or Diploma follow-on courses offered by ABDO College prepare students for the Fellowship Diploma awarded by the Association of British Dispensing Opticians. There are external theory exams at the end of each of the three years and practical exams at the end of the first and third. Students are required to submit all coursework assignments, in line with GOC requirements, and must achieve an average mark of 40% in each subject. All units shown on the timetable with a "cc" must achieve a minimum mark of 40%; if students fail to achieve this mark they will be asked to re-submit the assignment. The deadline for re-submission will be determined by the tutor. Any late work will be treated in accordance with the Late Assignments procedure. Students are permitted a maximum of four attempts at any examination, either theory or practical. It is the student's responsibility to ensure that they have applied for their exams in good time. Please encourage them to contact the Exams Department to find out the current deadlines. Late entries are not accepted for any reason.

4.7 Supervisor's Declaration

I confirm to ABDO College of Education:

- I am currently registered with the General Optical Council and that I have been registered for a minimum of two continuous years without conditions immediately prior to today's date.
- I have read and understood the information contained in this documentation.
- I will provide continuous personal supervision for my trainee in compliance with the regulations.
- I am willing and able to provide on-going support and guidance to my trainee.
- I will offer continuous practical support to my trainee whilst in practice.
- I will work with my trainee to ensure completion of work based tasks as detailed in the Practical Training Timetable.
- I will sign the student's Practical Training Timetable and Pre-Qualification Portfolio when I am satisfied that they are competent in each task completed.
- I will provide my trainee with encouragement and personal support.
- I will monitor the academic progress of my trainee and review all assignments before they are submitted for marking and when they are returned marked.

5. Practical Training Timetables

The Practical Training Timetable forms an integral part of the practical studies for the BSc (Hons) and provides a series of practical tasks for students to perform under supervision.

The tasks will:

- Link the theoretical study with the supervised work in practice within the mode of blended learning.
- Form the basis of the training as a Dispensing Optician if the student is to progress to registration with the General Optical Council at the end of three years of study.
- Lead to completion of parts of the requisite Core Competencies of the General Optical Council, should registration as a Dispensing Optician be the chosen option. For registration, success in the external examinations of the Association of British Dispensing Opticians is also required.
- Serve as a guide to aspects of the Final Qualifying Examination.

All the tasks listed must be completed and verified as completed satisfactorily by you signing in the appropriate places.

The timetable is in two parts:

- Tasks that are to be completed by the end of November 2017 and
- Tasks that are to be completed by the end of April 2018.

6. Supervisor guidelines for degree assessments

In each semester of the course the student will be required to complete an assessment of 1500 words ($\pm 10\%$). This is generally based on a specific case record taken from the Pre-qualification Portfolio (PQP). The record must be attached to the assessment and is an extra 500 words equivalent.

The student will be given detailed guidance of the required PQP record and the information that should be contained in the assessment. This varies with each module and a brief summary is shown in 6.1 below. For greater information your student should be able to show you their guidance sheet for each module.

Here are some general guidance notes to help you support your student.

- Ensure there is a clear introduction explaining what the essay is going to cover.
- In the main body of the essay the student should always give a brief summary of the patient's ocular history. Include details of whether they have visited your practice before and whether they have worn lenses before – if so, what? Also give details of what was found and dispensed on the day of the sight test.
- The bulk of the essay will then relate to the specific PQP record and the guidance sheet the student has been given.
- Ensure there is a conclusion which states what were the main findings of the essay.
- All essays should contain a reflection on what has been learned, what went well or badly and/or what might be done differently in the future (a reflective cycle is often helpful with this as students generally are not good at reflection).

- In addition students are given the following general comments:
 - * Do plan your essay before you start writing
 - * Look at the intended learning outcomes for the module
 - * Include introduction/ main discussion/ conclusion/ reflection
 - * Ensure you reference all work used in the essay
 - * Try to find a suitable reference for each statement you make so that it is evidence and not just personal opinion. You **MUST** include at least **5** up-to-date references with this work (N.B. This increases to a minimum of **7** in year 2 and **9** in year 3). If the essay has a word count greater than 1500 words then the number of references increases proportionately
 - * Ensure you use correct academic language – 3rd person only except for reflective section at the end
 - * Do not drift away from the essay title – keep reading it to ensure your work is relevant
 - * Cite everything using the Harvard referencing style both within the text and at the end
 - * Do not quote large chunks of text and beware of plagiarism
 - * Do not use bullet points and numbering within the essay
 - * Edit your final text for errors or omissions/ grammar/ spelling/ punctuation. Use spell check facilities on your computer
 - * Keep an eye on your word count; it must be 1500 words $\pm 10\%$. This word count does **not** include the references or PQP. State the word count at the beginning or end of the essay
 - * Attach the case record you have used for this work in the appendices
 - * **As this PQP is an integral part of the assessment if it is incomplete or inaccurate it could cause a fail for the whole assessment.**
- The essay and PQP must be submitted via Turnitin no later than 11.59pm on the day of the deadline for the assessment.
- Turnitin is a check to ensure that work has not been plagiarised from authors, other students or their own submitted work for other modules. Your student has a copy of the full plagiarism policy.
- Please be aware that submissions are time stamped; anything logged past this time, even by seconds, will be considered a late submission. In the case of late submission of course work without an approved extenuating circumstance, the work will be penalised. **The penalty to be applied by all programmes will be 5% (of the eligible marks) per day for up to 7 days, after which time a mark of 0 will be recorded.**
- All students to have an automatic right to two reassessment opportunities at all levels unless they have not submitted or attempted their first reassessment attempt.
- Any reassessed work is capped at 40%.
- There is an extenuating circumstances policy if the student has personal difficulties during the writing of the essay. See section 2 for details of this policy.
- An example of the level 4 assessment criteria is included in section 8 for your reference. Again your student will have a copy of the appropriate template for their level of study.

If you or your student has any queries then please call the module leader, any of the teaching staff or a member of the Operational Services team.

