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August 2009



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August 2009

- 3 Cover point**
by Tony Garrett
- 4 Continuing Education and Training**
Silicone hydrogels - ten years on
by Anna Sulley, Professor Lyndon Jones and Dr Karen French
- 14 Profile**
A man of independent means
by Ann Johnson
- 16 Health and safety part six**
Fewer than five: civil versus statute law
by Mike Hall
- 20 Patient and practice management**
How to get out of your lease
by Philippa Aldrich and Claire Macdonald
- 21 Optician Index**
May 2009 summary
- 22 ABDO Conference and Exhibition 3-5 October**
Eyewear without boundaries
- 24 Newsbrief**
- 25 Points from the President**
- 26 News from Ireland**
- 32 Disjointed jottings from a grumpy old DO's desk . . .**
Tribal and strife
by John Pike
- 33 Book review**
The Complete Optometric Assistant
- 34 CET answers**
A drop of the wet stuff - part one
- 35 Diary of Events**



Cover point

of the ballot will be declared at the Association AGM which is being held on 3 October at the Metropole Hotel in Brighton.

The full list of candidates for election to the ABDO Board 2009 can be found on the website.

Conference 09

This year's conference looks to set a new standard for ABDO. With more exhibition stands, a more varied programme and a large international content, everyone can look forward to an enjoyable and rewarding weekend.

As before we will be holding the Essilor student challenge and I hope that this year we will see a larger number of students attending and supporting their individual college teams.

The President and I look forward to welcoming you to the Brighton Metropole Hotel between 3 and 5 October.

This conference comes at a time when the Association is seeking to substantially raise the profile of the profession and you can clearly help that process by your presence in Brighton.

Tony Garrett ■

Election Time

Once again we will have a ballot for two elected members to sit on the ABDO Board for three years from this year's Annual General Meeting until Autumn 2012.

We have a strong field of candidates who, between them, have a wide experience of the profession and who are all committed to the future wellbeing of this Association.

All of these candidates are worthy of your consideration and I hope that as many of you as possible will take the opportunity to vote this year. The result



Front cover:
A new look from
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conjunction with:



Silicone hydrogels - ten years on

By Anna Sulley BSc(Hons) MCOptom FBCLA,
Professor Lyndon Jones BSc(Hons) FCOptom DipCLP DipOrth,
and Dr Karen French BSc (Hons) MCOptom PhD

Competences covered:
Target groups:

Contact lenses, contact lens practice
Dispensing opticians, contact lens specialists, optometrists

Happy Birthday Silicone Hydrogels! It is now ten years since the launch of silicone hydrogel (SiH) contact lenses, initially heralded as the 'holy grail' of contact lens materials. Over the last decade, the clinical performance and material characteristics of these truly novel lens materials have been extensively reported in journals, with around 300 peer-reviewed journal papers and many more non-peer reviewed articles. Since their launch, many new SiH products have been introduced with a wide range of parameters, designs and replacement frequencies.

This article will review their clinical performance benefits, describe potential adverse events that can occur and discuss how the lenses can be used in practice for daily wear.

Silicone hydrogel prescribing

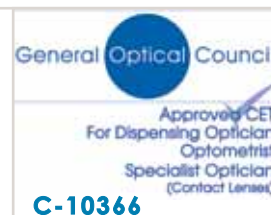
As with other landmark introductions, such as the first disposable lens in the

late 1980s and daily disposable lenses in the mid 1990s, the launch of SiHs has changed the face of contact lens practice. Worldwide, three out of ten soft contact lens fits are with a SiH material¹. The first generation SiHs, initially launched as 30 night continuous wear lenses, allowed sufficient oxygen transmissibility to meet corneal oxygen needs during overnight wear (ON)^{2,3}. However, there was some reluctance to embrace this modality in the UK, which may have been due to lack of enthusiasm or prior experience with extended wear, or possible deficiencies in clinical performance with the first generation SiHs; ON wear currently only represents a small proportion of soft lens fits in the UK¹. It was soon realised that the high oxygen delivery could benefit daily wear (DW) patients, in particular those wishing to wear lenses long hours or with higher prescriptions and hence thicker lenses. Manufacturers are developing new SiHs with enhanced

mechanical performance and wettability over the initial SiH materials, and with the lenses being used increasingly for DW, whether refitting hydrogel wearers or as a first choice for neophytes, there has been a gradual increase in their prescribing^{4,7}. A third of soft lens fits to new wearers in the UK in 2008 were with SiH materials and this proportion is even higher for those patients refitted from existing soft lenses, at 41% of soft lens refits¹. The recent results of a survey into contact lens prescribing in the UK in 2009 has seen SiHs become the most commonly prescribed soft lens material for new fits, surpassing mid and high water content materials⁷. The popularity of these materials in practice will undoubtedly continue to rise, in particular with the recent introduction of a daily disposable SiH and a wider range of designs being available, making their wear a reality for nearly all patients and ages.



