

**PROFESSIONAL BOARD FOR OPTOMETRY AND DISPENSING OPTICIANS**

**REPORT BY THE SUPERVISOR OF A GRADUATE/PRACTITIONER REGISTERED UNDER SUPERVISED PRACTICE**

**SECTION A: PARTICULARS OF PRACTITIONER (SUPERVISEE)**

Full Name \_\_\_\_\_

HPCSA Registration Number: \_\_\_\_\_

Category of Registration: \_\_\_\_\_

Postal Address: \_\_\_\_\_

\_\_\_\_\_

Start date of supervised practice: \_\_\_\_\_

End date of supervised practice: \_\_\_\_\_

**SECTION B: PARTICULARS OF THE SUPERVISOR**

Title: \_\_\_\_\_

Initials and Surname: \_\_\_\_\_

HPCSA Registration Number: \_\_\_\_\_

Category of Registration: \_\_\_\_\_

Name of Practice (where supervision was conducted): \_\_\_\_\_

Practice Address: \_\_\_\_\_

\_\_\_\_\_

Practice Tel Number: \_\_\_\_\_

Cell phone number: \_\_\_\_\_

Fax Number: \_\_\_\_\_

E-mail address: \_\_\_\_\_

**THERAPEUTIC CATEGORY:**

Name of facility (where supervision was conducted):

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Name/s of Supervising Doctor/s:

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**SECTION C: DETAILS OF CLINICAL EXPOSURE**

<b>OUTCOME COMPETENCY SUPERVISED/ MENTORED ON</b>	<b>Tick</b>	<b>COMMENT ON SUPERVISEE PROFICIENCY</b>
<p>Clinical practice and patient management (includes communication skills)</p> <p><b>Comments by supervisor</b></p>		
<p>General clinical skills</p>		
<p>Ocular diagnostic procedures (for diagnostic &amp; therapeutic categories)</p> <p><b>(Minimum 10 patients)</b></p> <ul style="list-style-type: none"> <li>• Goldmann contact tonometry</li> <li>• Gonioscopy</li> <li>• 90D</li> <li>• Binoc Indirect Ophthal</li> <li>• Pressure patching</li> <li>• Sphgnomanometry (BP)</li> <li>• Photostress recovery test</li> <li>• Carotid Pulse palpation &amp; Auscultation</li> <li>• Exophthalmometry</li> </ul>		
<p>Contact lenses</p> <p>Soft lenses patients: 5 clinical hours <b>(minimum of 6 patients)</b></p> <p>Hard lenses patients: 6 clinical hours <b>(minimum of 4 patients)</b></p>		
<p>Paediatric optometry</p> <p>7 clinical hours</p> <p><b>(Minimum 5 patients)</b></p>		

OUTCOME COMPETENCY SUPERVISED/ MENTORED ON	Tick	COMMENT ON SUPERVISEE PROFICIENCY
<p>For Optometrists Registered in Diagnostic &amp; Therapeutic Category:</p> <p>Minimum of 3 Cycloplegic examinations, 6 clinical hours</p>		
<p>Low vision <b>(Minimum 5 patients)</b></p>		
<p>Ocular Diagnostic ability: General diagnosis and management of ocular disease</p> <p><b>Comments by supervisor</b></p>		
<p>Ocular therapeutics <b>NB: Only for practitioners registered in this category.</b></p> <p>Additional 180 clinical hrs i.e. 250 chrs + 180 Chrs</p> <p>Rationale: (<i>equiv of 30 days</i>)</p> <p>Must be done in public sector – consistent with conditions for therapeutic training</p>		
<p>Optical dispensing skills</p>		
<p>Practice/ eye clinic management (Administration and/or management responsibilities)</p> <p><b>Comments by supervisor</b></p>		



**2. Recommendations**

<b>To be registered for:</b>	<b>Category (Tick the appropriate)</b>		
	Independent Practice	Independent Practice with Diagnostic privileges	Independent Practice with Therapeutic privileges

OR

<b>To still be registered for supervised practice</b>		<b>Period: _____ months</b>
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OR

<b>Cannot be registered</b>		<b>Incompetent</b>
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**Comment:** \_\_\_\_\_  
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\_\_\_\_\_  
**Name and Surname**

\_\_\_\_\_  
**Signature**

\_\_\_\_\_  
**Date**