6.1 Theory assessment *(to be confirmed)*

Year 3	Type of assessment	Word count	Pass mark
Principles of Refractive Management			
Assessment 1	Weekly unit assignments	2000	Pass/Fail
Assessment 2	1500 word essay to discuss details and relevance of the patient's drug history & ocular effects using a bifocal PQP record. Critically analyse and reflect on aspects of visual assessment that may concern patients and how these may be overcome	1500 essay including 500 equivalent PQP	40%
Concepts of Low Vision			
Assessment 1	Weekly unit assignments	2000	Pass/Fail
Assessment 2	Critical analysis & evidence based case study using a low vision PQP case record. Explore the pathology(ies) causing the impairment & reflect on the lived experience for that individual	1500 essay including 500 equivalent PQP	40%
Principles of Contact Lens Wear			
Assessment 1	Weekly unit assignments	2000	Pass/Fail
Assessment 2	Exam	Exam	40%
Ophthalmic Practice Theory			
Assessment 1	Weekly unit assignments	2000	Pass/Fail
Assessment 2	Through a case record based study of a gross anisometropia dispensing, systematically explore appropriate inter-professional working & personalised care	PPT & PQP	40%
Low Vision in Ophthalmic Dispensing			
Assessment 1	Weekly unit assignments	2000	Pass/Fail
Assessment 2	Case study of a high Rx PQP case record to demonstrate a thorough understanding of personalised care for the visually impaired Px & critically explore the influences of reduced VA on the Px's lifestyle	1500 essay including 500 equivalent PQP	40%
Independent Study			
Assessment 1	Extended essay	4000	40%

5.2 Assessment marking - (to be confirmed)

	Year 1	Year 2	Year 3
Oct	Intro to Optics exam Intro to OL exam	ATOL essay & prism PQP	Principles of RM essay & bif PQP
Nov	F4L formative task	SoP poster & paed PQP	Concepts of LV essay & PQP
Dec	F4L essay & PQP		
Jan		EBOP essay & PEP or tint PQP	Principles of CL wear exam
Feb	Theory of GenOp Occ essay & PQP	PD leaflet and PQP	LV in OD essay & High Rx PQP
March	CinOP essay & refer PQP	A & P exam	OP Theory aniso essay & PQP
April		TOD sports essay & PQP	
May	Theory of OL High Rx essay & PQP		Ind Study

7. Explanation of Extenuating Circumstances Policy for students

As a student, you are expected to complete your assessments, including examinations and other time-constrained assessments, on time. However, there are occasions when there might be a short-term disruption to your studies. The University has put in place arrangements that enable you to have an extension or further opportunity to take an assessment if you run into short-term difficulties. These arrangements are called 'Extenuating Circumstances Requests Procedures'.

In fairness to all students, these arrangements are to help overcome a short-term difficulty. If you have problems that are likely to affect you for a longer period of time, which lasts for several weeks or more, you should talk to your Programme Director as soon as you are able; the University has other means of helping students in these circumstances and the programme director will be able to tell you how this will happen.

The purpose of the extenuating circumstances arrangement is to allow you to make a request for help because of an unexpected occurrence or event outside your control that arose through your illness or through misfortune. This unexpected occurrence or event is one that **either** prevented you from completing an assessment by the due date **or** impaired (that is affected) your performance in a specific assessment.

You may make a request that covers all the assessments in a fourteen calendar day period. However, you will need to make a separate request for any assessment that falls outside that fourteen day period.

If you need to make an extenuating circumstances request, you must put the request in writing to your Programme Director following the procedures which are set out at www.canterbury.ac.uk/handbook/extenuating-circumstances. On this webpage you will also find a form for you to complete which includes a personal statement about the circumstances. Sometimes, you may need to provide supporting independent evidence to accompany your request. There is a list below of the circumstances that are considered acceptable for extenuating circumstances and when you may need to provide supporting evidence. You must make your extenuating circumstances request on time. You need to make your request within seven calendar days of the first assessment affected. You have to do this even if you need to make a request for a later assessment within the fourteen-day period; you will need to think about whether a later assessment is going to be affected. If you delay making your request you will find that matters become more complicated for you, and there is a real possibility that your request is turned down because you are out of time.

Should you need to make an extenuating circumstances request you may self-certificate your illness or misfortune on two occasions each academic year provided you meet the conditions explained in this paragraph. Self-certification means you do not have to provide independent evidence if the period of time affected was 7 days or less **and** you made the request within seven days of the date of first assessment affected. You **must** provide independent evidence of the illness or misfortune if you make your request after the seven day deadline, if you make more than two extenuating circumstances requests in the same academic year and/or the period of time affected is 15 days or more.

The University aims to give you a response within three working days of receiving your request. There may be occasions when the response you receive is that the request has to be sent to a Panel for consideration. If your request goes to a Panel, the decision on your request will take longer to be sent to you.

The likely outcome of your request is a further opportunity at undertaking the assessment, or an extension to your assessment deadline, or a further opportunity to take an examination or time-constrained assessment. You will not be able to gain any extra marks or grades for your work. If the extenuating circumstances request is not accepted you may be given a reassessment opportunity (where the module is capped at the pass mark).

	Extensions up to and including fourteen days	Extensions for more than fourteen days or where performance has been impaired
<i>Reasons that are normally acceptable for consideration as a Extenuating Circumstances</i>	<ul style="list-style-type: none"> • Major illness, such as flu • Hospital or dental appointment • A funeral of a close relative or friend • A court appearance 	<ul style="list-style-type: none"> • Serious illness/ injury of the student, such as an incapacitating illness/injury or an on-going illness or medical condition, including breaks and serious sprains of the normal writing hand/arm (although it should be noted that special arrangements might have previously been agreed) • Late diagnosis of a disability, e.g. dyslexia • The recent death, or serious illness, of a close relative ('close' includes parents and guardians, children and siblings, and a spouse/partner; it may include grandparents, grandchildren, aunts, uncles, and cousins if the Panel is satisfied that the relationship was very close, but not normally other family members) • Events that cause serious personal disruption, for example: divorce / separation, fire, burglary, assault, court cases, loss of employment.
<i>Reasons that may be acceptable for consideration as Extenuating Circumstances</i>	<ul style="list-style-type: none"> • A domestic upheaval • An incident concerning the police • Serious colds 	<ul style="list-style-type: none"> • Pregnancy: This depends on the stage of the pregnancy, the imminence of childbirth, and any medical reports suggesting that Extenuating Circumstances might be appropriate. It includes the stages immediately following childbirth. Pregnancy of a wife/partner would be acceptable in appropriate cases (for instance imminent childbirth or medical complications). The pregnancy of another relative or friend is not normally an acceptable reason; • Sprains: This depends on the severity of the sprain, whether it is in the normal writing hand/arm, whether it affects the ability to sit for long periods or it causes other distracting discomfort. • Significant but not serious personal disruption. Examples might include jury service or involvement in a minor way in court cases (e.g. as a witness) and an exceptional crisis at work or in the home. • Major life experiences such as moving house, changing job or employment conditions. • System-wide travel disruptions.