This article has been approved for **2 CL CET points** by the **GOC** (which can be confirmed as general points by dispensing opticians or CLOs). It is open to all FBDO members, including associate member optometrists. Insert your answers to the twelve multiple choice questions (MCQs) on the answer sheet inserted in this issue and return by **10 September 2009** to **ABDO CET, Courtyard Suite 6, Braxted Park, Great Braxted, Witham CM8 3GA** OR fax to **01621 890203**, or complete online at **www.abdo.org.uk**. Notification of your mark and the correct answers will be sent to you. If you complete online, please ensure that your email address and GOC number are up-to-date. The pass mark is 60 per cent. The answers will appear in our October 2009 issue.



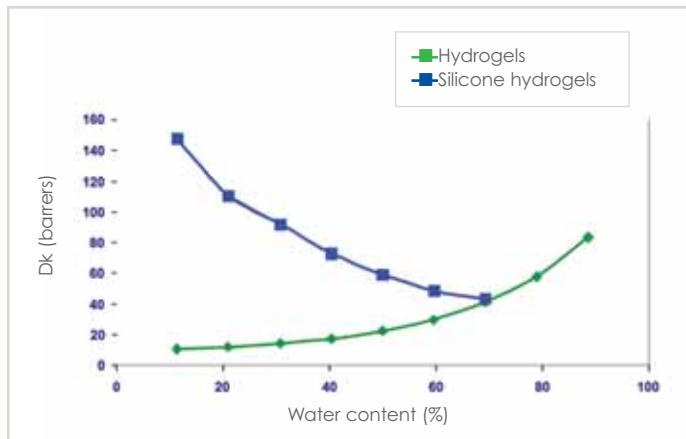


Figure 1: Relationship between water content and oxygen permeability for traditional hydrogel and silicone hydrogel materials (after Tighe¹⁰)

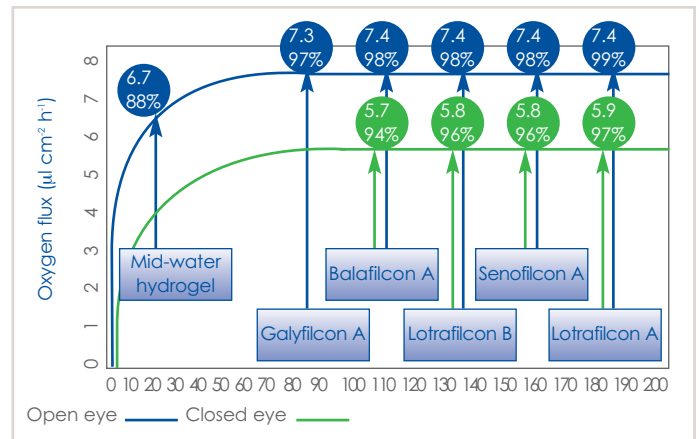


Figure 2: Oxygen Flux for a mid-water hydrogel and a range of silicone hydrogel lenses in open and closed eye conditions

Oxygen delivery

Contact lens oxygen performance is traditionally described using the terms oxygen permeability (Dk) or oxygen transmissibility (Dk/t). The Holden and Mertz criterion for the minimum Dk/t for oedema-free DW is 24.1×10^9 units and 87×10^9 units for ON wear⁸. High oxygen delivery with hydrogels is not possible since it is limited by their water content, which is the lens component that transmits the oxygen through the lens. SiHs have a different relationship with water content and Dk (**Figure 1**), with decreasing water content leading to a higher Dk^{9,10,11}. Silicone provides significant improvements in oxygen performance, being 5 to 10 times higher than that of hydrogel materials¹¹. All SiH lenses are able to meet the Holden and Mertz criteria for DW, and those indicated for ON wear meet the criteria for closed eye conditions^{8,12}.

Oxygen flux has been explained as a better way to describe SiH performance in a clinical perspective; it is the amount of oxygen that passes through a lens per unit time whilst on the cornea¹³⁻¹⁵. For lower Dk/t values, the higher the Dk/t, the greater the flux and this relationship is almost linear¹³⁻¹⁵. However, for the higher Dk/t values seen with SiHs there is a smaller relative increase in oxygen flux and this relationship becomes non-linear at these higher values¹⁵, highlighting relatively small differences in oxygen delivery between SiH materials with differing Dk/t values (**Figure 2**). For example, galyfilcon with a Dk/t of 86 provides 97% of the maximum oxygen percentage that the eye receives without a lens, compared to lotrafilcon

A with a higher Dk/t value of 175, but with minimal increase in oxygen percentage the eye receives without a lens (99%).

