



Optometrists & Opticians Board

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# **SUPERVISORY FRAMEWORK**

## **For Provisionally Registered Opticians**

### **(Refraction & Dispensing)**

(Revised September 2020)

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## A. GENERAL INFORMATION

### 1. Introduction

The Optometrists & Opticians Act (the “**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 (the “**Board**”) to continue practising or to start working as an optometrist or optician from 1 January 2008.

In 2009, the Board implemented the Supervisory Framework (the “**framework**”) for provisionally registered optometrists and opticians (“**P-reg**”) who are newly graduated students with the objective to assist them to apply and build on competencies gained during the course of professional education and training.

Under the framework, P-reg are required to work in supervised practice and fulfil the prevailing requirements during the provisional registration period to be eligible for full registration and able to practise competently, safely and independently.

Provisional registration would be granted for up to 2 years in a term and may, at the discretion of the Board, be renewed for another term not exceeding 2 years. If provisional optometrists or opticians could not fulfil the framework requirements during the 2 terms (i.e. up to 4 years) of registration granted, the Board will not grant any further registration.

### 2. Overview of Provisional Registration

#### 2.1 First term of provisional registration (2 years)

During first term of registration, the P-reg may -

- Submit first logbook for assessment as early as after 12 months of full-time practice. Please see below for suggested timeline for reference.
- Submit more than one logbook for assessment during registration period if the first logbook did not meet passing criteria.
- Plan ahead and aim to submit the first logbook at 1.5-year mark to receive the assessment outcome before the expiry of registration.
- Submit application for another term of registration 1 month before expiry of current registration if needed more time to collect cases (no short-term extension of registration) or assessment outcome is not ready.

#### Suggested timeline



#### 2.2 Second and final term of registration (2 years)

During second term of registration, the p-reg may

- Submit logbook anytime during registration for assessment.
- Submit logbook earlier for assessment to maximise registration granted.
- Submit more than one logbook for assessment during registration if the first logbook did not meet passing criteria.
- No longer be granted further registration if he/she is not able to meet the framework requirements by the end of second (final) term of registration.

- e. Wait for the next course of action on release of logbook outcome if registration were to expire soon or had already expired; should not submit any application for registration in the meantime.

### 2.3 National Service (NS)/ Further Studies

- a. At the point of application for registration, P-reg who has plans for further studies or are informed of enlistment date for National Service (NS) shall inform the Board by furnishing a declaration form with the details.
- b. P-reg who are serving NS or on full-time studies are not allowed to collect cases and submit logbook during the declared period.
- c. For P-reg doing part-time studies who could fulfil the stipulated working hours are allowed to collect cases and submit logbook for assessment during the declared period.

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## 3. Conditions for Provisional Registration.

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All provisionally registered opticians (also known as, “**supervisees**”) are subject to the prevailing conditions for registration and the framework:

- a. Practise only at **approved workplace(s)**<sup>1</sup>;
- b. Practise under direct supervision of an **approved supervisor** from **same workplace**<sup>2</sup>;
- c. Complete **24 months** of supervised opticianry practice under **full-time**<sup>3</sup> employment, but experience acquired during part-time employment would not be recognised or taken as prorated;
- d. Collect cases as required in the framework and compile the cases records into a logbook to be submitted to the Board for assessment during the provisional registration period. Any logbook submitted after the expiry of registration will not be accepted;
- e. Supervisee must cease practice immediately if there is any change in workplace and supervisor’s appointment;
- f. Adhere to the Board’s Code of Professional Conduct and Professional Practice Guidelines for Optometrists & Opticians (“**PPG**”); and
- g. Attend relevant CPE activities when required by the Board.

**Note:** Please be reminded that the Board has the power to review or cancel any registration if it is satisfied that the supervisee has failed to comply with any conditions to which his/her registration is subjected to.

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## 4. Supervisor’s Eligibility

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### 4.1 Eligibility

During the period of provisional registration, all supervisees are required to appoint a supervisor to oversee their practice. Appointed supervisor must meet the following requirements:

- a. Be a fully registered optometrist, optician (contact lens practice) or optician (refraction and dispensing);
- b. Possess a minimum of 3 years full-time optometric or opticianry working experience;
- c. Under full-time employment and works at the same workplace as the supervisee (i.e. same company and practising outlet);

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<sup>1</sup> Approved workplace(s): supervisee shall practise under the employment of the approved company at ONE practice location. It is not allowed to concurrently practise at several locations, even if they are under the same parent company, without obtaining the Board’s approval. Appointment of additional workplace may be allowed for certain cases upon request on a personal-to-holder basis at the discretion of the Board.

