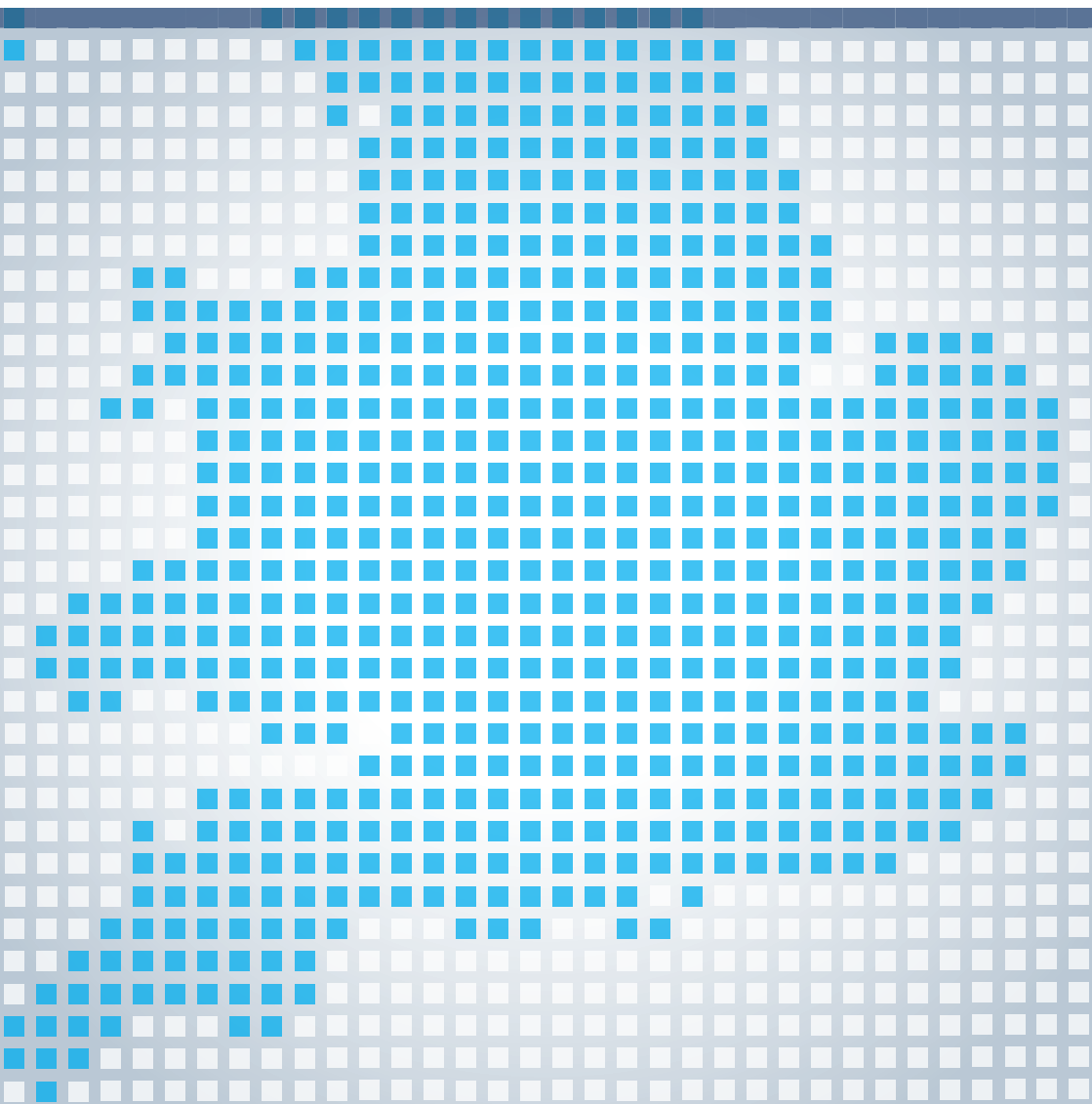




# Extended services for contact lens opticians: **England**

A guide for ABDO members



# Extended services for contact lens opticians: England

## FAQs

### 1. What will I have to do to become an extended primary care MECS and Glaucoma Repeat Measure accredited contact lens optician?