Prior to the introduction of SiH materials, around half of all lens-induced ocular changes could be attributed to hypoxia (shortage of oxygen) or hypercapnia (excessive carbon dioxide accumulation). For existing hydrogel wearers with hypoxia-related complications, rather than asking them to reduce wearing time, which they may not be keen to do, refitting them with SiHs will have significant benefits. Corneal swelling with SiHs is similar to wearing no lens at all, even with ON wear for lenses indicated for this modality¹⁶⁻²¹. SiH oxygen benefits mean it's very rare to see hypoxic complications such as striae, folds, microcysts and limbal hyperaemia, even in ON wear^{2,3,17,22-38}. SiHs also lead to the resolution of corneal neovascularisation in existing hydrogel wearers, leaving just ghost vessels^{26,27,36,37,39-41}. Although most lenses are prescribed for DW use, many patients admit to napping in them. A recent study has shown no difference in corneal thickness after napping in SiHs compared to wearing no lens, compared to significant increases with two daily disposable conventional hydrogels²⁰. Endothelial blebs, an acute response to hypoxia, are seen less with all SiHs than with conventional hydrogels. There was little difference in bleb response between varying SiH materials regardless of Dk/t⁴², highlighting the so-called 'law of diminishing returns' for oxygen availability with SiHs, and that flux may be more clinically relevant when

describing their oxygen delivery. Although oxygen performance is the most important criteria affecting corneal physiology, this still needs to be balanced with other material characteristics to provide optimal wearer comfort and vision.

Silicone hydrogel material characteristics

Adding hydrophobic silicone to hydrogel materials means the lens surface needs to be made hydrophilic and wettable⁴³⁻⁵² and there are a range of approaches to achieve this⁵³. Current methods include using a surface treatment process in a gas plasma chamber to produce glassy, silicate 'islands' (balafilcon A)^{10,54-57}; using a gas plasma technique to 'coat' the lens surface with a thin, hydrophilic plasma coating (lotrafilcon A and B)^{57,58}; combining plasma polymerization and plasma coating (asmofilcon A)⁵⁹. Wettability and comfort have also been improved with the addition of wetting agents into the material; high molecular weight polyvinyl pyrrolidone (PVP)^{53,60} achieves wettability without the need for surface coatings (galyfilcon A, senofilcon A, narafilcon A)⁶¹ and a hydrophilic moisture agent has been added to lotrafilcon A and B to bind to the lens surface to improve wettability and comfort.

Wettability *in-vitro* of SiH materials are fairly similar between brands⁶², and although they may have poorer wetting than conventional hydrogels in certain patients^{47,48}, *in-vivo* wettability is similar to that with conventional



Figure 3: Contact Lens Associated Papillary Conjunctivitis (Image from Handbook of CL Management)

hydrogels in the majority of cases. Care regimen also affects wettability; some multipurpose care systems contain surfactants to improve wettability⁶³⁻⁶⁵ and some use wetting agents, humectants and lubricity agents to increase wettability and, hopefully, comfort.

Lens lubricity dictates how well the material resists friction; this will occur as the lid moves over the lens surface on blinking and may affect lens performance in the eye. If lubricity is high, with a low coefficient of friction, there may be less irritation to the lid during the blink and make the lens feel smoother. Internal wetting agents appear to offer advantages in terms of lubricity, in addition to the benefits for wettability, with such lenses being shown to have low coefficients of friction^{9,66}.

Lens modulus is a mechanical property of the lens material that can impact on how easily a lens drapes over and aligns to the ocular surface, in conjunction with the overall thickness and design of the lens in question. Conventional hydrogels show little differences between materials and all have relatively low modulus values. However, first generation SiHs are stiffer, with moduli up to five times greater than hydrogels. Although this can make handling easier, it can impact on lens fit and sometimes comfort. A higher modulus has also been implicated in a range of mechanical complications that will be discussed later. SiH materials with lower moduli have helped to address this.

Contact lenses with ultraviolet radiation (UVR) blocking properties help to protect ocular tissues from UVR



Figure 4: Contact Lens Induced Conjunctival Staining (CLICS) with daily wear silicone hydrogel lens and preservative free care regimen (Image courtesy of Renee Garofalo, Alcon Laboratories)

damage, and in particular soft lenses with UV blockers have been found to be effective in protecting against UV obliquely incident light and the peripheral light focussing effect⁶⁷⁻⁷⁶. Several of the SiH lenses incorporate a UV blocking agent in the material⁶⁷⁻⁷³; all the ACUVUE Brand SiH materials include a Class I UV blocker⁷² and enfilcon A (Coopervision) and IQ EYE (David Thomas) also have Class II UV blocking properties.