<p><i>Reasons that are highly unlikely to be acceptable for consideration as a Extenuating Circumstances, regardless of the duration of time affected</i></p>	<ul style="list-style-type: none"> • Minor ailments: minor colds, coughs, minor sprains, hangovers • Examinations panic, unless clinically confirmed as a chronic condition • Illness of pets • Oversleeping, misreading the examination timetable or questions, taking the wrong examination, parties, issues concerning friends • Study-related problems such as: equipment failure (except where provided by the University in a time-constrained assessment), corruption of computer files, unavailable books or other materials, rescheduling of examinations, heavy loading of deadlines, assessments or examinations • Term-time holidays.
---	---

7.1 Raising concerns and making complaints

If your trainee is unhappy about his/her experience or is dissatisfied about any aspect of the programme, then it is important that we know about it. If your trainee has a complaint relating to any aspect of their studies with ABDO College and CCCU please contact the Courses Team in the first instance. We may ask you to submit your complaint in writing. Where possible, the Courses Team will attend directly to, and address the details of, your complaint.

If it is not possible to resolve your concerns in this way the complaint will be escalated to the Programme Manager, Programme Management Team, Academic Link Tutor and/or the Programme Director as appropriate.

8. Level 6 Generic Assessment Criteria for undergraduate programmes

Percentage	0-29 Fail	30-39 Fail	40-49 Pass	50-59 Pass	60-69 Merit	70-79 Distinction	80-100 Distinction
Focus of Assignment and Achieving Learning Outcomes	Failed to address question set and failed to meet learning outcomes	Focus is ill defined and failed to meet learning outcomes	Some sense of focus and mostly sustained. Learning outcomes met superficially	An appropriate focus. Learning outcomes met adequately	A clear focus that is sustained throughout. Learning outcomes met competently	A sharply defined focus that is sustained throughout. A distinctive understanding of the topic. Learning outcomes fully met	A sharply defined focus that is sustained throughout. Perceptive understanding of the topic. Learning outcomes fully met
Use of Literature	No evidence of reading and therefore superficial knowledge demonstrated	Some knowledge of literature base and evidence of reading, although limited to descriptive use only	Some knowledge of the extent of the literature. Key authors cited. Critical reading and research connected to argument	Sound understanding demonstrating theory/research in the literature and its application. Primary sources used	Clear knowledge demonstrated of current research. Considered use of literature in the work to support own views	Literature used critically and confidently to substantiate argument. A strong, relevant and contemporary bibliography	A sophisticated integration of theory/research from the literature, own views and application. Clear insight of the field of enquiry
Knowledge and Understanding	Knowledge and understanding is superficial and inaccurate	Some knowledge and understanding but superficial and inaccurate	Broad knowledge and understanding with application of underlying concepts in a conventional way	Knowledge and understanding is detailed demonstrating the application of concepts and principals to a range of situations	Systematic understanding and coherent and detailed knowledge ideally informed by recent research. Acknowledges limits of knowledge	Systematic understanding and coherent and detailed knowledge. An appreciation of the uncertainty, ambiguity and limits of knowledge	Knowledge showing considerable depth and insight and is at the forefront of the subject
Analysis, Argument and Conclusions	Descriptive. Unsubstantiated statements/opinion/anecdote. Observations crude. Conclusions not always relevant	Generally descriptive. Argument not developed and/or illogical, drawing on a limited evidence base. Observations are superficial/not always relevant. Weak conclusions	Key issues raised although not fully explored. A sense of argument with some evidence. Awareness of different stances. Valid conclusions	Issues explored. A logical argument with supporting evidence. Recognition of different stances. Some critical awareness. Sound conclusions	Critical analysis a consistent feature. A balanced argument with carefully selected evidence. Appropriate and relevant conclusions beyond the immediate context	Critical analysis with perceptive points supported by pertinent evidence. A convincing argument with awareness of the scope of the study. Conclusions are significant. Evidence of originality emerging	Analysis is probing and supported by pertinent evidence. The argument is detailed, perceptive and sophisticated. Conclusions are reflective, subtle and thought provoking. Evidence of originality
Reflection & Reflective Practice	No reflection included	Limited reflection with no indication of further action	Able to reflect using a prescribed framework and begins to recognise own strengths and weaknesses	Able to reflect using prescribed frameworks, recognises own strengths and weaknesses and identifies further actions	Able to evaluate own practice and that of others using a number of frames of reference. Considers alternative future actions	Evaluates personal contribution and that of others to practice and develops plans of action	Analyses personal contribution and that of others to practice through reflection and develops ideas of possibility and consequence through experience

Clarity of Expression and Academic Style	Limited academic style. Frequent colloquial use of language	Expression unclear or simplistic with little evidence of academic style of expression	Generally clear and coherent. Academic in style	Coherent and confident in use of academic language. Succinct expression	A reflective and academic style of writing. The language used is sharp, clear and expressive	Precise selection of vocabulary with expression that develops and sustains the written argument. Strong academic style	A sophisticated and reflective style. Critical and convincing expression, presented with references subtly integrated in the text
Integration of Theory and Practice	None or limited reference to relationship between theory and practice	Appreciates the relationship between theory and practice but limited application	Appropriately Integrates theory with practice	Integrates theory to practice in a range of situations	Integrates theory and practice in an informed and comprehensive way	Inter-relate theory with practice showing creative thought	Inter-relate theory with practice in creative and innovative ways even to the extent of reforming theory
Organisation and Presentation	Lacking in clear structure. Presentation lacks care or is confusing. Conventions not followed	A discernible structure but links are sometimes tenuous. Presentation does not always support the study. Conventions often not followed	A clear discernible style and structure. Presentation is confident and competent	A logical and systematic structure. Presentation is effective and confident	A strong sense of systematic, logical development. Presentation is mature with an emerging personal style	Detailed and coherent structure demonstrating a personal style and engagement with the work	Complex information organised and presented in an academically and convincing emerging style
Quality of PQP case record	Not submitted or extremely incomplete and with essential information missing	Careless and very incomplete presentation with essential information missing	Clearly written but with inaccuracies or detailed information missing	Well written but with small inaccuracies	Clearly written and complete	Clearly written with additional information to support the record	Extremely well written with additional information to support the record and linking theory to practice