Very similar to optometrist colleagues, you will complete all on-line modules on MECS (minor eye conditions) and GRM (Glaucoma Repeat Measures) including the MCQs. There will be 11 modules in total. Upon completion you will then partake in the ABDO extended services training day followed by modified OSCEs.

You will be required to complete adult and children safeguarding courses.

### 2. How do I register with WOPEC?

In the first instance, please contact Max Halford, to request an access code:  
[mhalford@abdolondon.org.uk](mailto:mhalford@abdolondon.org.uk)

On receipt of the access code you can register with WOPEC and commence the on-line modules. *Please refer to Annex 1.*

ABDO and WOPEC will collaborate during the process therefore by accepting an access code you will allow your details to be shared between both parties.

### 3. What does the ABDO extended services training day involve?

There will be a series of lectures and workshops relating to MECS and GRM, along with recommended further GRM practice, and the requirement to complete an online pharmacology module, in the lead up to the OSCEs.

### 4. What will be different from the OSCEs that optometrists complete?

Elements where posterior eye would normally be used will be replaced with anterior eye.

*Please refer to Annex 2.*

### 5. How will MECS work in practice?

The CLO will be recognised as a provider of MECS and will treat dependent on capability and competence working alongside MECS accredited optometrists. Triaging will sign post patients with anterior eye problems to the MECS accredited CLO while posterior eye problems will be directed to the optometrist. In some cases there will almost certainly be co-management of patients.

MECS accredited CLO's can only provide this service when a MECS accredited optometrist is on site. This is not to provide supervision but primarily for the purpose of co-management.

### 6. How will GRM work in practice?

GRM provides CLO's with the opportunity to undertake IOP measurement as a delegated function. Clearly this must be done with an optometrist on site.

### 7. What about on-going CET?

The ABDO CET department along with the ABDO National Clinical Committee (NCC) are currently looking at how members can maintain and develop knowledge moving forward.

Please also see the document produced by LOCSU; Continuing Education for Extended Primary Eye Care Services:  
[http://www.locsu.co.uk/uploads/loc\\_guidance/further\\_accred\\_final.pdf](http://www.locsu.co.uk/uploads/loc_guidance/further_accred_final.pdf)

Additionally many Local Optical Committees (LOC's) will provide this training where services are in place.

### **8. Will I be able to operate within local arrangements?**

It is our hope that this will be the case but ABDO cannot guarantee there will be uniform engagement with CCGs. Working with colleagues in LOCSU, LOCs and with the assistance of ABDO Regional Leads and Sub-Regional Leads we are confident that existing contracts can be amended to include accredited contact lens opticians as suitably qualified performers and new contracts will reflect this.

### **9. How much will this cost me?**

In agreement with LOCSU the online modules will be subsidised similar to optometrist colleagues. Individuals will pay for the ABDO extended services training day and the OSCE's. It is envisaged that this will be in the region of £300-£350.

### **10. Will I need Professional Indemnity Insurance (PII) to practice?**

Yes. ABDO has arranged PII to cover all activity within both pathways.

**For further information on local arrangements please contact the relevant Regional Lead:**

#### **London**

Abi Page FBDO

**Email** [apage@abdolondon.org.uk](mailto:apage@abdolondon.org.uk)

#### **North of England, Midlands and East of England**

Richard Rawlinson FBDO

**Email** [rrawlinson@abdolondon.org.uk](mailto:rrawlinson@abdolondon.org.uk)

#### **South of England**

Stuart Pell FBDO CL SMC(Tech)

**Email** [spell@abdolondon.org.uk](mailto:spell@abdolondon.org.uk)

# Annex 1

## WOPEC and LOCSU distance learning lecture series

### COURSES AVAILABLE

- **Minor eye conditions service (MECS/PEARS)**  
7 lectures, 7 CET points
- **Glaucoma repeat measures**  
4 lectures, 4 CET points

We hope you find the lectures provided interesting and useful. To complete the training programme please follow the instructions outlined below.

A WOPEC Promo Code is needed for each of these lecture series. They are a unique authorisation code issued specifically to one person for a particular course or event. Promo codes also activate access to MCQ assessments.

ABDO Members should contact Max Halford to request an access code.