Comfort

There is ongoing debate as to whether SiH lenses are more comfortable than conventional hydrogels and whether all SiHs deliver the same level of comfort. Approximately half of current lens wearers suffer from dryness and discomfort⁷⁸⁻⁸⁵, with symptoms increasing during the day^{86,87}, leading to reduced wearing times, dissatisfaction and eventually discontinuation of lens wear^{88,89}. Hence it is important to ask patients about discomfort and dryness, in particular at the end of the day, and decide if SiH materials can improve their satisfaction with lens wear. SiH materials have been shown to offer wearers high levels of comfort and reduced dryness for many wearers, even in dry and challenging environments^{34,36,90-92}. Refitting patients with SiHs has been shown to reduce dryness in hydrogel wearers^{35,36,37,90, 91, 93-96}. SiH materials have lower levels of on-eye dehydration compared with traditional hydrogels⁹⁷⁻¹⁰⁰ which may help reduce dryness^{101,102}, although correlation of lens on-eye dehydration and comfort remains contentious¹⁰³. Initial comfort is also a key factor in contact lens success; a study has shown hydrogel wearers refitted with SiHs found no difference in initial comfort from their habitual lenses³⁵.

Hence, although SiH materials are preferred by many practitioners and patients, a lens needs to be fitted that gives the best combination of properties for good vision, provides excellent physiological response and optimal comfort both on insertion and at the end of the day.

Mechanical adverse events

While hypoxic issues can be considered a thing of the past in patients wearing SiH materials^{2,3} adverse events are still seen, in particular when worn ON or through mechanical irritation from a non-optimal fitting, higher modulus material^{3,8,10-12}. These include superior epithelial arcuate lesions (SEALs), contact lens related papillary conjunctivitis (CLPC), mucin ball production and conjunctival epithelial flaps (CEF)^{2,3,104-114}. These complications can be resolved using lower modulus SiH materials, selecting a lens with additional base curve options or a different back surface design or changing from ON to DW.

SEALs are thin arcuate lesions in the superior cornea under the upper lid^{106, 115-118}. They are either asymptomatic, or may lead to a mild foreign body sensation^{115,116,119}. There was an increase in incidence of up to 5% noted with the introduction of SiHs worn for continuous wear (CW), although they are mostly low grade^{3,104-107,118,120,121}. They are due to mechanical pressure or tear film thinning in the superior limbal area due to pressure from the lens edge and upper lid, or hypoxia, or epithelial desiccation^{104-106,115,118}. The increased incidence with higher modulus SiHs makes the mechanical cause likely, although there are potentially other contributing factors such as reduced wettability.

CLPC is thought to be either an allergic reaction to lens protein deposition or due to mechanical trauma¹²²⁻¹²⁶. Early SiHs increased the mechanical irritation of the palpebral conjunctiva due to their higher moduli, and along with surface wettability changes and edge effects, led to an incidence of 3 to 7% in CW^{104,105,108,110,125,127,128}. CLPC leads to discomfort and itching, with mucous discharge and blurry vision, and is

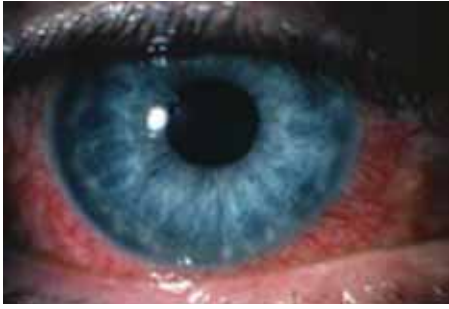


Figure 5: CLARE (Image from Handbook CL management)



Figure 6: Infiltrative Keratitis (Image from Handbook CL Management)



Figure 7: Solution induced corneal staining (SICS) (Image courtesy of Gary Andrasko)

visualised as hyperaemia and roughness of the upper tarsal conjunctiva (**Figure 3**), which tend to be more localised near the lid margin^{108,110}. It resolves quickly on stopping lens wear, although refitting with DW lenses, using a steeper base curve or lower modulus SiH will help to avoid this occurring again¹⁰⁵.

Mucin balls can be seen in some SiH wearers, in particular looser fitting lenses¹¹¹. Although most common in ON wear, they may be seen in smaller numbers for DW. They are round, discrete deposits, made of mucin and some protein and lipid, which occur in the post lens tear film and appear to be stuck in the epithelium^{105, 128-133}. They appear to be asymptomatic in the majority of patients. They typically leave pits in the epithelial surface on removal, which then fill with tear fluid and may appear to 'stain' with fluorescein, although this is actually just pooling in the epithelial indentations^{105,131}. They form due to the high shearing forces that are induced by these higher modulus materials during blinking, which cause the mucin and lipid components of the tear film to 'roll up' into balls^{105,128,133}.

CEFs are splits in the conjunctival epithelium, 0.5-1mm from the lens edge, marking the limit of vertical lens movement. The flaps are larger in CW (up to 9mm) and have an incidence of 3% in DW to 37% in CW¹³⁴. The mechanical cause is due to lens modulus and edge profile or shape¹³⁵. Although asymptomatic, potential long-term effects are not yet known.