Unit of Competency	Elements of Competence	Performance Criteria	Indicators
<p>1.Communication</p> <p>The ability to communicate effectively with the patient and any other appropriate person involved in the care of the patient, with English being the primary language of communication</p>	<p>1.1 The ability to communicate effectively with a diverse group of patients with a range of optometric conditions and needs</p>	<p>1.1.1 Obtains relevant history and information relating to general health, medication, family history, work, lifestyle and personal requirements.</p>	<p>Asks appropriate questions to obtain a full history. Employs appropriate strategies to understand the patient's needs by not interrupting and then summarising to check understanding.</p>
		<p>1.1.2 Elicits the detail and relevance of any significant symptoms.</p>	<p>Employs an appropriate mix of questions to elicit information from patients, for example, open and closed questions.</p>
		<p>1.1.3 Identifies and responds appropriately to patients' fears, anxieties and concerns about their visual welfare.</p>	<p>Establishes and maintains a good professional and clinical relationship with the patient to inspire trust and confidence. Recognises emotion in patients. Explores patient concerns and provides reassurance where appropriate, using explanations that are relevant to that patient.</p>
	<p>1.2 The ability to impart information in a manner which is appropriate to the recipient</p>	<p>1.2.1 Understands the patient's expectations and aspirations and manages situations where these cannot be met.</p>	<p>Conveys expert knowledge in an informative and understandable way, for example, not using jargon. Explores the patients' expectations and checks the level of understanding. Employs a patient-centred approach to understand the patient's perspective. Is able to empathise with and manage the patient's needs, resolving any problems to mutual satisfaction.</p>
		<p>1.2.2 Communicates with patients who have poor or non-verbal communication skills, or those who are confused, reticent or who might mislead.</p>	<p>Makes effective use of body language to support explanation. Demonstrates awareness of our own body language. Uses appropriate supporting material</p>
		<p>1.2.3 Discusses with the patient the importance of systemic disease and its ocular impact, its treatment and the possible ocular side effects of medication.</p>	<p>Provides a layman's explanation of the ocular impact of a particular disease Uses appropriate supporting material, for example, diagrams or leaflets, and uses a range of different explanations where required to avoid repetition. Understands limitations of knowledge, referring the patient for advice where necessary</p>
		<p>1.2.4 Explains to the patient the implications of their pathological or physiological eye condition.</p>	<p>Gives factually relevant information in a clear and understandable way, avoiding jargon and technical terms. Uses appropriate supporting material, for example, diagrams or leaflets, and uses a range of different explanations where required to avoid repetition. Understands limitations of knowledge, referring the patient for advice where necessary</p>
		<p>1.2.5 Communicates effectively with any other appropriate person involved in the care of the patient</p>	<p>Records and discusses advice and management in a clear and appropriate manner</p>

Unit of Competency	Elements of Competence	Performance Criteria	Indicators
<p>2. Professional Conduct</p> <p>The ability to comply with the legal, ethical and professional aspects of practice</p>	<p>2.1 The ability to manage patients in a safe, appropriate and confidential environment</p>	<p>2.1.1 Adheres to Health and Safety policies in the practice including the ability to implement appropriate measures for infection control</p>	<p>Demonstrates a proactive approach to Health and Safety issues such as identifying hazards, risk assessment, first aid, etc, in order to produce a safe environment for staff and patients alike. Demonstrates appropriate personal hygiene, cleanliness of the practice, hygiene relating to instrumentation, contact lenses, disposal of clinical waste etc.</p>
		<p>2.1.2 Maintains confidentiality in all aspects of patient care</p>	<p>Demonstrates knowledge of the Data Protection Act (1987) and how this impacts on security, access and confidentiality of patient records.</p>
		<p>2.1.3 Shows respect for all patients</p>	<p>Recognises and takes into consideration patient's specific needs and requirements e.g. cultural diversity or religious belief</p>
	<p>2.2 The ability to comply with legal, professional and ethical issues relating to practice</p>	<p>2.2.1 is able to manage all patients including those who have additional clinical or social needs</p>	<p>Respects and cares for all patients and their carers in a caring, patient, sensitive and appropriate manner. Has knowledge of the Disability Discrimination Act (1995), and ensures the patient environment is safe, inviting and user-friendly in terms of access and facilities for all patients. Has an awareness of different types of disabilities and patients with additional needs. Understands the criteria and process for appropriate referral.</p>
		<p>2.2.2 Is able to work within a multi- disciplinary team</p>	<p>Respects the roles of other members of the practice team and how working together gives the patient the highest possible level of care. Is aware of local and national shared care schemes and the roles of the practice staff within these schemes.</p>
		<p>2.2.3 Is able to work within the law and within the codes and guidelines set by the regulator and the profession.</p>	<p>Demonstrates knowledge of the advice and guidance set by the respective professional body. Demonstrates knowledge of the code of conduct set down by the General Optical Council. Demonstrates a knowledge of the relevant law relating to their role e.g. Opticians Act, GOS benefits, fees and charges.</p>
		<p>2.2.4 Creates and keeps full, clear, accurate and contemporaneous records.</p>	<p>Is able to produce records which are legible and contain all relevant patient details, measurements, results and advice Demonstrates how to handle payments appropriately, effectively and honestly. Explains clearly any GOS benefits, fees and charges to the patient and records accurately all dates relating to payments.</p>
		<p>2.2.5 Interprets and responds to existing records</p>	<p>Identifies, checks and responds to the significance of previous optical correction. Modifies measurements and advice appropriately based on current correction, present requirements and previous records</p>

Unit of Competency	Elements of Competence	Performance Criteria	Indicators
3. Methods of Ocular Examination An understanding of instrumentation used in the examination of the eye and related structures	3.1 An understanding of the use of instruments used in the examination of the eye and related structures, and the implications of results	3.1.1 Understands the methods of measurement of corneal curvature and assessment of regularity	Understands the use and optical principle of the keratometer, one and two position instruments and fixed and variable doubling. Understands the principles and use of corneal topographers
		3.1.2 Understands the examination of the external eye and related structures by use of the slit lamp	Understands the features and operation of the slit lamp Understands how direct and indirect illumination can be achieved and how the eye should be examined in a logical sequence Understands the methods used for tear assessment
		3.1.3 Understands the examination of the fundus using either a direct or indirect ophthalmoscope	Understands ophthalmoscopy and conditions required to view the fundus Understands the differences between direct and indirect ophthalmoscopy in terms of optical principle, method of use, field of view and magnification
		3.1.4 Understands the methods of assessment of colour vision	Understands classification and description of colour vision defects, descriptions and use of the different tests available for colour vision defects
		3.1.5 Understands the instruments involved in visual field analysis and the results	Understands static and kinetic perimetry and different threshold measurements Understands the different types of field analysis instruments, for example: screens, arc and bowl perimeters, automated field instruments and the Amsler chart Understands the terminology related to defective fields and how this relates to the visual pathway
		3.1.6 Understands the use of a tonometer and the results	Understands the different types of tonometry, e.g. contact and non-contact and the relative procedures Understands the diurnal variations of the results, and the implications of the results