<sup>2</sup> Same workplace: same company and practising outlet; different companies under the same proprietor is not considered.

<sup>3</sup> Full-time employment: on average, **35 working hours and more** per week.

- d. Must not have any direct personal relationship with the supervisee either by spousal or first-degree relatives<sup>4</sup>; and
- e. Attend the supervisory framework briefing prior or during the period of undertaking.

The appointed supervisor is allowed to have more than 1 workplace, but the principal workplace must be the same as supervisee. At any time, the supervisor can only accept **up to a maximum of 3 supervisees**<sup>5</sup> in total.

#### 4.2 Additional Mentor

In the event if the appointed supervisor could not provide adequate guidance in practice, especially on managing of cases and case recordings, supervisee may submit a request in writing to the Board seeking for approval to appoint an additional mentor from other practice. Such request will be reviewed on a case-by-case basis.

Below is a table showing the different types of supervisory role:

	Primary Supervisor	Additional Supervisor	Secondary Supervisor	Additional Mentor
Must be working in the same workplace as supervisee	Yes	Yes	No	No
Basis for Appointment	By default; every P-reg must have a primary supervisor except in certain exception situations where there is no primary supervisor and a secondary supervisor can be appointed in lieu.	Only if there is any approved additional workplace(s) by the Board. Every additional workplace must provide an additional supervisor.	Only for certain exception situations where there is no primary supervisor.	Optional; if would like to get additional guidance in managing of cases and case recordings.
Need to sign off supervisor's reports and case records	Yes	Yes	Yes	No

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## 5. Supervisor's Roles and Responsibilities

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### 5.1 Responsibility

The appointed supervisor is responsible of the following:

- a. Providing adequate supervision and guidance to the supervisee during the period of his/ her provisional registration;
- b. Assisting in co-managing the supervisee's patients professionally as his/ her own;
- c. Vetting and signing-off supervisee's cases gathered under the framework;
- d. Ensuring that supervisee's conduct and practice is befitting of the profession and adhering to the Board's PPG;

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<sup>4</sup> First-degree relatives refer to parents, full siblings and children. With effect for new registration from 1 October 2020 onwards.

<sup>5</sup> Inclusive of supervision of any optometrist and optician on temporary, conditional and provisional registration.

- e. Conducting a progress assessment with supervisee on his/her performance once every 3 months using Board's supervisor's report template.

#### 5.2 Continuing Professional Education (CPE)

Appointed supervisor can claim points under Board's Continuing Professional Education (CPE) framework when his/her supervisee has successfully obtained full registration. Please refer to the details stated in the *Guide to CPE for Optometrists and Opticians* for submission of claim. A copy of the guide is available for download on the Board's website (<https://www.oob.gov.sg>).

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#### 6. Exception for Supervisee Working in Ophthalmology Clinic

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- a. For supervisee who is the only optician working in an ophthalmology clinic, the ophthalmologist shall be the primary supervisor responsible to ensure that supervisee's daily practice is safe and within scope of practice. However, he/she need not sign off any case records and supervisor's reports.
- b. Separately, supervisee shall appoint an eligible practitioner outside the clinic as secondary (off-site) supervisor to provide guidance on opticianry practice, conduct progress assessment and sign-off cases. The secondary supervisor shall visit the supervisee at his/her workplace at own arrangements and to conduct progress assessment on a monthly basis using the supervisor's report template.

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#### 7. Exception for Supervisee Owning the Optical Practice

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- a. For supervisee who declares as an owner of the optical practice he/ she is in, there must be one hired practitioner at the optical practice who is eligible as primary supervisor responsible to ensure that supervisee's daily practice is safe and within scope of practice. However, he/she need not sign off any case records and supervisor's reports.
- b. Separately, supervisee shall appoint an eligible practitioner outside the optical practice as secondary (off-site) supervisor to provide guidance on practice, conduct progress assessment and sign-off cases. The secondary supervisor shall visit the supervisee at his/her workplace at own arrangements and to conduct progress assessment on a monthly basis using the supervisor's report template.