The lens edge configuration or higher modulus materials may also lead to contact lens induced conjunctival staining (CLICS, **Figure 4**)¹³⁴. This

indentation of the bulbar conjunctival tissue may also be due to a tight fitting lens; it has been suggested that this could occur in some lenses where parameters may steepen over time¹³⁶. CLICS can be minimized by either altering lens fit or selecting a lens with different edge design or modulus to reduce the mechanical interaction.

Stiffer SiH lenses can also lead to changes in refractive error due to pressure-induced changes in corneal shape. The central cornea is flattened by the stiff material, leading to an unwanted orthokeratology effect, where refractive error can be altered by up to 1.00D¹³⁷. This occurs mostly in ON wear, typically with higher modulus, plus powered lenses as the lenses may flatten and compress the central cornea. To manage this in practice, a full refraction should be undertaken before lens fitting and reviewed regularly, in particular in the initial weeks of fitting, along with keratometry readings and corneal topography if possible. Also, early follow-up visits should be arranged in higher risk cases such as high hyperopes, and patients advised to return should they experience any visual symptoms.

Inflammatory and infectious adverse events

Despite improvements in oxygen delivery, there continues to be issues with inflammatory and infiltrative conditions^{104,138} such as CLARE (CL associated red eye, **Figure 5**), contact lens peripheral ulcer (CLPU) and infiltrative keratitis (IK, **Figure 6**), and no reduction has been determined in the risk of microbial keratitis (MK)¹³⁹⁻¹⁴¹. ON wear is strongly correlated with increased risks of inflammatory and infective complications¹⁴², and other

factors have also been identified by various authors^{140,141,143} which include modifiable factors (swimming, poor hygiene, poor case care, smoking, purchasing lenses on the internet, poor health) and non-modifiable factors (male gender, young age, wearing lenses during winter months and high socioeconomic status).

Microbial keratitis is the only serious adverse reaction seen during lens wear, as it is potentially blinding. The annualised incidence of MK in conventional hydrogel DW patients is 4 per 10,000 wearers, and ON wear has been reported to increase this risk by approximately five times^{142,144-146}. It was hoped this risk would be lower with SiH materials¹⁴⁷, but study results indicate that the risk is similar to that found with conventional hydrogel materials for both DW and ON wear^{141,146,148-150}, although the severity of the condition and disease duration are reduced with SiH materials^{148,151}. One thing that should be noted is that the majority of work carried out on the incidence of MK in SiHs was conducted several years ago, so it was mainly with first generation, higher modulus materials.

Care regimens

SiH lenses were introduced for CW, but now tend to be used mostly for DW and hence need a care regimen. However, the majority of currently available solutions were developed for hydrogel lenses. There is substantial evidence that incompatibilities between certain combinations of SiH CLs and preserved multipurpose care regimens can induce excessive levels of solution induced corneal staining (**SICS, Figure 7**)

^{35,152-169}. There has been significant debate about SICS occurring with

Lens	PureVision (Bausch & Lomb)	AIR OPTIX NIGHT & DAY Aqua (CIBA Vision)	AIR OPTIX Aqua (CIBA Vision)	ACUVUE ADVANCE (J&J Visioncare)	ACUVUE OASYS (J&J Visioncare)	1-DAY ACUVUE TruEye (J&J Visioncare)	Biofinity (CooperVision)	Avaira (CooperVision)	PremiO (Menicon)	Clarity (Saulfon)
Material	balafilcon A	lotrafilcon A	lotrafilcon B	galyfilcon A	senofilcon A	narafilcon A	comfilcon A	enfilcon A	asomfilcon A	filcon II 3
Surface coating	Plasma oxidation	Plasma polymerisation	Plasma polymerisation	None	None	None	None	None	Nanogloss plasma coating	None
Other technology		Aqua moisture system	Aqua moisture system	HYDRACLEAR Technology	HYDRACLEAR Plus Technology	HYDRACLEAR 1 Technology	Aquaform technology	Aquaform technology	Menisilk	Aquaagen wetting process
Water content (%)	36	24	33	47	38	46	48	46	40	58
Oxygen transmissibility (10⁻², -3.00D)	101	175	138	86	147	118	160	125	161	86
Modulus (MPa)	1.06	1.5	1.2	0.43	0.72	0.66	0.75	0.5	1.07	0.5
BOZR (mm)	8.3, 8.6	8.4, 8.6	8.6	8.3, 8.7	8.4, 8.8	8.5 (9.0 soon)	8.6	8.5	8.3, 8.6	8.4
Diameter(mm)	14.0	13.8	14.2	14.0	14.0	14.2	14.0	14.2	14.0	14.1
Power range	+6.00D to -12.00D	+6.00D to -10.00D	+6.00D to -10.00D	+8.00D to -12.00D	+8.00D to -12.00D	+6.00D to -12.00D	+8.00D to -12.00D	+8.00D to -13.00D	+6.00D to -13.00D	+8.00D to -13.00D
Wear Schedule (replacement, modality)	Monthly DW Up to 30N CW	Monthly DW Up to 30N CW	Monthly DW Up to 30N CW	2-weekly DW	2-weekly DW Weekly up to 6N EW	Single use; DW 1-day replacement	Monthly DW Up Up to 30N CW	Monthly DW Up Up to 30N CW	2/52; DW 1/52; up to 6N EW	1/12; DW

Table 1: Disposable spherical silicone hydrogel lenses



Figure 8: Lipid deposits (Image courtesy of Brian Tompkins)

certain combinations, whether this is relevant and what to do about it, since it appears to produce few clinically relevant complications short-term.