Unit of Competency	Elements of Competence	Performance Criteria	Indicators
4. Optical Appliances The ability to dispense an appropriate optical appliance	4.1 The ability to interpret and dispense a prescription using appropriate lenses and frames or mounts.	4.1.1 Identifies anomalies in a prescription and implements the appropriate course of action	Identifies possible errors in a prescription and follows the appropriate course of action Identifies and explains any problems which may occur from the given prescription and offer solutions, for example, aniseikonia, anisometropia
		4.1.2 Dispenses and advises on a wide range of lenses and frames, taking into account the patient's needs and requirements	Demonstrates correct interpretation of prescriptions Understands the following lens parameters Lens form, design, materials, coatings and tints, availability, blank sizes Demonstrates understanding of frames covering the following: Size, materials, relationship between frame, lenses and face Demonstrates the appropriate lens and frame selection and justification (bearing in mind patient's lifestyle requirements)
		4.1.3 Measures and verifies optical appliances taking into account relevant standards where applicable.	Measures and verifies that lenses have been produced to a given prescription within BS tolerances Verifies that all aspects of the frame or mount has been correctly supplied Measures and verifies that the lenses are correctly positioned in the spectacle frame/mount within BS tolerances
		4.1.4 Matches the form, type and positioning of lenses to meet all the patient's needs and requirements and provides appropriate advice.	Provides all the necessary information for a pair of spectacles to be duplicated, to include: <ul style="list-style-type: none"> • Prescription • Lens type • Lens form • Centration and fitting positions • Frame details • Lens surface treatments
	4.2 The ability to advise on and dispense appropriate safety, vocational, and special optical appliances.	4.2.1 Advises on personal eye protection regulations and relevant standards, and appropriately advises patients on their occupational visual requirements.	Applies the relevant standards for: <ul style="list-style-type: none"> • VDU users, driving • EN standards, including markings standards BSEN I66 and legislation and sources Demonstrates a knowledge of visual task analysis including lighting Understands the legal responsibilities for employees, employers, Dispensing Opticians and Optometrists Understands and identifies common ocular hazards and common or sight threatening leisure activities and occupations and the ability to advise patients.
	4.2.2 Recommends and dispenses special optical appliances where appropriate	Identifies and fits special optical appliances, explains their optical properties and features These will include sports, paediatric frames, safety, recumbent, reversible, flips, low vision appliances, specialist lenses, occluders, trigeminal spectacles etc	

Unit of Competency	Elements of Competence	Performance Criteria	Indicators
	4.3 The ability to fit, adjust and repair optical appliances	4.3.1 Identifies current and obsolete frame materials and considers and applies their properties when handling, adjusting, repairing and dispensing	<p>Performs appropriate adjustments to ensure a correct fit Recognises all frame materials from associated features and handling the frames. Knows details of the manufacturing methods and how these affect the adjustment properties of the material. Demonstrates an awareness of the dermatological effects of the materials to be able to advise patients accordingly Knows whether the frame can be repaired and the appropriate repair method</p>
		4.3.2 Demonstrates knowledge of frame and lens manufacturing and the application of special lens treatments.	<p>Identifies the difference between glass and plastics materials and has a knowledge of the properties of each material, manufacturing methods and associated advantages and disadvantages Knows the different manufacturing methods of frames to include injection moulding, routing and wire formation. Knows of the different methods of tint and coating applications and the associated advantages and disadvantages of each</p>
	4.4 The ability to dispense low vision aids	4.4.1 Understands conditions which cause visual impairment and to dispense the most appropriate low vision aid/advice	<p>Identifies which patients would benefit from low vision aids and advice Understands the principles of magnification, field of view and working distance in relation to different aids Provides advice on the advantages and disadvantages of different types of simple low vision aids Understands the mechanisms of prescribing magnification including acuity reserve Gives correct instruction to a patient in the use of various aids, to include:</p> <ul style="list-style-type: none"> • Which specs to use with aid • Lighting required • Appropriate working distance <p>Provides basic advice on non-optical aids, use of contrast and lighting to enhance visual performance and daily living skills</p>
	4.5 The ability to relate general anatomical features, including the development of a child's facial anatomy to the fitting of optical appliances	4.5.1 Accurately records facial measurements and dispenses the most appropriate appliance taking into account development, comfort, function and safety	<p>Takes accurate facial measurements and appreciates the implications of anatomical features and how these relate to the final fitting position of the appliance Knows about special frame features, for example, inset bridges, and handmade frames Appropriately advises on paediatric frame fitting, including specialist bridge and side features</p>

Unit of Competency	Elements of Competence	Performance Criteria	Indicators
5. Contact Lenses An understanding of the fitting and aftercare of patients with rigid and soft contact lenses	5.1 An understanding of the selection and fitting of the most appropriate contact lens for the planned use and clinical needs of the patient.	5.1.1 Understands contact lens types and materials, their benefits and disadvantages, and their most appropriate applications	Understands <ul style="list-style-type: none"> • the differences between RGP, soft and scleral contact lenses. • the advantages and disadvantages of all types of contact lenses Has a knowledge of differences in contact lens materials currently used for RGP and all types of soft lenses including silicone hydrogels Understands the advantages and disadvantages of wearing contact lenses compared with spectacles Has a knowledge of other applications of contact lenses e.g. therapeutic lenses and in low vision
		5.1.2 Understands the initial contact lens selection and fitting of RGP and soft contact lens patients	Understands, at foundation level, the typical parameters of RGP and soft lenses and their relationship to corneal measurements Understands the shape of the normal cornea, the fitting philosophies of RGP and soft lenses, and the lens' behaviour on the eye
	5.2 Understands the patients instruction in contact lens handling, and all aspects of lens wear including care regimes	5.2.1 Understands the different methods of contact lens removal and the ability to remove the lens in an emergency, if feasible, and the ability to discuss the use of care regimes	Knows the methods of insertion and removal of RGP and soft lenses by a contact lens wearer Understands how a suitably skilled practitioner should remove a lens in an emergency Knows the relative advantages and disadvantages of RGP and soft lens care regimes, the solutions' constituents and their purpose Understands the importance of wearing schedules and regular aftercare visits
		5.2.2 Understands both the aftercare of patients wearing RGP and soft contact lenses and the management of any complications	Understands the minor issues which can arise during adaptation or that are identified at the aftercare appointment, and how these are managed Understands the signs and symptoms of serious contact lens complications such as microbial keratitis, severe corneal abrasion, or misuse of solutions, and the appropriate referral procedure