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#### 8. Supervisor's Reports

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##### 8.1 For Primary Supervisor (On-site)

Supervisee shall undergo regular progress assessment with the appointed supervisor at the end of every 3 months based on the date of appointment to the Board for assessment using the supervisor's report template provided to be submitted accordingly.

##### 8.2 For Secondary Supervisor (Off-site)

Secondary supervisor is appointed to provide guidance on opticianry practice, conduct progress assessment and sign-off cases for the supervisee. The secondary supervisor shall visit the supervisee at his/her workplace at own arrangements and to conduct progress assessment on a monthly basis using the supervisor's report template and submit to the Board accordingly as per the requirements stated for primary supervisor above.

8.3 Submission of Supervisor’s Reports

- a. For supervisor appointed by supervisees registered at any time **before 1 October 2020**, as per stated on registration certificate, the supervisor’s reports shall be collated and submitted with the logbook and/ or the next application for registration by the supervisee (whichever applicable).
- b. It is still required to continue with the regular progress assessment after submission of logbook to ensure supervision of practice by supervisee. These reports are required to be included in subsequent application for full registration or in repeat logbook submission.
- c. As for supervisor appointed by supervisees registered **from 1 October 2020 onwards**, as per stated on registration certificate, each supervisor’s report shall be submitted to the Board by the supervisor *via email* at [OOB@spb.gov.sg](mailto:OOB@spb.gov.sg) at the end of 3 months and within 2 weeks from the last date of the supervision period until such time that the supervisory appointment is terminated or supervisee obtained full registration. The subject of the email and the name of the file shall follow the format below,

*Subject: Supervisor’s Report for **name of supervisee** (time period in dd/mm/yyyy) – **name of supervisor***

*For example, Supervisor’s Report for **John Smith** (01/09/2020 to 30/11/2020) – **Jane Doe***

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9. Update on Change of Workplace and/ or Supervisor

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9.1 Approval for Change in information

- a. Registration is granted in relation to the workplace and appointed supervisor. Supervisee is required to update and seek approval from the Board **2 weeks in advance** of any change in either of the following information:

<b>Change in information</b>	<b>Forms to complete and submit</b>
a. Change of workplace/ outlet and supervisor	Form P2
b. Change of supervisors only	Form P3

- b. Supervisee is required to complete and email the appropriate forms for the above change(s) to the Board at [OOB@spb.gov.sg](mailto:OOB@spb.gov.sg) for review and approval. The forms are available on the Board’s website for download (<https://www.healthprofessionals.gov.sg/oob/forms-downloads>).
- c. Supervisee is not allowed to start practising at new workplace and/ or under the new supervisor until the appointment has been approved by the Board. Cases acquired outside the approved period of supervision would also not be accepted as part of the logbook for assessment.

9.2 Away from Practice (1 month and longer)

- a. In the event if supervisee or supervisor needs to be away from practice for 1 month and longer, he/she is required to update the Board with supporting documents at least two weeks before the absence for record. Information should include duration and reason for absence (e.g. sabbatical leave, maternity leave etc). He/ she should also update the Board upon returning to practice.

- b. If the supervisee is away, the supervisory appointment will be suspended during the period of absence. Correspondingly, no supervisor's report for the period is to be submitted. It can be resumed upon the supervisee returning back to practice so long there is no change in the employment or supervisor.
- c. If the supervisor is away, his/her supervisory appointment will be terminated. Hence, the supervisee would not be allowed to practice and is required to appoint a covering supervisor (Form P3) to continue practice. The supervisee may re-appoint the previous supervisor (Form P3) upon his/her returning to practice.