**Email:** mhalford@abdolondon.org

### Register or Sign-in yourself on the WOPEC website

Go to the WOPEC website [www.wopec.co.uk](http://www.wopec.co.uk)  
On the top toolbar choose either to 'Register' or 'Login'.

At the registration page, enter the personal information requested. We would be grateful if you could also take a few minutes to answer the small number of questions.

If you are registering for the first time, you will be sent a validation email. Follow the instructions on the validation email to validate your account. If you do not receive this please first check your SPAM folder. If it is not in your SPAM folder contact the technical support: [wopec@cardiff.ac.uk](mailto:wopec@cardiff.ac.uk)

### Register yourself on the course – Distance learning lectures

In the green 'Code' box on the website's homepage enter your unique authorisation code. This will be made of two parts, a prefix (example: WALESCA) and a code (example: 1234567).

## Annex 2

### Minor Eye Conditions Scheme (MECS) and Glaucoma Repeat Measures (GRM) training and accreditation

#### OVERVIEW

Contact lens optician (CLO) MECS training and accreditation comprises a three-part process, part 1 and 3 provided by WOPEC and part 2 by the Association of British Dispensing Opticians (ABDO) in collaboration with WOPEC:

**Part 1** Theoretical on-line training and accreditation

**Part 2** Practical training sessions (mandatory)

**Part 3** Practical assessments using WOPEC CLO MECS specific templates

#### PART 1

##### Theoretical Training and Accreditation provided by WOPEC

###### 1.1 Summary

- 11 on-line distance learning lectures, each has 12 MCQs
- CET approved for 11 non-interactive CET points (DO and CLO competency)
- web-page to upload MCQ answers
- Individualised CET certificate (in PDF format)
- Individualised WOPEC CLO MECS course certificate on completion of all parts (in PDF format)

###### 1.2 Lectures

There are 11 on-line lectures:

1. the red eye
2. flashes and floaters
3. AMD Part 1
4. AMD Part 2

5. the cornea and corneal foreign bodies
6. sudden loss of vision
7. dry eye in optometric practice
8. glaucoma and the optic disc assessment
9. IOP and tonometry
10. visual fields and glaucoma
11. NICE guidelines and practical techniques

Lectures will last between 40 and 60 minutes and 1 CET point is available for each. The method of assessment is 12 multiple choice questions (MCQ) per lecture. Pass rate for each lecture is set at 60%. In order to participate in the practical training session, all 11 Part 1 lectures must be successfully completed at least 3 days before the practical training event.

##### 1.3 Outline of CLO MECS training and accreditation Part 1 distance learning lectures with competencies and learning objectives

###### The red eye

A practice-based approach is used in this lecture presentation to assess and manage a patient presenting with a red eye. The lecture aims to alert the practitioner to the typical signs and symptoms of different causes of a red eye. Management options for the common causes of red eye are also discussed with particular emphasis on those causes of red eye which are amenable to primary care practitioner management without the need for further referral.

**CLO 1.1.2** To know what additional questions to ask a patient presenting with red eye and how to interpret the answers.

**CLO 3.2.2** To develop an assessment and management plan for red eye presenting in an acute eye care scheme and in particular for those amenable to primary care practice management without the need for further referral.

**DO 8.1.1** To know the commoner causes of a red eye.

To understand the typical signs and symptoms associated with different causes of red eye.

To understand the management options for the commoner causes of the red eye.

### Flashes and Floaters

A practice-based approach is used in this lecture presentation to assess and manage a patient presenting with flashes and floaters. The lecture reviews the anatomy of retinal detachment, the causes of flashes and floater symptoms, what to ask patients, what to look for, the techniques to use and the management applicable to a MECS practitioner.

**CLO 1.1.2** To know what additional questions to ask a patient presenting with symptoms of flashes and floaters and how to interpret the answers.

**CLO 2.6.2** To understand the appropriate management plan for patients presenting with signs of PVD of retinal detachment.

**DO 3.1.3** Understand the presenting signs of a PVD and retinal detachment, the location of these pathologies and the specific ocular drugs and techniques used to assess a patient.

**DO 8.1.2** To understand the commoner causes of flashes and floaters. To understand the relationship between rhegmatogenous retinal detachment and posterior vitreous detachment and the causes of flashes and floaters within these contexts.