Unit of Competency	Elements of Competence	Performance Criteria	Indicators
6. Low Vision The management of low vision patients	6.1 An understanding of the causes of low vision and their effects on vision	6.1.1 Considers the effectiveness of current refraction of patients with low visual acuity and to refer back where appropriate	Understands the main causes of low vision and the effect on vision Checks the date of the last eye examination and when the last spectacles were dispensed and if the patient is wearing those spectacles. Uses a pinhole and confirmation tests to check effectiveness and refer back if necessary Understands the referral procedure associated with unexplained/sudden vision loss Understands the criteria for visual impairment registration and referral
	6.2 The ability to assess a patient with low vision	6.2.1 Understands the assessment of visual function, including the use of specialist charts, the effects of illumination, contrast and glare	Knows the different types of test charts available for distance and near vision and assessment of contrast sensitivity Understands the effects of lighting, contrast and glare on vision
		6.2.2 Understands the assessment of the visual field of patients with reduced vision	Understands <ul style="list-style-type: none"> • the need for visual field tests and the different types available • the different types of field loss e.g. hemianopia, central field loss etc
		6.2.3 Understands binocular vision in relation to low vision appliances	Understands the indications for supplying binocular and monocular LVAs and the use of occlusion, for example, to combat convergence problems with high adds, suitable alignment of binocular telescopes etc
	6.3 The ability to advise on the use of and dispense appropriate low vision aids	6.3.1 Dispenses relevant optical low vision aids and common types of non-optical low vision aid	Questions the patient about their occupation, hobbies and lifestyle in order to dispense an appropriate aid to assist the patient Understands the principles of magnification, field of view and working distance in relation to different aids Knows the availability of non-optical aids such as CCTV, TV reader-systems and aids for daily living, and where to source these aids Trains the patient to use the aid effectively and replace batteries and bulbs if required
		6.3.2 Advises patients on illumination, glare and contrast	Advises patients on <ul style="list-style-type: none"> • the benefit of appropriate lighting in the home • how to minimise different types of glare and how to improve the contrast out of doors and in the home environment, text type, etc can also benefit the patient • selection of appropriate tints
	6.4 The ability to advise, refer and provide aftercare to low vision patients	6.4.1 Advises patients about their impairment and its consequences	Able to empathetically understand and manage the potential concerns of the patient Discusses with the patient their concerns in terms that are easily understood Discusses the management of their impairment, referral and benefits of registration, other sources of help and support
		6.4.2 Understands the need for multi- and inter-disciplinary approaches to low vision care	Understands the importance of a current eye examination, ophthalmological assessment/ treatment Able to explain the process and criteria for registration and the associated benefits
		6.4.3 Refers low vision patients to other agencies where appropriate	Knows where and how to access additional support e.g. a resource centre, social services, etc
		6.4.4 Manages the aftercare of low vision patients	Understands factors affecting frequency of aftercare to include; likely progress of pathology, retraining with selected aids, the need for different/ additional aids

Unit of Competency	Elements of Competence	Performance Criteria	Indicators
7.Refractive Management An understanding of methods of assessing vision, refraction, binocular status and visual acuity in all patients	7.1 An understanding of refractive prescribing and management decisions	7.1.1 Understands the refraction of a range of patients by appropriate objective and subjective means	Understands retinoscopy and end-point subjective results Understands appropriate checking methods, e.g. +1.00D blur and use of pin-hole Understands determination of addition power and appropriate range
		7.1.2 Understands the use of ocular diagnostic drugs to aid refraction	Understands different types of ocular drugs and their purpose e.g. mydriatics, anaesthetics, diagnostic stains etc Understands the mode of action, dosage, function and effects and the regulations affecting use and storage of ophthalmic drugs
		7.1.3 Understands the methods of refracting children, cycloplegic drugs and their effects, and understands prescribing and management decisions	Understands <ul style="list-style-type: none"> • the different distance and near test methods designed for children • the function and effect of cycloplegic drugs • the critical period and paediatric prescribing decisions and their purpose, e.g. early onset myopia
		7.1.4 Understands refraction of patients with reduced visual acuity	Understands the testing methods involved with reduced visual acuity, for example LogMar, and the related terms to record low levels
		7.1.5 Understands the investigation and management of patients presenting with heterophoria, heterotropia and amblyopia based anomalies of binocular vision, including the relevance of history and the recognition of any clinical symptoms	Understands <ul style="list-style-type: none"> • signs and symptoms and causes of binocular vision anomalies • the different methods of classification e.g. cover test, pin hole etc • how the patient may be managed, e.g. surgery, prescribed prisms etc
		7.1.6 Understands the objective and subjective tests necessary to investigate binocular vision status	Understands the different objective tests available to assess deviation, e.g. cover and motility tests Understands the different subjective tests available to assess deviation, e.g. fixation disparity tests
		7.1.7 Understands likely management options related to the prescribing of the appliance	Understands the options to include; vision training, refractive correction, modified refractive correction, prismatic correction
		7.1.8 Understands the investigation and management of patients presenting with incommittant deviations, including the recognition of symptoms and referral advice	Understands the use of cover test and motility. Takes accurate history and symptoms – new/longstanding Understands diplopia management options – prisms, occlusion and surgery
		7.1.9 Understands diagnostic methods for patients with field defects	Understands different types of field loss and the causes Understands the adaption of examination techniques e.g. fixation target for cover test/ocular examination

Unit of Competency	Elements of Competence	Performance Criteria	Indicators
<p>8.Ocular Abnormalities</p> <p>An understanding of the relevance of ocular disease</p>	<p>8.1 The ability to recognise conditions and symptoms requiring referral and/or emergency referral and the demonstration of the ability to take appropriate action</p>	<p>8.1.1 Identifies common diseases of the external eye and related structures</p>	<p>Recognises signs and symptoms of external eye and adnexa, for example; keratitis, iritis, blepharitis, chalazion, ectropion, entropion, epicanthus, hordeolum, ptosis, stye, xanthelasma, conjunctivitis, melanoma, pinguecula, subconjunctival haemorrhage</p>
		<p>8.1.2 Understands symptoms associated with internal eye disease</p>	<p>Understands symptoms associated with internal eye disease such as diabetic retinopathy, retinal vascular disorders, retinitis pigmentosa, retinal and vitreous detachment, macular degeneration, for example</p>
		<p>8.1.3 Understands the clinical treatment of a range of significant ocular diseases/disorders and conditions</p>	<p>Understands the surgical treatments, drug treatments and self-treatment such as hot compresses, hygiene regimes, etc</p>
		<p>8.1.4 Understands the clinical treatment of a range of systemic diseases with ocular manifestations and adverse ocular reactions to medication</p>	<p>Understands treatment of a range of systemic diseases, for example, diabetes and hypertension Understands adverse ocular reactions to medication</p>
		<p>8.1.5 Understands the implications of the manifestations of eye disease</p>	<p>Understands how the disease will progress with or without treatment and the prognosis in terms of affecting the vision and likelihood of reoccurrence Demonstrates an awareness of diet and vitamin and mineral supplements that may also be beneficial</p>
		<p>8.1.6 Recognises and deals with ocular emergencies</p>	<p>Recognises an ocular emergency and refers the patient in an appropriate manner.</p>