**B. SUPERVISORY FRAMEWORK REQUIREMENTS**

1. Case Categories

- a. Supervisee must compile a logbook comprising of 30 genuine cases that are seen personally by the supervisee during the registration period. Of which, the cases must be from the stipulated case categories as described in **Table 1** below:

**Table1**

Refraction and dispensing case categories		
Case Type	Qualifying Criteria	No of cases
Presbyopia	<ul style="list-style-type: none"> <li>Progressive and/ or bifocal glasses dispensing only</li> </ul>	6 cases
High Myopia	<ul style="list-style-type: none"> <li>Degree of myopia <math>\geq -5.00D</math> in <u>at least one eye</u></li> </ul>	5 cases
High Astigmatism	<ul style="list-style-type: none"> <li>Degree of astigmatism <math>\geq -2.50D</math> in <u>both eyes</u></li> </ul>	5 cases
Hyperopia	<ul style="list-style-type: none"> <li>Hyperopia in <u>both eyes</u></li> </ul>	5 cases
Anisometropia	<ul style="list-style-type: none"> <li>Difference in power must be <math>\geq \pm 2.00D</math> <u>between both eyes</u></li> </ul>	5 cases
Aided VA $\leq 6/12$	<ul style="list-style-type: none"> <li>Best corrected VA remains at <math>\leq 6/12</math> in <u>at least one eye</u> during first visit</li> <li>Pre-diagnosed or pre-existing cases are <b>not</b> acceptable</li> <li>Must include referral and follow-up; need not proceed with optical dispensing if the condition does not allow</li> </ul>	3 cases
Total		29 cases

*Each refraction and dispensing case must include **both** refraction and dispensing records*

Dispensing case category		
Case Type	Qualifying Criteria	No of case
One Seeing Eye Patient	<ul style="list-style-type: none"> <li>VA must be <math>\leq 6/60</math> in <u>at least one eye</u></li> <li>Must demonstrate dispensing considerations for eye protection</li> </ul>	1 case

*Dispensing case must include dispensing record; not required to include refraction record*

- b. Each case must be based on a different patient. Duplication of glasses is not acceptable. Cases identified should demonstrate supervisee’s ability to apply knowledge and competency in practice.
- c. Among the 30 cases, it must also include dispensing of at least 5 cases with re-threading metal supras, 5 cases with shortening metal sides and 5 cases with springing lenses into plastic frames.
- d. Cases seen are required to be recorded using the case record template (available for download on the Board’s website), and be submitted to the Board for assessment before the registration expires.

2. Case Records

Professional Requirements

- a. Pursuant to the Act, optician (refraction and dispensing) shall perform refraction for person who is 8 years old and above.
- b. Based on PPG, consultation by optician (refraction and dispensing) shall comprise of the following:

1. Verification of current optical appliances
  2. Measurement of presenting visual acuity
  3. Refraction
  4. Refractive management (e.g. type of optical appliance prescribed and dispensing instructions)
  5. Duty to inform every patient that only refraction was performed but it is not a full eye examination.
- c. Optician (refraction and dispensing) should not refract any patient **at risk**<sup>6</sup> who has not undergone an eye examination within the validity period.
- d. Patient should be referred to optometrist/ophthalmologist/medical practitioner when best corrected VA remains at 6/9 or worse and/ or the presenting condition was beyond the competence or legal scope to manage.

Record Requirements

- e. All the following information must be included and documented clearly in each case record:

Refraction Record

1. **Patient history** taken;
2. **Present spectacle details** (if applicable);
3. **Refraction**. Both objective and subjective refractions must be conducted;
4. **Management** of the patients. Should state the final prescription, details of frame and lenses dispensing, refractive management and if there is referral;
5. **Referral and follow-up** (if applicable). Follow up with patient and/ or optometrist/ophthalmologist after referral on the diagnosis and treatment for closure of case;
6. **Optical Dispensing**. Should include the order, verification and dispensing details;
7. **Supporting documents** (including copy of test result/print-outs, original referral letters, doctor's reports and test findings and correspondence with patients) are attached with the records for respective case as support for case closure, when applicable.

Dispensing Record

1. Spectacle order details;
  2. Spectacle verification details; and
  3. Spectacle dispensing details.
- f. If correction of any recording is required, please cancel, write down the correct recording and counter-sign at the side. It is not allowed to use correction tape/ fluid (white-out).

<sup>6</sup> Recommendations on Frequency of Eye Examination for Patients by Optometrist or Ophthalmologist

Age of Patient (years)	Frequency of Examination	
	Asymptomatic/ Risk free	At Risk*
Below 16	Annually	6 monthly or earlier if indicated
16 to <60	Every two years	Annual or earlier if indicated
60 and above	Annually	6 monthly or earlier if indicated

\* 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

3. Additional Guiding Pointers

Supervisee/ supervisors may refer to the following guide for general pointers to be familiarised with the requirements on case recordings.