### AMD Part 1

This lecture presentation reviews the prevalence and risk factors for AMD. It then goes on to outline the anatomical changes that occur in Dry and Wet AMD and the clinical signs that result. The investigation techniques that a MECS optometrist should employ as part of revised protocols are then described with an emphasis on differential diagnosis with other conditions and of treatable and non-treatable AMD.

**CLO 8.1.2** To understand the risk factors associated with AMD. To understand the aetiology of dry and wet AMD

**CLO 2.5.3** To understand how a differential diagnosis is made with other eye conditions as well as between treatable and non-treatable AMD, as defined by the appropriate protocols.

**DO 3.1.3** To know the ocular location producing the presenting signs and symptoms of dry and wet AMD and what techniques are used to assess in each case.

### AMD Part 2

This lecture reviews NHS funded treatments available for AMD patients. It then goes on to outline the optometric management of AMD. This includes referral, prescribing, patient information an education and recall.

**CLO 1.2.4** To be able to discuss aspects of optometric management with patients who have AMD, including spectacle prescribing, referral for rehabilitation and recall. To be aware of and be able to discuss the treatments currently available to patients with AMD.

**CLO 2.5.3** To know the current referral pathways for AMD

**DO 3.1.3** To understand how an optometrist would assess and make a differential diagnosis of treatable and non-treatable AMD.

## **The cornea and corneal foreign bodies**

A practice-based approach is used in this lecture presentation to assess and manage a patient presenting with a white lesion of the cornea or a superficial corneal foreign body. The lecture reviews the anatomy of the cornea and its unique defensive mechanism against microbes. A signs and symptoms approach to differentiating between an infected or non-infected corneal lesion is presented as well as useful techniques to aid differentiation and the management applicable to a MECS practitioner in these circumstances. Superficial foreign bodies are presented in a similar way with particular emphasis on methods that are useful to manage superficial foreign bodies in practice.

**CLO 2.6.1** To understand acceptable practice-based methods of removing superficial foreign bodies.

**CLO 3.2.2** To know the typical signs and symptoms of a superficial foreign body.

To know nine key points to help determine if a corneal lesion is infected or not.

To understand the management for infected and non-infected corneal lesions.

**DO 8.1.5** To understand the anatomy and defensive capabilities of the cornea.

To understand the histological difference between an infected and non-infected infiltrate.

## **Sudden loss of vision**

Practice-based approach is used in this lecture presentation to assess and manage a patient presenting with sudden loss of vision in a white eye. The lecture aims to provide a guide to interpreting the signs and symptoms of different causes of a sudden loss of vision. Each likely cause of loss of vision is discussed with particular relevance to the signs and symptoms. Optometric management as applicable to a MECS practitioner is outlined.

**CLO 1.1.2** To know what additional questions to ask a patient presenting with a sudden loss of vision and how to interpret the answers.

**DO 8.1.2** To understand the typical signs and symptoms associated with a sudden loss of vision. To know the commoner causes of sudden loss of vision.

**DO 8.1.3** To understand the management options for the commoner causes of loss of vision.

To understand the management plan for sudden loss of vision in an acute eye care scheme, and in particular those amenable to optometric management without the need for further referral.

## **Dry eye in Optometric practice**

A practice-based approach is used in this lecture presentation to assess and manage a patient presenting with dry eye. A review of the cornea and tears is presented with an evidence base. The lecture reviews the evidence about numbers of patients with dry eye, the causes of dry eye and treatment with therapeutic drugs and other treatments.

**CLO 3.2.4** To understand the symptoms of dry eye. To understand the presenting signs of dry eye and how to investigate the signs using specific techniques. To know and put into context the tear film and corneal anatomy and the evidence basis for tear film anatomy. To understand the causes and different sub-types of dry eye.

**DO 8.1.3** To understand the therapeutic and other treatment options for a patient with dry eye. To be able to apply the knowledge learned in this module to how you would manage and treat a patient with dry eye in practice.

## **Glaucoma and the optic disc assessment**

This presentation provides the practitioner in primary care with training on glaucoma and optic disc assessment which is in line with NICE

guidelines on the diagnosis and management of chronic open angle glaucoma (COAG) and ocular hypertension (OHT).

**CLO 2.5.3** To acquire knowledge of the epidemiology and risk factors of the various types of glaucoma, particularly COAG and OHT.

