



Optometrists & Opticians Board

SUPERVISORY FRAMEWORK

For Provisionally Registered Optometrists

(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 9 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 more time is needed to collect cases (no short-term extension of registration) or assessment outcome is not ready in time.

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.

- d. 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.

3. Conditions for Provisional Registration

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

- a. Practise only at **approved workplace(s)**¹;
- b. Practise under direct supervision of an **approved supervisor** from **same workplace**²;
- c. Complete **12 months** of supervised optometry practice under **full-time**³ 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.*

4. Recommended List of Equipment in Practice

To support the provision of primary eye care, as well as for the fulfilment of supervisory framework requirements, supervisee/ supervisor should ensure that they have ready access to the necessary equipment in the workplace. The lists below provide recommendation on the types of equipment required for different purposes.

4.1 List of Basic Equipment Required in General Practice

¹ 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.

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

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

SN	Name of Equipment
Refractive Assessment	
1	Auto-refractor
2	Retinoscope
3	Trial frame, lenses and Jackson-cross-cylinder set
4	Vision testing facility (includes properly set-up testing room, appropriate vision chart etc)
Preliminary Assessment	
5	Pen-light
6	Colour vision testing chart* (i.e. Ishihara Pseudoisochromatic Plates or equivalent)
7	Appropriate fixation targets
8	Stereoacuity test* (i.e. Titmus Fly Test or equivalent)
9	Amsler chart
Ocular Health Assessment	
10	Slit-lamp biomicroscope
11	Direct ophthalmoscope

Note: asterisk (“*”) denotes equipment that may be considered optional if the workplace does not see any paediatric patient (below 16 years old).

4.2 List of Optional Equipment to support the Management of Different Types of Case

SN	Name of Equipment	Purposes
For case type: Posterior Ocular Disease		
1	Digital non-mydratic fundus camera	o Advanced digital photography which captures an image on the surface of the back of eye/ retina (fundus) for detection of posterior eye disease and photo-documentation.
3	Ocular Coherence Tomography (OCT)	o Advanced imaging technique which captures cross-sectional scans of the back structure of the eye to detect any abnormalities within the structure itself.
For case type: Glaucoma Suspect		
3	Non-contact Tonometry	o Measures the pressure within the eye (intraocular pressure), commonly using a machine that ejects a small puff of air to centre of cornea, for the detection of glaucoma.
4	Visual field tests (e.g. Humphrey Visual Field Analyser and Frequency-doubling Technique)	o Assess the responses (sensitivity) to the presence of targets in different areas (extent) in the field of vision, especially for the detection of glaucoma and neuro-ophthalmological disorders.
For case type: Contact Lens Fitting and Management (Follow up)		
5	Diagnostic dyes (e.g. fluorescein strips)	o Contrasting agent to enhance visualisation of contact lens fitting.
6	Keratometer or Corneal Topographer	o Measures curvature of cornea which is required for the selection of suitable type of contact lens for fitting evaluation.
7	Diagnostic/ trial contact lens set	o Required as part of contact lens fitting evaluation to achieve best-fitting lens for patients.
For case type: Binocular Vision Dysfunction		
8	Binocular vision work-up tests: - Prisms/ lens flippers - Loose prisms/ prism rack sets - Mallet fixation disparity unit, etc	o Measures the co-ordination of binocular eye movements, which is crucial for the vision comfort and well-being of patient during day-to-day activities.

5. Supervisor’s Eligibility

5.1 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;
- b. Possess a minimum of 3 years full-time optometric working experience;
- c. Under full-time employment and works at the same workplace as the supervisee (i.e. same company and practising outlet);
- d. Must not have any direct personal relationship with the supervisee either by spousal or first-degree relatives⁴; 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**⁵ in total.

5.2 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

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

⁵ Inclusive of supervision of any optometrist and optician on temporary, conditional and provisional registration.

6. Supervisor's Roles and Responsibilities

6.1 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;
- e. Conducting a progress assessment with supervisee on his/her performance once every 3 months using Board's supervisor's report template.

6.2 Continuing Professional Education (CPE)

Appointed supervisor can claim for points under the Board's 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>).