Although it was initially thought that SICS was asymptomatic¹⁵², more recent reports have described stinging on insertion with combinations that lead to high levels of SICS¹⁷⁰ and Andrasko has shown a correlation between comfort and staining¹⁶⁶, with lower comfort seen in those with highest levels of SICS. An alternative study (IER Matrix) looked at staining over three months using several combinations of SiH lenses and solutions^{167,168}. There were some differences in the reported levels of SICS with some combinations of preserved systems, although all studies to-date agree that lowest rates of SICS occur with hydrogen peroxide-based solutions.

It has also been reported that patients who exhibit SICS are three-times more likely to have low levels of asymptomatic corneal inflammation (infiltrates)¹⁶², although there is no evidence to date that SICS increases the risk of serious corneal infection such as microbial keratitis^{170,171}. The exact cause and long-term consequences of SICS is not known, although as it causes obvious visible changes to the superficial ocular surface, can reduce comfort and increases the risk of subtle inflammation, it would appear prudent to minimise this where possible, by carefully selecting a combination least likely to cause SICS and, when it occurs, to switch to a care regimen that can reduce the SICS observed.

SICS is most likely to be seen at a maximal level some two to four hours

following lens insertion¹⁵⁹, and can be optimally observed using sodium fluorescein in conjunction with a yellow barrier filter. Having fitted a patient with a new SiH/multipurpose solution combination, this should be undertaken at the first aftercare appointment to ensure there are no compatibility issues. The staining can simply be resolved with careful selection of lens/solution combination; Andrasko's work¹⁶⁶ for example showed comfilcon A and senofilcon A had the lowest percentage areas of SICS with the solutions tested, and all lenses show the lowest levels of SICS with a one-step hydrogen peroxide based solution. However, use of such a care regimen would not provide ongoing disinfection for part-time wearers. Another option is to switch to a daily disposable SiH, which has the health and convenience benefits of fresh lenses every day, high oxygen delivery from the SiH material and compatibility issues that might lead to SICS or sub-optimal comfort.

Lens deposition

SiH material deposition is quite different to that found with hydrogel materials and may be an issue with some patients¹⁷²⁻¹⁸¹. SiH materials attract relatively low levels of lysosyme (protein), even after a month of wear, compared to ionic hydrogel materials^{173,176,178}. However, this can become denatured in some of the SiH materials due to the relatively hydrophobic surface¹⁷⁸; this is harder to remove and more likely to cause an inflammatory reaction that can lead to CLPC¹⁸²⁻¹⁸⁴. The hydrophobic SiH surface tends to attract high levels of

lipids in some susceptible patients^{174,181}, leading to an oily film or white-spot deposits (**Figure 8**), causing discomfort and blurred vision that would be unlikely to happen if wearing a hydrogel material. The addition of a simple rub and rinse step in lipid-prone patients has been shown to make a significant difference to lipid deposition^{174,185}. In addition to cleaning benefits, adding a rub/rinse step makes a significant reduction to the microbial bioburden on a lens¹⁸⁶, assisting subsequent disinfection. Other strategies that may help with the small proportion of lipid depositors is to try an alternative SiH material, increase the replacement frequency of the lenses (a daily disposable SiH could be recommended), or advise the use of a care regimen that incorporates a surfactant. Any signs of meibomium gland dysfunction that may exacerbate the problem should be managed with lid hygiene measures such as hot compresses and meibomium gland expression¹⁸⁷.

Silicone hydrogel lens options

The majority of wearers can now be fitted with SiHs, with a wide range of lenses and parameters to choose from. Spherical frequent replacement lenses (**Table 1**) are available in power ranges from +8.00 to -12.00D. There are now several toric designs for astigmats with increasing parameter availability, along with a few multifocal designs for presbyopes (**Table 2**). For higher and more complex prescriptions, the availability of made-to-order lathe cut SiH lenses is increasing, with additional base curves and diameters for optimal fitting of a wide range of eyes. Tailor-

made SiHs are also available for aphakia and bandage lenses, those that can be tinted for cosmetic or prosthetic tints, and designs for keratoconus. Additionally, lotrafilcon A, balafilcon A and senofilcon A all have FDA and European approval for use as therapeutic lenses for a range of acute and chronic conditions.