To understand how to formulate a risk profile based on; the characteristics of the patient presenting, their history and symptoms plus any clinically significant findings on examination.

To understand the difference between open and narrow anterior chamber angle, primary and secondary glaucoma and form a basic classification based on these differences.

**DO 3.1.3** To remind the practitioner of the optimal way to view, assess and record the optic disc in COAG. To alert practitioners to the specific signs of glaucomatous optic disc changes.

### **IOP and tonometry**

This presentation provides the contact lens optician in primary care with training on IOP and tonometry which is in line with NICE guidelines on the diagnosis and management of chronic open angle glaucoma (COAG) and ocular hypertension (OHT)

**CLO 2.5.3** To know the current NICE Guidelines for repeating IOP when refining referrals

**DO 3.1.6** To remind practitioners about variations in IOP including extraneous and measurement errors which affect measurement of IOP. To be aware of the range of tonometers available and how they should be used. To understand the principles of Goldmann applanation tonometry. To be aware of factors which influence IOP readings with a Goldmann tonometer.

**DO 8.1.5** To introduce the link between IOP results and glaucoma.

### **Visual fields and glaucoma**

This presentation provides the contact lens optician in primary care with training on visual fields which is in line with NICE guidelines on the diagnosis and management of chronic open angle glaucoma (COAG) and ocular hypertension (OHT).

**CLO 2.5.3** To know the current NICE Guidelines for repeating visual fields when refining referrals

**CLO 2.7.2** To be able to select most appropriate field examination for investigation of suspect COAG.

**DO 3.1.5** To remind the practitioner of the underlying anatomy and physiology which dictate where and why visual field loss occurs in COAG. How an optometrist would interpret the visual field plot of a Humphrey Visual Field Analyser with particularly relevance to COAG and which type of visual field defects which are commonly seen in COAG

### **NICE guidelines and practical techniques**

This presentation provides the practitioner in primary care with training on the practical techniques (Van Herick's assessment of the anterior chamber angle, Slit lamp Binocular indirect ophthalmoscopy optic disc assessment and applanation tonometry) in line with NICE guidelines on the diagnosis and management of chronic open angle glaucoma (COAG) and ocular hypertension.

**CLO 2.5.3** To understand the NICE guidelines for both the diagnosis and management of OHT and COAG as well as for referral of OHT and COAG from primary care to secondary care in cases of undiagnosed but suspected OHT and COAG and diagnosed OHT.

**CLO 3.2.2** To have knowledge of various techniques for evaluating a patient; Van Herick's technique and applanation tonometry. To be able to annotate and interpret the results.



**DO 3.1.3** To have knowledge of various techniques for evaluating the optic nerve head of a patient, specifically slit lamp BIO with Volk lens.

## **PART 2**

### **Practical training day provided by Association of British Dispensing Opticians (ABDO) in collaboration with WOPEC**

A mandatory 1-day preparatory course, comprising: (TBC)

- AC angle assessment
- Assessment of the anterior chamber (e.g. cells or flare)
- Goldmann applanation tonometry
- Calibrating the Goldmann applanation tonometer
- Ocular foreign body management and removal

## **PART 3**

### **Practical assessment provided by WOPEC**

#### **3.1 Format**

The part 2 practical assessment is a series of Objective Structured Clinical Examinations or OSCEs. This is a type of examination used in medicine to test skills such as communication, clinical examination, and interpretation of results. Practitioners will be expected to perform a number of different tasks to demonstrate their overall clinical competence.

They are held under invigilated examination conditions and each station lasts 7 minutes in total, the assessors are present at each station in an observatory capacity with a fixed assessing and marking criteria. There is no teaching element and it is not a viva. Feedback or results are not given after each station.

## **3.2 Content**

Candidates are tested on the following skills:

- data interpretation
- clinical examination
- patient management of acute and chronic conditions
- referral
- communication.

Conditions are drawn from those in the 7 distance learning modules that they will have recently completed:

- wet and dry AMD
- corneal conditions
- corneal foreign bodies
- retinal tears and detachments
- posterior vitreous detachments
- red eye
- sudden loss of vision
- dry eye
- measuring IOP with a Goldmann applanation tonometer
- calibration of a Goldmann applanation tonometer
- Van Herick's peripheral chamber depth assessment.

