



Optometrists & Opticians Board

SUPERVISORY FRAMEWORK

For Provisionally Registered Optician (Refraction & Dispensing)

(Revised April 2015 v2)

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A. INTRODUCTION

The Optometrists & Opticians Act was passed in Parliament in July 2007 to regulate the practice of Optometry and Opticianry in Singapore. All optometrists and opticians providing eye care services will need to be registered with the Optometrists & Opticians Board to continue practising or to start working as an optician or optometrist from 1 Jan 2008.

In 2009, the Board implemented the new Supervisory Framework for new graduates who are registered as provisional optometrists and opticians to apply and build on competencies gained during the course of optometry/opticianry education and training.

Under the new framework, candidates are required to maintain a portfolio of cases that cover the core competency areas in their practice. Supervisors under this framework are required to assess and provide guidance to the provisional registrants. All provisionally registered optometrists and opticians are required to fulfill the requirements of the Supervisory Framework before they are eligible for full registration.

B. OBJECTIVE

The Supervisory Framework aims to help provisionally registered optometrists and opticians further improve and apply their optometry and opticianry knowledge and skills independently in a working environment with the guidance and mentorship of more experienced practitioners.

All provisional optometrists and opticians are required to read and fully understand the requirements the Supervisory Framework.

C. CONDITIONS FOR PROVISIONALLY REGISTERED OPTICIANS (SUPERVISEES)

1. Under the Supervisory Framework, all provisional registered opticians are required to:
 - a. Complete 24 months of supervised opticianry practice under a full-time¹ employment/practice;
 - b. Practise under direct supervision of an approved primary supervisor from same workplace (same company and same outlet);
 - c. Practise only at one primary workplace; no secondary workplace(s) is/are allowed;
 - d. Provisional registration granted is in relation to principal place of practice. With the change of workplace, the provisional registration may no longer valid. Therefore any change in principal place of practice/employment (including within same company) needs to be updated and is subjected to Board's approval. Cases that are logged under previous workplace will not be accepted if there is a change in workplace;
 - e. Maintain and submit a portfolio of cases as required by the framework during your provisional registration period;
 - f. Stop practising opticianry immediately upon change of appointment for new supervisor, until the Board has approved the appointment;
 - g. Adhere to Professional Practice Guidelines on the opticianry practice that needs to be performed for every patient; and
 - h. Attend relevant CPE activities as required by the Board.

2. The Board reserves the right to audit the practice or any submitted log cases throughout the

¹ Full time employment: Not less than 35 hours per week

provisional registration period. All provisional registered opticians are expected to maintain a good standard of care, conduct and behaviour as stated in the Code of Professional Conduct and Professional Practice Guidelines for Optometrists and Opticians.

D. ROLE OF SUPERVISOR

1. During the period of provisional registration, all provisionally registered opticians (supervisees) are required to appoint a supervisor. The choice of supervisor must:
 - a. Be a fully registered optometrist, optician (contact lens practitioner) or optician (refraction and dispensing);
 - b. Possess a minimum of 3 years' optometric/ opticianry working experience; and
 - c. Working at the same workplace as the supervisee (same company and same outlet).

2. The appointed supervisor is responsible for:
 - a. Providing adequate supervision and guidance to the supervisee's practice during the period of his/her provisional registration;
 - b. Review supervisee's cases logged under the Supervisory Framework;
 - c. Ensuring that supervisee's conduct and practice is befitting of the profession and adhere to the Board's "Code of Professional Conduct and Professional Practice Guidelines for Optometrists and Opticians";
 - d. Conducting a progress review with supervisee and complete the Supervisor's Report on his/her performance once every 3 months.

3. The appointed supervisor can only accept **up to a maximum of 3 supervisees² in total at any one time**. In the event that the appointed supervisor is away from work for a period of more than a month (e.g. taking long leave), resigns or is unable to continue his/her supervisory duties, he/she shall be responsible to:
 - a. Appoint another covering supervisor;
 - b. Inform the Board immediately of the changes in supervisor for the supervisees under his/her charge.
 - c. Ensure that his/her supervisory duties is handed over to the newly appointed supervisor; and
 - d. Supervisee should stop practising opticianry immediately upon change of appointment for new supervisor, until the Board has approved the appointment.

4. Appointed supervisor are expected to co-manage supervisee's patients professionally as his/her own.

E. CASE REQUIREMENTS

1. The supervisee (provisional opticians) must compile a portfolio comprise of **38 genuine cases** that are actually seen by him/her. Each case must have both refraction and dispensing records consisting of the categories listed in Table 1.

Table 1: Case Category

| Optician (Refraction & Dispensing) | |
|--|--------------------|
| Refraction & dispensing case categories | No of cases |
| Presbyopia (multifocal and/or bifocal) | 13 cases |

² Inclusive of supervision of optometrists and opticians on temporary, conditional and provisional registration. Example: Two optometrists supervisees and one optician supervisee.