SiH lenses can be replaced daily, two-weekly or monthly for DW, or weekly or monthly for ON wear. Lenses can also be prescribed on a flexible wear basis, where patients may decide to wear their lenses daily wear or, on certain occasions, overnight. The introduction of the first SiH daily disposable lens last year, with others likely to follow, will allow practitioners to offer patients all the convenience, health and comfort benefits of daily disposability combined with the oxygen delivery benefits of a SiH material.

Fitting silicone hydrogel lenses for daily wear

The fitting process, whether for neophytes or refitting existing wearers, is little different from that with conventional hydrogels. As with all lens fittings, even for DW, careful patient selection and fitting along with appropriate management is the key to success. Following an accurate refraction, slit lamp biomicroscopy and keratometry readings, select the most appropriate lens, wait for the lenses to settle and then carry out an over-refraction and lens fit assessment. A tolerance trial is also useful for the patient and practitioner to compare comfort levels and vision performance

Continued overleaf

Brand name	PureVision Toric (Bausch & Lomb)	ACUVUE ADVANCE for Astigmatism (J&J Visioncare)	ACUVUE OASYS for Astigmatism (J&J Visioncare)	AIR OPTIX for Astigmatism (CIBA Vision)	Biofinity Toric (Coopervision)	Pure Vision Multifocal (Bausch & Lomb)	AIR OPTIX for Presbyopia (CIBA Vision)
Material	Balafilcon A	Galyfilcon A	Senofilcon A	Lotrafilcon B	Comfilcon A	Balafilcon A	Lotrafilcon B
Wear schedule (Replacement; Modality)	Monthly DW, 30N CW	2-weekly DW	2 weekly DW Weekly EW	Monthly DW Up to 30N CW	Monthly DW Up to 30N CW	Monthly DW Up to 30N CW	Monthly DW Up to 30N CW
Prescription range	Sph: +6.00 to -9.00 Cyls: -0.75 to -2.25 in 0.50 steps Axes: 10° to 180° in 10° steps	Sph: +6.00 to -9.00 Cyls: -0.75 to -2.25 in 0.50 steps Axes: 10° to 180° in 10° steps	Sph: +6.00 to -9.00 Cyls: -0.75 to -2.25 in 0.50 steps Axes: 10° to 180° in 10° steps	Sph: 0.00 to -6.00 Cyls: -0.75 to -1.75 in 0.50 steps Axes: 10° to 180° in 10° steps	Sph: +6.00 to -8.00; Cyls: -0.75 to -2.25 in 0.50 steps Axes: 10° to 180° in 10° steps	Sph: +6.00 to -10.00 Add: low (up to +1.50) or high	Sph: +6.00 to -10.00 Add: low med, high

Table 2: Disposable toric and multifocal silicone hydrogel lenses

between lenses. Once a final lens has been selected, a care regimen can be prescribed if appropriate and advice given on lens wear and care.

Accurate fitting of the higher modulus SiHs is more critical than with conventional hydrogels¹⁸⁸⁻¹⁹¹. A flat fitting, stiff lens does not drape well over the cornea and can result in the lens edge sitting away from the cornea, producing so-called 'edge-fluting' and subsequent reduced comfort^{2,188,191}. As a result of the increased modulus of SiH lenses, clinical performance and comfort is often enhanced with SiH materials if the steeper base curve option is initially chosen when there is a choice of base curves¹⁹¹. An optimal fitting relationship is also needed to minimise mechanical complications such as CEFs, CLICs, CLPC and SEALs. If these occur, a change in lens design may be needed, or refitting with DW if wearing ON, or changing to a lower modulus material. Sub-optimal fitting characteristics with initial designs and higher modulus materials may also make SiHs less comfortable for some existing hydrogel wearers, although more recent reports show good initial comfort and adaptation on refitting³⁵.

As with fitting, there should be little differences in aftercare procedures than with conventional hydrogels. History and symptoms, vision assessment, lens condition and fit assessment followed by a thorough slit lamp examination. Small changes in refractive error may occur in some

patients, which are likely to be due to alleviation of chronic hypoxia from previous hydrogel lens wear. An assessment of corneal staining should also be made 2- to 4- hours after lens insertion for patients using reusable DW lenses with a preserved multi-purpose solution to check for any SICS due to solution/lens incompatibilities.

During a routine aftercare of existing hydrogel wearers, if the patient is asymptomatic and there are no significant signs of physiological complications, it is quite likely many practitioners will think 'If it ain't broke, don't fix it'. It is often easier to leave them in their existing hydrogels than discussing new material benefits and potentially have to spend time refitting them. However, it should be remembered that patients may not be as successful as potentially possible with newer materials and just assume that the performance they obtain with their current lenses 'is as good as it gets'. Careful questioning is needed to check that all patients are happy with all aspects of their lens wear, such as end of day comfort or visible redness. Being more proactive about recommending new contact lens developments during routine aftercares will result in more satisfied patients and potentially less discontinuations. Practitioners may at times assume, often incorrectly, that patients are not prepared to pay a little more to upgrade their lenses, despite the potential benefits. It is best not to judge who might not upgrade if this meant an increase in price,

although there is not a significant increase in the cost of these novel materials compared to hydrogels; discussing SiH benefits will often result in patients looking forward to trying something new.