## **3.3 Results**

The assessment is designed to assess whether a practitioner is able to safely and confidently perform MECS clinical examinations. In most stations marks are awarded for being systematic and well organised, confident, competent and polite to the patient. In each station the assessor will award a grade:

- Excellent
- Clear Pass
- Borderline Pass
- Fail

The WOPEC Lead assessor will email the practitioners their overall result within 2 weeks of the event. If necessary, they will also receive feedback relating to the assessment.

## PART 4

### The stations in detail MECS Explain

This station tests the practitioner's ability to communicate and explain the findings of an examination to the patient and to give appropriate advice.

They may be required to:

- explain a diagnosis, investigation or treatment
- discuss referral and management options
- break bad news
- deal with an anxious patient
- give advice on lifestyle, health promotion or risk factors.

An actor will assume the patient role and the practitioner is given record card details in order to communicate with them in an easy to understand, logical, respectful and professional manner.

### MECS Structured Oral a and b

These two stations test practitioner care for a range of conditions as managed in a MECS. They are required to answer up to 6 set questions put to them by the assessor.

They will be given 1, 2 or 3 partial or full patient records to examine and may be required to:

- make a diagnosis or differential diagnosis
- decide on appropriate patient management
- answer questions about an ocular condition.

The assessment is based on presenting to the assessor: Pertinent parts of the symptoms, signs or history; suggesting additional tests; obtaining further information from the patient; differential diagnosis; likely diagnosis, management plan and referral.

### MECS Referral

This station tests your communication with health care professionals and refer a patient appropriately.

Practitioners are required to assess clinical data such as; images, results of examinations or history, symptoms or signs. Based on the data given they will be required to do one of the following:

- write an information letter to the GP
- write a referral letter for a routine referral to ophthalmology
- telephone the hospital eye department in order to refer a patient as an emergency.

The referral should present information in a structured, professional and logical manner, contain correct terminology and clearly convey appropriate management plan. If required, the assessor will assume the role of a hospital eye department clinician receiving the phone referral. The referral/ information written pro forma comprise the following headings; presentation, relevant findings, tentative diagnosis, action required.

### Measurement of IOP using a GAT

This station tests the candidate's ability to measure the IOP using a T Type Goldmann applanation tonometer on the right and left eyes of a patient.

- demonstrate appropriate hygiene
- treat a patient in a professional manner and give clear instruction
- correctly set up the slit lamp and GAT to enable a safe and accurate measurement of IOP in the right and left eye
- obtain accurate results for the right and left eye.

### **Calibration of a GAT**

This station tests the candidate's ability to set up a T Type Goldmann applanation tonometer on the slit lamp correctly, accurately calibrate the GAT tonometer and interpret the findings.

- safely insert a tonometer head probe onto the tonometer
- to correctly position the baseplate on the slit lamp
- to correctly position the Goldmann tonometer on the slit lamp
- to attach a calibration bar
- calibrate the tonometer at 0g, 2g and 6g.

### **Van Herick's peripheral chamber depth assessment**

This station tests the candidate's ability to assess the peripheral anterior chamber depth using Van Herick's technique and to grade the angle based on their findings.

- demonstrate appropriate hygiene
- treat a patient in a professional manner and give clear instruction
- correctly set up the slit lamp to enable accurate measurement of the peripheral chamber depth with Van Herick's technique in the temporal right and left eye
- grade your results for the temporal right and left eye
- interpret your grading and decide if the angle is open or closeable based on your results

### **Contact us**

Wales Optometry Postgraduate  
Education Centre  
School of Optometry and Vision Sciences  
Maindy Road  
Cardiff  
CF24 4HQ

**Telephone:** 0292 087 0561

**Email:** WOPEC@cardiff.ac.uk

**Website:** [www.wopec.co.uk](http://www.wopec.co.uk)



abdo

**Association of British Dispensing Opticians**

199 Gloucester Terrace, London W2 6LD

**Telephone** 020 7298 5100

**Email** [general@abdolondon.org.uk](mailto:general@abdolondon.org.uk)

**Website** [www.abdo.org.uk](http://www.abdo.org.uk)



[www.twitter.com/MembershipAbdo](https://www.twitter.com/MembershipAbdo)