7. Exception for Supervisee Working in Ophthalmology Clinic

- a. For supervisee who is the only optometrist 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 optometrist outside the clinic as secondary (off-site) supervisor to provide guidance on optometric 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.

8. Exception for Supervisee Owning the Optical Practice

- a. For supervisee who declares as an owner of the optical practice he/ she is in, there must be one hired optometrist at the optical practice to 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 optometrist outside the optical practice as secondary (off-site) supervisor to provide guidance on optometric 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.

9. Supervisor's Reports

9.1 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.

9.2 For Secondary Supervisor (Off-site)

Secondary supervisor is appointed to provide guidance on optometric 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.

9.3 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 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***

10. Update on Change of Workplace and/ or Supervisor

10.1 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:

Change in information	Forms to complete and submit
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 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.

10.2 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 10 genuine cases that are seen personally by the supervisee during the registration period. Cases identified should demonstrate supervisee’s ability to apply knowledge in practice and competency in clinical skills.
- b. Cases shall include 10 unique eye conditions/ diseases from a minimum 5 out of 6 category types listed in **Table 1** below and every case must be based on a different patient. There shall be no duplicate case with similar condition(s)/disease(s) nor the same patient appear in more than 1 case; any case with pre-diagnosed condition(s) will not be accepted.

Table 1

The conditions stated below are non-exhaustive and intended as guiding reference only.

SN	Case Categories	Qualifying Conditions	Excluding Conditions
1	Contact Lens Complication	For e.g.: <ul style="list-style-type: none"> • Giant papillary conjunctivitis • Corneal ulcer • Corneal neovascularisation • Contact lens–induced superior limbic keratoconjunctivitis 	
2	Contact Lens Fitting and Management (Follow Up)	Bilateral lens fitting on new and existing wear of the following types only: <ul style="list-style-type: none"> • Toric • Bifocal/ Multifocal • Rigid Gas Permeable (RGP) • Specialty (e.g. Mini-scleral, orthokeratology) 	<ul style="list-style-type: none"> • Spherical soft contact lens • Re-fitting and replenishment of existing order (i.e. same brand and parameters) • Duplication – e.g. fitting 2 different brands for the same type of lens (Brand A and B toric lens); the second case will not be accepted
3	Anterior Ocular Disease	For e.g.: <ul style="list-style-type: none"> • Pterygium • Uveitis • Conjunctivitis • Senile cataract 	<ul style="list-style-type: none"> • Duplication – e.g. 2 cases of senile cataract, regardless of the type (nuclear sclerosis/cortical cataract/posterior subcapsular cataract); the second case will not be accepted <p>Also include but not limited to:</p> <ul style="list-style-type: none"> • Pinguecula • Naevus • Arcus senilis • Mild cataract (vision at 6/9 or better and does not require surgery) • Subconjunctival haemorrhage (non-trauma related) • Asymptomatic dry eyes/ mild punctate epithelial erosion • Meibomian oil cappings • Asymptomatic dematochalasis, ditichiasis and trichiasis

4	Posterior Ocular Disease	For e.g.: <ul style="list-style-type: none"> • Age-related Macular Degeneration • Diabetic Retinopathy • Neuro-ophthalmic conditions, such as cranial nerve palsies 	<ul style="list-style-type: none"> • Myelinated nerve fibres • Glaucoma
5	Glaucoma Suspect	Must have at least 2 signs to be considered as glaucoma suspect case. The signs include: <ul style="list-style-type: none"> • Optic disc changes (e.g. enlarged CD ratio, bayonetting of blood vessels, etc) • Narrow van herick angle • Increased intraocular pressure (IOP) • Positive family history • Medical history of steroid use 	<ul style="list-style-type: none"> • Duplication – e.g. 2 cases of primary open angle glaucoma suspect); the second case will not be accepted
6	Binocular Vision Dysfunction	For e.g.: <ul style="list-style-type: none"> • Strabismus • Decompensated heterophoria • Amblyopia • Accommodative dysfunction • Vergence dysfunction 	<ul style="list-style-type: none"> • Compensated heterophoria with no visual symptoms

- c. All cases must showcase optometric management and follow-up to qualify. Mild conditions which do not require optometric management and follow-up and cases solely managed by ophthalmologist are not allowed to be used for submission.
- 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. Based on PPG, the required tests in every general eye examination (for patient who is 16 years old and above) includes:
1. History taking;
 2. Verification of current optical appliances;
 3. Measurement of presenting visual acuity;
 4. Pupillary assessment;
 5. Anterior ocular health assessment; and
 6. Posterior ocular health assessment.
- b. For paediatric (for patient below 16 years old) eye examination, in addition to the required tests described above, it is also required to perform colour vision and binocular vision assessment (i.e. ocular motility, cover test, near point of convergence and stereopsis).