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| | |
|--|---------|
| High Myopia (myopia $\geq -5.00D$; one-eye is acceptable) | 5 cases |
| High Astigmatism (both eyes' astigmatism $\geq -2.50D$) | 5 cases |
| Hyperopia (both eyes are hyperopic) | 5 cases |
| Anisometropia (Power difference of $\geq \pm 2.00D$ between both eyes) | 5 cases |
| Aided VA $\leq 6/12$ (must have management & referrals; one-eye is acceptable) | 5 cases |

2. In addition, you are required to submit another 2 cases which are of dispensing case only. Please refer to the table below for the category:

| Dispensing case category | No of cases |
|--|-------------|
| One Seeing Eye Patient (One eye's VA $\leq 6/60$) | 2 cases |

Remarks: Your dispensing cases must also include at least 5 cases with re-threading metal supras, 5 cases with shortening metal sides, 5 cases with springing lenses into plastic frames

3. Supervisee is to record the abovementioned cases accurately in the Case Record Templates provided in Board's website (at www.oob.gov.sg). All log cases should be printed either single-sided or double-sided.

4. The following information must be included clearly in each case record:

Refraction Record

- a. **Patient history** taken. NIL/NA/Negative/(-) will not be accepted. "No known conditions" should be recorded instead.
- b. **Present spectacle** details (if any);
- c. **Refraction**. Please note that both objective and subjective refractions must be conducted. Any undone refraction need to be justified or else the case will be directly rejected;
- d. **Management** of the patients. Please state the prescription, frame and lenses dispensed, management/advice given and referral done (attach referral memo/ note to optometrists/ ophthalmologist if referral is done); and
- e. **Follow up** actions. Follow up with patients by scheduling/ advising next visit date(s). If the case is referred, supervisee must follow up with the optometrist/ophthalmologist for patient's diagnosis and treatments to close the case.

Dispensing Record

- a. Spectacle order details
- b. Spectacle verification details
- c. Spectacle dispensing details

Please make sure that all relevant columns in the record forms are completely filled in.

5. All cases submitted must be hand-written. Type-written cases will not be accepted. No correction tape/fluid are to be used. Errors made should be strike out, counter-signed and rewritten.

6. If unsure of use of notation and abbreviation, it is encouraged to write out in full. For eg. VA $< 6/12$ can be recorded as "Visual acuity is worse than 6/12"

7. All case write-ups submitted to the Board must be **genuine** cases and will only be considered adequate if they adhere to the practice requirements stipulated under the professional practice guidelines.

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8. Findings could be recorded in a separate sheet if the space provided in the case note record template is not sufficient. Supervisee should file and attach case notes on the same case together in the portfolio. Please ensure that all recordings of cases are legible.
9. All the cases submitted must be supported by original patient records. Cases will be rejected if supervisee could not provide original patient records when requested by the Board's Credential Committee.
10. Supervisee is required to provide management for each of the **38** cases, and to present evidence of follow-up actions if indicated. This includes official referral letters and/or documents of correspondences with the institutions or clinics and all post-referral diagnosis, treatment and management. Recordings of phone calls follow ups/email correspondence/SMS with the patients are also considered as evidence presented for case closures.
11. All the cases submitted must show evidence of supervisee's competency in opticianry practice and decision making. Supervisee will need to **resubmit all** the cases if portfolio submitted does not fulfill the Supervisory Framework requirements, or does not demonstrate adequately that he/she is competent or could not make sound decision in his/her practice.

F. SUBMISSION OF LOG CASES

1. Supervisee is encouraged to submit portfolio of cases early for assessment. Supervisee can arrange for submission **12 months** from the registration date.
2. All portfolio must include:
 - a. A completed case log record listing all the cases in the portfolio;
 - b. Cases submitted for portfolio managed by supervisee during provisional registration period; and
 - c. The required supervisor reports.
3. Once the supervisee completed required cases, the supervisee is required to ensure:
 - a. Cases are filed according to Case Record Log;
 - b. Log cases are printed either single-sided or double-sided;
 - c. All referral letters and doctor's reports (if any) are attached with the case records for each case;
 - d. All cases and supporting documents should be neatly ring-bind or compile in an A4 size ring-file folder.
4. Supervisee could submit cases by registered mail to:

**Optometrists and Opticians Board
16 College Road, #01-01,
College of Medicine Building
Singapore 169854**
5. Submission by hand is strictly by appointment. Please contact the Board's Secretariat at 6355 2533 to arrange an appointment.

G. FREQUENTLY ASKED QUESTIONS FOR SUPERVISEE

1. If I have obtained full registration for Optician (Dispensing) prior to my submission of cases for Optician (Refraction and Dispensing), do I still need to submit dispensing cases?