Test component	Remarks
History Taking	<ul style="list-style-type: none"> <li>• All fields should be indicated accordingly.</li> <li>• Should find out the purpose of visit to establish chief complaint. Also, should find out if patient experienced blurred vision.</li> <li>• Indicate findings using the check boxes provided in the recording template, e.g. indicate “x” if patient does not have the conditions and “v” if patient has the conditions.</li> <li>• Any complaint and positive sign(s) should be explored further.</li> <li>• Recording of findings must be legible. If the space provided in the record template is not sufficient, remaining findings could be recorded in a separate blank sheet.</li> <li>• Should include a glossary if there is any use of clinical abbreviation.</li> <li>• Supervisee should compile the case records and attach any additional notes and supporting documents for each case neatly.</li> </ul>
VA measurement and Refraction	<ul style="list-style-type: none"> <li>• VA should be recorded using standard notation; if unsure of the use of recording notation and abbreviation, it is encouraged to either write out in full or include a glossary. For e.g. VA &lt; 6/12 can be recorded as “Visual acuity is worse than 6/12”.</li> <li>• VA should broadly tally with the degree of refractive error. If VA out of norm, advised to provide an explanation note.</li> <li>• Near addition must be checked for patient 40 years old and above, or for patient of any age upon complaint of eye strain or issues with vision up close.</li> <li>• Pinhole test is required for all aided VA ≤ 6/12 cases.</li> </ul>
Refractive Management	<ul style="list-style-type: none"> <li>• Prescription indicated should be accurate. If different from refraction, should provide an explanation note.</li> <li>• Management must address on the chief complaint and with relevant/adequate advice. Considerations for optical dispensing should be included.</li> <li>• Should inform patient that only refraction is performed and it is not a full eye examination. Also, to advise or schedule next visit/eye examinations date.</li> </ul>
Referral	<ul style="list-style-type: none"> <li>• Purpose and relevant findings must be included.</li> <li>• It is advised for supervisee to use OOB referral template for the purpose.</li> <li>• For referral to in-house optometrist/ ophthalmologist, referral letter is not required. Nevertheless, the purpose and any subsequent management plans must be documented on the case record.</li> </ul>
Follow-up	<ul style="list-style-type: none"> <li>• Must follow up with the patient and/ or optometrist/ophthalmologist <u>after referral</u> for details on the diagnosis and treatment.</li> <li>• Follow-up may not be limited to face-to-face visits only. It can be through voice call or sms/email correspondence.</li> <li>• If refractive management is required after referral, should indicate accordingly.</li> <li>• Any supporting documents (including copy of original referral letters, doctor’s reports and test findings and correspondence with patients) should be attached with the records for respective case.</li> </ul>

### C. SUBMISSION OF LOGBOOK

Supervisee is encouraged to submit logbook early for assessment and can arrange for submission as early as 12 months from the registration date until the expiry of registration. However, it is advised to submit logbook **at least 150 days** before the expiry of provisional registration to allow sufficient time for the Board to process and assess. The Board does not accept logbook submission after the expiry of registration.

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#### 1. Preparation of Submission

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- a. The general format of a logbook is as follows,
1. **Cover page** - details of supervisee and the supervisor who is responsible to sign off the cases;
  2. **Case Record Summary Log** – all case records are to be arranged in corresponding order;
  3. **Case Records** – all must be hand written, and any additional notes and documents are to be labelled clearly;
  4. **Supervisor’s Reports (if applicable)** – for supervisees registered before the date of 1 October 2020.
- b. Please scan the logbook and convert into a pdf document (“**digital logbook**”) to be submitted by email at [OOB@spb.gov.sg](mailto:OOB@spb.gov.sg) for assessment. The digital logbook shall be kept within the size limit of 30MB to be sent in one email.
- ❖ There are some tips to keep the digital logbook within the size limit:
    - Scan in black/white instead of colour, while photo-records and diagnostic print-outs that use colour-coding are to be separated and scan in colour;
    - Reduce the resolution of the file slightly while still ensuring the details are legible.
- c. However, if the digital logbook could not be within the size limit despite following the tips above, it may be divided into smaller files to be sent over a few emails. To facilitate the receiving and processing by the Board, the subject of the email and the file name should follow as such,
- Subject of Email/ file name: Logbook Submission by **name of supervisee** – Part X of X (only if applicable)*