- c. Certain accessory tests should be performed when indicated. Examples include, IOP and visual field for glaucoma suspect, binocular vision assessment whenever there is complaint of eye strain. More information can be found in PPG.
- d. For contact lens fitting, it includes:
 - 1. Additional related history (i.e. purpose for wear and any previous use of contact lens);
 - 2. Keratometry or corneal topography;
 - 3. Assessment of tear film quality and quantity;
 - 4. Use of diagnostic stains, where necessary;
 - 5. Trial fitting of contact lenses, where necessary;
 - 6. Advice on the proper use of contact lenses; and
 - 7. Final contact lens parameters and quantity prescribed.
- e. Frequency of aftercare should be 1 week after contact lenses are dispensed, followed by 1 month later and then every 3 to 6 months.
- f. If any of the required tests could not be performed, it is required to indicate the reason(s) clearly on the record.

Record Requirements

- g. For each case record, all the following information must be included and documented clearly:
 - 1. Patient history taken;
 - 2. Types of eye examination conducted and its findings;
 - 3. Provisional diagnosis arising from eye examinations conducted, differential diagnoses may be included;
 - 4. Management plans and actions (including optical dispensing and referral to ophthalmologist, if needed);
 - 5. Follow up with the ophthalmologist and/or patient (if the case was referred) for details on the diagnosis and treatments; and
 - 6. Follow up with the management of patient until the closure of case.
 - 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.
- h. 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).

3. Additional Guiding Pointers

Supervisee/ supervisor 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"> • Relevant findings should be indicated in every field; recording of “NIL/NA/Negative/(-)” generically without further specification would not be accepted. • Chief complaint and positive sign(s) should be explored further. Suggest to refer “DR FALOPPE” or “LOFTSEA”.

	<ul style="list-style-type: none"> 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. Should include a glossary if there is any use of clinical abbreviation. Supervisee should compile the case records and attach any additional notes and supporting documents for each case neatly.
VA measurement and Refraction	<ul style="list-style-type: none"> 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 < 6/12 can be recorded as "Visual acuity is worse than 6/12". VA should broadly tally with the degree of refractive error. If VA out of norm, advised to provide an explanation note. 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. Pinhole test is required for all aided VA \leq 6/12 cases.
Anterior/Posterior Ocular Health	<ul style="list-style-type: none"> Illustrations of clinical findings must be in accordance to recordings/description or photo-records, where applicable. If photo-records could be provided, the findings might be labelled clearly; illustrations are considered optional. Advised to state important negative findings relevant to the suspected condition.
General Management	<ul style="list-style-type: none"> Management must address to chief complaint and other symptoms/signs. To explain clearly all management plans, rationale and actions (e.g. optical dispensing and referral to ophthalmologist, if needed).
Optical Dispensing (under Management)	<ul style="list-style-type: none"> It is only required to state the generic information such as the type of appliance prescribed and its indications for use under case management. It is not required to include additional dispensing record stating the frame and lens details and dispensing instructions.
Referral (under Management)	<ul style="list-style-type: none"> It is required for supervisee to write <u>own referral letter/memo</u>. OOB referral template may not be suitable for the purpose as it is a simplified version designed for the use by Optician (Refraction & Dispensing). For supervisee working in ophthalmology clinic and referring patients to in-house ophthalmologist, it is not required to include a formal referral letter. However, it would need to be indicated in the case record clearly on the reason for referral and subsequent management plans.
Follow-up	<ul style="list-style-type: none"> Follow-up may not be limited to face-to-face visits only. It can be through voice call or sms/email correspondence. Relevant findings or information must be documented in the records clearly. For supervisee working in ophthalmology clinic, it is not necessary to request the ophthalmologist to provide a formal letter/ report as a proof of case closure; a simple memo suffice. Case is considered closed at the point when the responsibility can be discharged safely should satisfy the following principles – <ul style="list-style-type: none"> For conditions that can be managed by optometrist, it has to be followed-up until resolution or that it has stabilized enough for annual review. However, if patient is lost to