Yes. You would still need to submit **38** cases for refraction and dispensing. However, you are only required to indicate the details of frames and lenses that you have prescribed under the 'management' column on each of your refraction case record. No separate dispensing record templates need to be submitted.

2. Can I use the same patient for two or more case records?

No. There must be only one case record for one patient.

3. Can I include a patient who came in with a doctor's prescription as my case write-up?

No. You could only include cases which the refractions are done by you as your case write-up, and you are required to do refraction for all your cases. Cases such as duplicating prescription, changing frame only etc. are not acceptable.

4. One of the case categories is 'High Astigmatism'. Can I submit a case where only one of my patient's eyes is high astigmatism?

No. The condition of categories for all the cases must be binocular except only for 'High Myopia' and 'Aided VA $\leq 6/12$ '. Cases whereby only one eye fulfils the category's condition will not be accepted.

5. What should I include for 'Management/advice given' under 'Management' column?

You are required to clearly state the management/advice given to patient pertaining to their visual complaints, visual conditions or chief complaints.

Examples of acceptable 'management/advice' (depending on different visual complaints/conditions)

- Patient was advised to read in proper lighting to avoid straining to eyes
- Patient was told not to read too close to reading material
- Patient was advised to have break within interval of 30 minutes when doing near work
- Patient was first time wearing multifocal; therefore patient was taught and explained the proper way to use multifocal. Further follow up has done to ensure patient really understand and satisfy with the fitting of the multifocal lenses
- Reminded patient that the change in power may cause dizziness initially. Have conducted further follow up, patient did not adapt to the prescription therefore new prescription (with lesser difference of prescription between eyes) was dispensed. Patient satisfied and well adapted to new prescription during 2nd follow up.

- Patient complained of inconveniency in using both separate distance and near glasses. Progressive lenses were therefore recommended to patient to aid him/her adapting the glasses to their daily lifestyle.
- Polycarbonate lens was recommended because patient was only left with one eye to see. Polycarbonate lens would ensure greater protection to the only eye.
- Patient's aided VA was worse than 6/9 and couldn't be improved with pinhole. Refer to ophthalmologist for further examinations/investigation. Referral letter given to patient. Spectacle was not dispensed and patient was told to fit glasses only after the doctor's visit.

**** Please note that the examples above are for your reference, any plagiarism or attempts of copying the above 'management/advice' words by words would result your case(s)/whole logbook be rejected***

Examples of unacceptable 'management/advice'

- Rethreading metal supras/shortening metal side etc
- Prescribed multifocal lens because patient wanted it/Progressive lens was prescribed
- Told patient his/her power has increased
- Told patient to get used to new prescription
- Told patient to use the reading glasses for reading only
- Prescribe distance single vision glasses because patient want to see far only
- Prescribe polycarbonate lenses because patient chose a rimless frame
- Told patient that there was warranty within 2 months if there was problem
- Change new spectacle for patient because old spectacle was broken
- Recommended titanium frame because is lighter

6. What are 'follow up actions' and where do I record them?

If no referral was made, you are expected to advise or schedule next visit/eye examinations date. You may record this on 'management given/advice given to patient' under 'Management' column.

If referral was made, you are required to follow up by obtaining patient's conditions (diagnosis or treatment) from optometrist/ophthalmologist (by the professional's reply or tele-conversation with them). Alternatively, asking from patient for his/her conditions will also be acceptable. You may record this on 'follow up (after referral)' under 'Management' column.

If after the referral and opticianry management is required (e.g.: refraction needed after cataract surgery), you are required to record the necessary examination findings on 'follow up (after referral)' under 'Management' column to close the case.

7. Can I submit a case without follow up actions done?

No. Follow up actions must be done for all the cases with indication to be considered as case. Cases with indication that have no follow up action(s) will be rejected.

8. **For Case 'Aided VA ≤6/12', I have referred my patient to optometrist/ophthalmologist and did not dispense any glasses because of patient's visual condition. Under this circumstance, would I be penalised for not submitting dispensing case?**

You would not be penalised if valid reasons are indicated for not dispensing glasses. The assessor will determine if your reasons are sound and assess accordingly.

9. **I do not write referral memos to optometrist as I have optometrist colleagues who are working at the same workplace as I am. How can I provide evidence of referral in this case?**

In this situation, you only need to indicate in the record that the patient would be seeing an in-house optometrist for further assessment and treatment. No referral letter is required.

10. **I am due for submitting my portfolio, but I have difficulties collecting cases from a particular case category. What can I do?**

You must submit a complete portfolio as required. In the event that there are cases from a category you could not fulfill, you are required to write to the Board to state your reasons for not able to fulfill the requirement. The Board will review on a case-by-case basis.