*For example, Logbook Submission by **John Smith** – Part 1 of 2*
- d. Supervisee will be notified on the successful receipt of logbook by the Board by email and to acknowledge on the conditions for submission.
- e. Please do not store the digital logbook on cloud storage websites (e.g. dropbox and google drive) and provide a web link for retrieval. The Board would not be able to access the link due to internet separation across whole-of-government agencies.
- f. If the supervisee does not have access to scanner and computer, there are mobile apps that offer similar scanning functions.
- g. The Board reserves the right to reject any logbook/ case submission that is not in the required format. Examples include but not limited to the following:
1. Type-written case records;
  2. Incomplete logbook (missing case records and/ or supervisor’s reports).

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2. Assessment of Logbook

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- a. The assessment of logbook may take up to 90 working days (i.e. 5 months) from the date of submission or receipt. Supervisee will be informed of the outcome of logbook assessment via email.
- b. All the cases will be assessed based on the conditions and submitted evidence on supervisee's competency in opticianry practice, sound decision making and compliance on the required practice standards listed in PPG.
- c. Supervisee will need to **re-submit the cases** if cases were deemed as falling short of meeting the requirements after assessment.
- d. All the cases submitted must be supportable with original patient records. Cases will be rejected if supervisee could not provide original patient records when requested by the Board's Credentials Committee during any part of the assessment process.
- e. Upon receiving notification on successful outcome, supervisee would be eligible and can apply for full registration (subject to prevailing fees) once he/she fulfilled 2 years of full-time practice.
- f. Cases that were not used in any previous logbook submission(s) may be used for subsequent re-submission as long as supervisee remained in the same workplace and the cases are acquired during the valid registration and supervision period.

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3. Fraudulent Cases and Professional Misconduct

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- a. The Board reserved the rights to audit supervisee's place of practice and verify records of the submitted cases throughout the provisional registration period.
- b. Cases submitted for assessment must be **genuine** as it is in support for application for full registration. Should there be any confirmation of fabrication of information in the cases, the logbook would no longer be accepted and supervisee would be surfaced for investigation for offence under Section 27(a) of the Optometrists and Opticians Act for attempt to procure registration with fraudulent representation.
- c. Once supervisee is referred for investigation, status of current registration and/ or eligibility for further registration will be reviewed by the Board. Supervisee would also not be eligible for full registration of he/she is under investigation.
- d. Supervisee shall practise at approved workplace and under the supervision of approved supervisor during registration period. Failure to meet the requirement may constitute as professional misconduct and supervisee shall face disciplinary proceedings by the Board.

## D. FREQUENTLY ASKED QUESTIONS

### Case Records and Requirements

**1. If I have obtained full registration for optician (dispensing) prior to my submission of cases for optician (refraction & dispensing), do I still need to submit dispensing cases?**

Yes. You would still need to submit **29** 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 include a patient who came in with a doctor’s prescription as my case write-up?**

No. You can 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.

**3. What should I include for refractive management?**

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

Good examples of 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 2<sup>nd</sup> follow up.
- Patient complained of inconvenience 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 words by words would resulted your case(s)/logbook being rejected.

Poor examples of 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
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4. **For the case of Aided VA  $\leq$  6/12, I have referred my patient to optometrist/ophthalmologist and did not dispense any glasses in view of the condition. Under this circumstance, would I be penalised for not submitting dispensing case?**

No. In addition, you must indicate the reasons and considerations for not dispensing glasses to the patient.

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5. **For the case of Aided VA  $\leq$  6/12, I have a patient who is aware that he/she has lazy eyes (amblyopia) since young. Can I refer the patient and submit the case to fulfil the requirements?**

No. Any pre-diagnosed or pre-existing disease/condition is not acceptable for submission as patient is aware of the cause of reduced vision and there is no need for referral.

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6. **What if I encounter a patient at risk and I refer the patient to an optometrist/ophthalmologist for a full eye examination, can I still log it as a refraction & dispensing case?**

You may log the cases if the patient comes back to you for refraction and making of new glasses after referral to the optometrist/ophthalmologist. You are required to document the dates and details of visit clearly and follow up accordingly.