	<p>follow-up halfway, there must be attempt made to contact patient and the response to be indicated accordingly.</p> <ul style="list-style-type: none">○ As for condition that cannot be managed by optometrist, there must be referral made to ensure proper transfer of care to doctor. If any optometric review and management is also required, it has to indicated clearly.○ On the above, if patient decides not to see doctor, the consequences should be highlighted to patient and documented clearly. The case will still be eligible for submission.
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C. SUBMISSION OF LOGBOOK

Supervisee is encouraged to submit logbook early for assessment and can arrange for submission as early as 9 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 would not accept logbook submission after the expiry of registration.

1. Preparation of Submission

- 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 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).

2. Assessment of Logbook

- a. The assessment of logbook may take up to 90 working days (i.e. 5 months) from the date of submission. 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 ability to apply knowledge in practice, competency in clinical and management skills, and compliance on the required practice standards listed in PPG.
- c. Supervisee will need to **re-submit all 10 cases** if cases were deemed as falling short of meeting the requirements after assessment; there will be no partial re-submission.
- 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 1 year 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.

3. Fraudulent Cases and Professional Misconduct

- a. The Board reserves 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. Correspondingly, supervisee would not be eligible for full registration when 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 suspect that a patient has a particular condition but I am unable to confirm it, can I include the case in my portfolio?

Yes, you may include such a case. In your case record, you must include the following:

- a) Grounds for suspecting such a condition (i.e. based on patient's history and eye examination findings);
- b) Referral to the ophthalmologist as part of the management plan;
- c) Follow up with the ophthalmologist on subsequent clinical management of the patient, or may obtain the details from patient in lieu;
- d) Indication of how you would monitor the patient if he/she continues to visit you.
- e) All supporting documents (e.g. referral letters, replies from ophthalmologists, written records of your tele-communications with the patient and/or ophthalmologists) must be included in your case records.

2. If I referred patient to ophthalmologist for a particular condition, but ophthalmologist replied that the patient has a different condition, can I include the case in my portfolio?

Yes, you should provide strong grounds for referring patient to ophthalmologist for a particular condition. It can be accepted as there are certain conditions that may be difficult to diagnose/confirm due to limitations in a regular optometric practice. For e.g. patient was referred for possible age-related macular degeneration, but ophthalmologist diagnosed as polypoidal choroidal vasculopathy after performing fluorescein angiography.

3. 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.

4. 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.

Registration and Supervisor's report

5. Currently, I have completed 9 months of full-time supervised optometry 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 3 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 9 months' practice for re-submission but you are not allowed to submit any cases seen during your part-time employment.

6. 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 2nd (final) term of provisional registration.

7. 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.

8. 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.

9. 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.

10. 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.

11. **In the light of COVID-19 pandemic situation, my practice is either seeing fewer patients or have to refer patients to licensed healthcare institution to conduct the eye examination due to safety reasons, 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.

Referral of Patients and Conditions

12. **I work in an ophthalmology clinic and after referring the patient to my in-house ophthalmologist for further management, I did not get to see the patient again for follow-up visits. How should I close the case?**

You should seek the support of your management to provide opportunity to practise primary eye care and to be involved in the follow-up visits in managing the patient, where possible.

If patient is under the care of ophthalmologist after referral and no longer require any optometric management/ follow-up, you should follow up with the ophthalmologist/patient to find out about the diagnosis, treatment administered and subsequent review frequency, and indicate the findings clearly in your follow-up findings. You must not try to pass off ophthalmologist's findings as your own.

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13. **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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14. **My practice does not have certain equipment; can I refer my patient to another optometric practice for testing to confirm diagnosis?**

Yes. You should indicate clearly to whom and where the patient was referred and document the information under follow-up. However, you are not allowed to use the case if patient decided to be under the care of the other optometrist and not come back to you for optometric management and follow-up.

- The End -