Unit of Competency	Elements of Competence	Performance Criteria	Indicators
9. Paediatric Dispensing The ability to dispense an appropriate optical appliance, taking into account the development of anatomical features	9.1 The ability to communicate effectively with the child and their carer	9.1.1 Directs communication to the child in appropriate language and manner	Understands the view of a child and elicits information on their preferences Engages the child in discussions and decisions relating to the dispensing Uses appropriate supporting material to aid understanding
		9.1.2 Discusses with the carer as appropriate the factors influencing dispensing	Conveys expert knowledge in an understandable and informative way Establishes and maintains a good professional and clinical relationship Explores patient concerns and provide explanation and reassurance where appropriate Aware of implications in discussing factors with a carer
	9.2 An understanding of paediatric refractive prescribing and management decisions	9.2.1 Understands the methods of refracting children and prescribing decisions	Understands <ul style="list-style-type: none"> • the different distance and near test methods designed for children • the function and effect of cycloplegic drugs • the critical period, paediatric prescribing decisions and their purpose, e.g. early onset myopia
		9.2.2 Understands the investigation and management of children presenting with anomalies of binocular vision	Understands <ul style="list-style-type: none"> • signs and symptoms and causes of binocular vision anomalies • how the condition may be managed, e.g. occlusion, prescribed prisms etc
	9.3 The ability to advise on and measure for the most appropriate paediatric frames	9.3.1 Takes accurate facial measurements	Takes accurate pupillary distance using a range of methods appropriate to age and fixation ability Takes accurate facial measurements and appreciates the implications of anatomical features and how these relate to the final fitting of the appliance Appreciates the difference in features for children from different nationalities, or those with conditions such as Down's Syndrome
		9.3.2 Understands changes in measurements as the facial features develop	Explains the development expected as a child grows and how this affects facial measurements and frame fitting Conveys the importance of frame function in terms of comfort, fit, position and safety
		9.3.3 Advises on appropriate frames and availability of special features	Accurately records frame details, adjustments and appropriate measurements Fits specialist frame parts where appropriate such as specialist bridge and side options Advises on frame shape, size and position with consideration to the prescription and cosmesis

Unit of Competency	Elements of Competence	Performance Criteria	Indicators
	9.4 The ability to advise and measure for the most appropriate lens choice	9.4.1 Advises on lens choice with emphasis on safety, comfort and cosmesis	Demonstrates appropriate advice for a wide range of prescriptions in terms of materials deemed high impact resistance, such as polycarbonate Considers the weight of the finished lens and any improvements that can be made to overall comfort, such as reduced aperture or aspheric forms Explains how cosmesis may be improved by ordering certain manufacturing techniques such as minimum substance surfacing or altering the form of the lens
		9.4.2 Measures for lens positioning	Accurately measures for lens centration, vertical and horizontal optical centre positioning Considers the pantoscopic angle and vertex distance to ensure a close fit that is not making inappropriate contact with the face
	9.5 The ability to fit, adjust and repair paediatric optical appliances	9.5.1 Fits the appliance effectively and has the ability to adjust and repair the appliance	Ensures the spectacles are a comfortable fit and the child is looking through the appropriate portion of the lens Explains the importance of maintaining a good fit and is able to adjust and repair where necessary Advises the child and carer on how to care for the spectacles

Level 6 Diploma in Ophthalmic Dispensing



Certificate of Competence

The knowledge and skills a dispensing optician must possess, in order to register with the GOC and practise in the UK.

To be completed by each Student, Training Institute and the ABDO to confirm compliance with the GOC Core Competency requirements.

The Units referred to throughout this document relate to the Units referred to in the current Conditions of Admissions Syllabus 2015.

Student Name:					
Training Institute:				Date Course Commenced:	
Course Title:					
GOC No.:			ABDO No.:		
Year 1 completed:		Year 2 completed:		Year 3 completed:	
Resits completed:		Resits completed:		Resits completed:	

Competency 1: Communication

The ability to communicate effectively with the patient and any other appropriate person involved in the care of the patient, with English being the primary language of communication.

Method of Assessment		No. of Attempts	Date Completed	Signature
ABDO Examinations	FQE Unit 12 Section B			
ABDO Examinations	FQE Unit 12 Section E			
ABDO Examinations	Practice Visit Assessment			
Confirmation by Training Institute that this competency has been complied with during the course.				

Competency 2: Standards of Practice

The ability to comply with the legal, ethical and professional aspects of practice.

Method of Assessment		No. of Attempts	Date Completed	Signature
ABDO Examinations	FQE Unit 12 Section C			
ABDO Examinations	FQE Unit 12 Section E			
Practice Based Learning	Practice Visit Assessment			
Confirmation by Training Institute that this competency has been complied with during the course.				

Competency 3: Methods of Ocular Examination

An understanding of instrumentation used in the examination of the eye and related structures.

Method of Assessment		No. of Attempts	Date Completed	Signature
ABDO Examinations or Approved Exemption	FQE Unit 9			
Confirmation by Training Institute that this competency has been complied with during the course.				

Competency 4: Optical Appliances

The ability to dispense an appropriate optical appliance.

Method of Assessment		No. of Attempts	Date Completed	Signature
ABDO Examinations	PQE Unit 2 Section B			
ABDO Examinations	PQE Unit 2 Section C			
ABDO Examinations	FQE Unit 12 Section A			
ABDO Examinations	FQE Unit 12 Section B			
ABDO Examinations	FQE Unit 12 Section C			
ABDO Examinations	FQE Unit 12 Section D			
ABDO Examinations	FQE Unit 12 Section E			
ABDO Examinations	Manufacturing Visit			
Confirmation by Training Institute that this competency has been complied with during the course.				

Competency 5: Contact Lenses

An understanding of the fitting and aftercare of patients with rigid and soft contact lenses.

Method of Assessment		No. of Attempts	Date Completed	Signature
ABDO Examinations or Approved Exemption	FQE Unit 11			
Confirmation by Training Institute that this competency has been complied with during the course.				

ABDO Examinations	FQE Unit 12 Section E			
-------------------	-----------------------	--	--	--

Competency 6: Low Vision

The management of low vision patients.

Method of Assessment		No. of Attempts	Date Completed	Signature
ABDO Examinations	FQE Unit 12 Section C			
ABDO Examinations	FQE Unit 12 Section E			
ABDO Examinations	Practice Visit Assessment			
Confirmation by Training Institute that this competency has been complied with during the course.				

Competency 7: Refractive Management

An understanding of methods of assessing vision, refraction, binocular status and visual acuity in all patients.

Method of Assessment		No. of Attempts	Date Completed	Signature
ABDO Examinations or Approved Exemption	FQE Unit 9			
Confirmation by Training Institute that this competency has been complied with during the course.				

Competency 8: Ocular Abnormalities

An understanding of the relevance of ocular disease.

Method of Assessment		No. of Attempts	Date Completed	Signature
ABDO Examinations or Approved Exemption	FQE Unit 5			
Confirmation by Training Institute that this competency has been complied with during the course.				