11. **Do I need to submit 2 supervisor reports if I have 2 supervisors?**

No, you would only have one primary supervisor responsible for all the cases you submitted. The primary supervisor need to counter check on all the cases before the cases are submitted. Therefore, only supervisor reports from your primary supervisor will need to be submitted. Your primary supervisor may seek additional inputs from your other supervisor on your performance.

12. **Can I have a supervisor who is not working in the same company as me?**

No, your supervisor(s) has/have to be person(s) who is/are working at the same outlet as you are.

13. **Can I have an ophthalmologist to be my supervisor?**

No, only fully registered Optometrists/Optician (Contact Lens Practitioner)/Optician (Refraction & Dispensing) can be the supervisors for provisionally registered Opticians (Refraction & Dispensing).

The exception applies when you are the only optician working for an ophthalmologist. Under these circumstances, you are to identify another senior Optometrist/Optician (Contact Lens Practitioner)/Optician (Refraction & Dispensing) as a secondary supervisor to check and sign your case write-ups and sign the supervisor's reports. Ophthalmologist would be responsible to ensure your daily practice is safe and is within your scope of practice.

14. Can I change employment or workplace within my provisional registration?

Provisional registration granted is in relation to principal place of practice. With the change of practice place, the provisional registration may no longer valid, and re-registration will be required. All your cases obtained from previous workplace will not be accepted once you change your workplace.

If you have valid reasons to change employment/workplace, you may send your request in writing to for Board's approval. *Please note that changing of employment without obtaining Board's approval may be deemed as contravening Regulations for not complying with the conditions to which your registration is subjected to.*

15. Can I work under part-time employment during my provisional registration?

Yes. However your portfolio will not be accepted by the Board if you are working under a part-time employment during your provisional registration. In the event that you work more than 35 hours per week but under a part-time contract(s), you may write in to the Board requesting for Board's recognition on your fulfillment of provisional registration requirements.

16. Can I practice opticianry if I am going for full-time study or National Service?

Yes. However, you are required to inform the Board's secretariat at the point when you are applying for provisional registration. Please note that the cases you managed during this period will not be acceptable for your portfolio and you will not be eligible for full registration upon your provisional registration expiry.

17. When do I need to submit my cases?

You may submit your cases after you have completed a minimum of 12 months of full time and supervised practice. Submissions of your cases must reach the Board **at least 120 days** before the expiry date of the provisional registration.

18. When does my supervisor need to submit the supervisor reports?

Please make sure that your supervisor(s) assesses your performance on a quarterly basis and fill in the Quarterly Supervisor Report. Your supervisor should submit all the reports when you submit your portfolio.

19. What if I fail to fulfil the requirements for the portfolio?

You are required to re-submit new cases again should you not fulfill the requirements of portfolio. No clarification/explanation/appeal to the outcome will be accepted.

20. What will happen to my registration if I fail to fulfil the requirements for the portfolio?

If your registration is expiring, you would need to submit new application for registration with the Board, and you may be granted another provisional registration.

If your registration is not expiring, you may continue to practice and collect cases for resubmission within your registration. Please submit your cases as early as you can.

21. What do I do if my registration is expiring in one month time?

Prior to this, you are to make sure that your portfolio has been submitted for review 120 days from your registration's end date. Should you wish to continue your registration with the Board, you are required to submit a new application for registration 30 days before your registration expiry.

22. My primary on-site supervisor might not be able to provide me with adequate guidance. Can I appoint a secondary off-site supervisor?

You are encouraged to engage your on-site supervisor as much as possible. However, if you feel that you are not provided with adequate guidance, you may send your request to the Board for consideration on a case-by-case basis.

23. When should I stop performing refraction and refer my patient?

According to Professional Practice Guidelines for Opticians – 1.2 Patient Refraction:

1.2.4 - No optician, even if qualified to perform refraction, shall refract any child below 8 years old.

1.2.7 - No optician shall refract any patient at risk who has not undergone an eye examination by an optometrist or ophthalmologist within a reasonable time period as indicated below,

Patients at risk include

- a. those with diabetes, hypertension, or a personal/ family history of ocular disease (eg. glaucoma, macular degeneration) or with clinical findings that increase their potential risk;
- b. those working in occupations that are highly demanding and visually hazardous (eg. workers in electronic and jewellery manufacturing, those handling laser equipment, etc.);
- c. those taking medication with ocular side effects;
- d. those wearing contact lenses

1.4 Scope of Competence and Referral to Other Professionals:

1.4.1 - Where it appears to an optician that his or her patient is suffering from an injury or disease of the eye, or that the patient's best corrected visual acuity remains at 6/9 or worse, the optician shall refer the patient to an optometrist, ophthalmologist or any registered medical practitioner who is competent to treat the injury, disease or disorder of the eye, as may be appropriate.

- END -