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

You must submit a complete logbook as required. The Board will not accept and assess incomplete logbook submission. In the event that there are cases from a category you could not fulfil, you are required to write to the Board to state your reasons for not able to fulfil the requirement. The Board will review on a case-by-case basis and advise accordingly.

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8. **What if my practice place does not have system/hardcopy records for comprehensive recording?**

You may keep a supplementary patient record on your own in addition to the existing record keeping system in store. The supplementary patient record must be readily available in the event if the Board requests for audit. However, copy of log cases is not considered as an acceptable form of patient records.

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## Registration and Supervisor's report

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9. **Currently, I have completed 12 months of full-time supervised opticianry practice and submitted logbook for assessment. Can I convert to part-time employment during the remaining registration?**

Yes. If you pass the assessment, you must fulfil another 12 months of full-time practice to be eligible for full registration.

However, if you fail the assessment, you may use the cases seen during the 12 months' practice for re-submission but you are not allowed to submit any cases seen during your part-time employment.

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10. **I am in my first term of provisional registration and my registration is expiring soon. What should I do if I have not received the outcome of my logbook assessment/did not submit logbook?**

Should you wish to continue your registration with the Board, you are required to submit a new application for registration at least 30 days before your registration expiry. Please note that application of PC renewal is only applicable and available to fully registered practitioners.

If you have submitted logbook and the outcome of the assessment could not be obtained 2 weeks prior to your registration, you would be granted 2<sup>nd</sup> (final) term of provisional registration.

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11. **The outcome of my logbook assessment was not ready by the expiry of the first term of my provisional registration and I was granted second term. I was notified of the successful outcome shortly after. Would I be able to convert my registration type to full registration?**

No, there is no auto-conversion of the registration type. You would be required to submit an application to apply for full registration and be subject to the prevailing fees.

Alternatively, you may choose to defer your application for full registration until the expiry of your second term of provisional registration. However, please be reminded that even though you are eligible for full registration but as you are holding provisional registration, you are still subject to the prevailing conditions and supervision in your practice.

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12. **I have submitted my logbook and my provisional registration is about to expire soon. May I choose to defer the application of my registration until I receive the outcome of my logbook assessment?**

Yes, you may defer application. However, please note that you would not be allowed to practise optometry/opticianry once your registration expired until the point you obtained a new term of registration.

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13. **What would happen if I could not submit logbook or fulfil the framework requirements within 2 terms (i.e. 4 years) of provisional registration granted and my registration has expired?**

Based on the Regulations of the Act, the maximum terms of registration allowable is 2 terms (i.e. 4 years), you would not be eligible for any further registration and no longer be allowed to practise optometry/opticianry.

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**14. Do I need to submit two sets of supervisor's reports if I have two supervisors?**

No, only one supervisor who is appointed to sign off supervisor's report to check on case requirements and recordings before submission. Nevertheless, the two supervisors may cross-check with each other on your performance.

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**15. In the light of COVID-19 pandemic situation, my practice is seeing fewer patients, hence resulting in the difficulty to acquire the required types of cases for logbook submission within registration period. Would I be able to seek an extension in the deadline of submission of logbook as well as registration?**

If you are not able to collect enough cases in your logbook for submission within the current registration (first term) due to COVID-19, you may apply for another term (final) of registration to continue with your practice and collection of logged cases for submission.

Alternatively, you may choose to go through an oral assessment online to be eligible for Full registration. The assessment would likely be based on your current logged cases, if any, or sample cases prepared by the Board. The option for online assessment will be in place until the end of COVID-19 period, or subject to further notice from the Board. More details about the online assessment will be shared separately in due course.

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**Referral of Patients and Conditions**

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**16. I referred my patient to ophthalmologist/hospital/polyclinic, but I did not receive any reply or the patient did not want to heed my advice to seek further care. How should I close the case?**

You should highlight the potential consequences for not seeking further care to patient and document the reason of the refusal in discharge of your professional responsibilities.

As for non-reply, you may attempt to contact the ophthalmologist/hospital/polyclinic for updates, where possible. Otherwise, you can also contact the patient to follow-up for case closure. Such attempts and its findings must be documented clearly as part of your follow-up action(s) or record.

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- The End -