ABDO Examination	FQE Unit 12 Section D			
------------------	-----------------------	--	--	--

Competency 9: Paediatric Dispensing

The ability to dispense an appropriate optical appliance, taking into account the development of anatomical features.

Method of Assessment		No. of Attempts	Date Completed	Signature
ABDO Examinations or Approved Exemption	FQE Unit 9			
Confirmation by Training Institute that this competency has been complied with during the course.				

ABDO Examination	FQE Unit 12 Section A			
ABDO Examination	FQE Unit 12 Section B			
ABDO Examination	Practice Visit Assessment			

Learning Outcome for Competencies not mapped

Knowledge acquired for the following units, in preparation for other Core Competencies above:

Method of Assessment		No. of Attempts	Date Completed	Signature
ABDO Examinations or Approved Exemption	PQE Units 1a&1b			
ABDO Examination	PQE Unit 2 Section A			
ABDO Examination	PQE Unit 2 Section D			

Student Declaration

- I have read and understand the Core Competencies outlined above, as required by the General Optical Council, in relation to the course I am undertaking with _____ (*insert name of training institute*).
- I agree to undertake the required assessments, examinations and core competencies leading to the Level 6 Diploma in Ophthalmic Dispensing whilst remaining a GOC Student Dispensing Registrant and an ABDO student member.

Signed by:

Name

Signature

Date

Training Institute Confirmation of Completion of Core Competencies

I confirm that the above named student has/has not* successfully completed the required course, that all competencies have/have* not been completed satisfactorily and that the information provided on this Core Competency Tracking Sheet is correct.
(*delete as appropriate)

Please insert Training Institute Stamp

Signed by the Training Institute's Course Coordinator:

Name

Signature

Date

Confirmation of Completion by ABDO

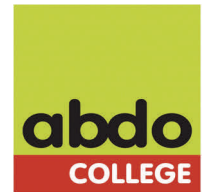
Date of Completion:

Signed on behalf of ABDO:

Name

Signature

Keeping to schedule and late assignments



It is important that you work to the course schedule supplied and submit your assignments on a weekly basis. It can be incredibly difficult to catch up if you fall behind and you will lose marks. If you are struggling for any reason, please inform the Tutor immediately.

Please be aware that **all** Tutors must follow the schedule below. It is expected that this will eliminate any differences between Tutors and provide a fair and even framework for the students. Please do not ask them to deviate from it.

- Assignments are due on Wednesdays. However, electronic submissions must arrive by 11.59pm on Tuesdays. Emailed assignments must be in PDF format.
- Assignments submitted early will not be returned before the due date as this releases answer guides into the student network.
- Postal assignments received after Wednesday will be marked as late, unless proof of postage can be produced.
- The **first** time an assignment is submitted late it will be marked and returned with a warning that further late submissions will be penalised.
- The **second** late assignment will be marked, awarded with half marks and returned with a warning that any further late submissions will not be accredited with any marks.
- **All subsequent** late assignments will always be corrected so that you can rectify any mistakes you have made. However no marks will be allocated for these assignments on your record sheet.
- If your course contains CC assignments (Diploma, Degree and Contact Lens Certificate; see Guidelines section for further information), re-submission of CC assignments will not be considered late, as long as they are submitted in accordance with the deadline provided by your Tutor.

If you have arranged an extension with the Tutor prior to the due date and have met the new date agreed, this will not be considered late.

Degree Students only

Due to University regulations extensions of more than two weeks may not be authorised for degree students without the agreement of the Principal. Under normal circumstances degree students requiring an extension of more than two weeks will have to apply for concessions by following the formal concessions procedure.

ABDO College Contact List

Academic Staff

College Principal	Jo Underwood	01227 733906
Senior Lecturer	Gillian Smith	01227 738829 x 930
Lecturer	Sally Bates	01227 738829 x 949
Lecturer	Simon Butterfield	01227 738829 x 951
Lecturer	Haydn Dobby	01227 738829 x 933
Lecturer	Katie Nicholls	01227 738829 x 952
Lecturer	Sue Rose	01227 738829 x 903
Lecturer	Stuart Tanner	01227 738829 x 950
College Technician	Mark Turner	01227 733923
College Technician	Frances Mecoy	01227 733924

Operational Services

Head of Operational Services	Jill Kemp	01227 733908
Courses Coordinator	Gill Bickle	gbickle@abdocollege.org.uk

Senior Course Administrator	Claire Raffill	01227 733920 (tues/thur/fri)
Senior Course Administrator	Rachel Blazycyca-White	01227 733921
Senior Course Administrator	Paula Hall	01227 733917
Documentation Administrator	Wendy Ellis	01227 733909 (mon-thurs)

Student Accommodation	The Courses Team	01227 733920/21
-----------------------	------------------	-----------------

ABDO College Bookshop	Justin Hall	01227 733904
-----------------------	-------------	--------------

Finance Department

Accounts Assistant	Lakshman Jayatilaka	01227 733907
--------------------	---------------------	--------------

Address

ABDO College
Godmersham Park
Godmersham
Canterbury
Kent
CT4 7DT

Tel. no: 01227 738829, select OPTION 1

Fax. no: 01227 733910

Email: info@abdocollege.org.uk

Web: www.abdocollege.org.uk

Reception

Receptionist	Helen Lilley	01227 733905
Receptionist	Jill McAdams	01227 733901

Association of British Dispensing Opticians - Contact List

Secretariat

General Secretary	Tony Garrett	01227 738829
Chief Finance Officer	T Pavanakumar	01227 733918
Personal Assistant	Jane Burnand	020 7298 5100

Membership Department

Membership Officer	Katie Docker	01227 733912
Membership Assistant	Tom Veti	01227 733922
Membership Assistant	Tara Davis	01227 733902
Membership Assistant	Angela Summers	01227 733902

Marketing

Marketing Manager	Michael Potter	01227 738829 x 936
-------------------	----------------	--------------------

The above members of association staff are based at ABDO College.

Examinations & Registration

Director of Professional Examinations	Alicia Thompson	athompson@abdo.org.uk
Head of Exams & Registration	Mark Chandler	01227 732920
Office Manager	Charlene Baker	01227 732924
Examinations Assistant	Emma Hastings	01227 732921
Examinations Assistant	Lorraine Chandler	01227 732923
Examinations Assistant	Lisa Wilkinson	01227 732921
Examinations Assistant	Sheila Taylor	01227 732927

Address

The Association of British Dispensing Opticians
The Old Dairy
Godmersham Park
Godmersham
Canterbury
Kent
CT4 7DT

Fax no: 01227 733641
Email: examinations@abdo.org.uk
Web: www.abdo.org.uk