The future

Silicone hydrogels materials have made a significant change to modern contact lens practice, in particular with the elimination of hypoxia-related complications. However, there are still improvements needed to reduce the rate of mechanical and inflammatory events (**Table 3**). One disappointment with SiH materials is that the risk of microbial keratitis and rate of corneal inflammatory complications does not appear to have reduced with the increase in oxygen delivery. This will be a major factor in the drive to further enhance materials for future generation lenses; changing lens characteristics to encourage better tear exchange or creating lenses with inherent anti-microbial surfaces or surface coatings may lead to lower risks of infection, particularly that associated with overnight wear. Efficacious care regimens that work specifically with SiHs need to be introduced. In addition to the elimination of hypoxia and minimising adverse effects, it should be remembered that patient satisfaction is primarily driven by comfort and vision, so increasing comfort should also be kept in mind to reduce patient drop-out. Here's to seeing how things develop over the next ten years!

References

The references for this article are available online at www.abdo.org.uk

About the authors

Optometrist Anna Sulley is a Clinical Affairs Consultant, works in independent practice and is Past President and Fellow of the BCLA. Professor Lyndon Jones works at the School of Optometry and is Associate Director of the Centre for Contact Lens Research in Waterloo, Canada. Dr Karen French is Head of Optometry at Hinchingsbrooke Hospital and has previously carried out research in the area of contact lens material properties. ■

Main Advantages

- High oxygen delivery for elimination of hypoxia-related complications
- Low dehydration
- Low protein deposition
- Enhanced end of day comfort
- Easier to handle than conventional hydrogels

Potential Disadvantages

- Increased lipid deposition in some patients
- Mechanical complications with higher modulus materials – CLPC, CEF, SEALs, CLICs
- SICS due to incompatibility with some lens/solution combinations
- Potential inflammatory events - CLARE, IK, CLPU (particularly in extended wear)
- Microbial keratitis – not lower than conventional hydrogels. Risk factors include overnight wear, poor hygiene, inadequate case care, smoking, swimming, purchasing lenses on-line, poor general health, male, young age, high socioeconomic status

Table 3: Advantages and potential disadvantages of silicone hydrogel contact lenses



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Multiple choice questions (MCQs): Silicone hydrogels - ten years on

1. Approximately what percentage of soft CL fittings worldwide are for SiH lenses?

- a. 10%
- b. 20%
- c. 30%
- d. 40%

2. In 2008 what percentage of soft lens fits and refits in the UK were for SiH lenses?

- a. 11%
- b. 21%
- c. 31%
- d. 41%

3. What is the Holden and Mertz criterion for minimum Dk/t for oedema-free daily CL wear?

- a. 24.1×10^{-9} units
- b. 24.8×10^{-9} units
- c. 24.1×10^{-8} units
- d. 24.7×10^{-8} units

4. How much improvement in oxygen transmissibility do SiH materials give over conventional hydrogels?

- a. 3 to 7 times
- b. 5 to 10 times
- c. 4 to 7 times
- d. 6 to 8 times

5. Oxygen flux is:

- a. A better way to describe SiH performance in a clinical perspective?
- b. The amount of oxygen that passes through a lens per unit time, whilst on the cornea?
- c. Both (a) and (b)?
- d. Neither (a) nor (b)?

6. Lens lubricity:

- a. Dictates how well a material resists friction?
- b. Affects the performance of the lens in the eye?
- c. Will make the lens feel smoother when high?
- d. All of the above?

7. Lens modulus:

- a. Determines how easily a lens drapes over the ocular surface?
- b. Determines how easily a lens aligns with the ocular surface?
- c. Was up five times higher than conventional hydrogels in the earlier SiH lenses?
- d. All of the above?

8. Which one of the following is considered to be a direct cause of superior epithelial arcuate lesions?

- a. Mechanical pressure
- b. Low modulus of the lens material
- c. Loose fitting lens
- d. Meibomian gland dysfunction

9. Which statement about conjunctival epithelial flaps is false?

- a. Occur 0.5 – 1 mm from the lens edge
- b. Mark the limit of vertical lens movement
- c. Tend to be larger in extended wear
- d. Give rise to mild discomfort towards the end of wearing time

10. Which statement is true?

- a. High modulus SiH lenses may reshape the cornea during overnight wear, causing a change in the patient's manifest refraction
- b. Due to increased oxygen delivery CL peripheral ulcers have not been observed in SiH lens wearers
- c. Microbial keratitis is more likely to result in severe sight loss if patients who wear SiH lenses, rather than hydrogel lenses
- d. Patients who wear SiH lenses on a daily wear basis are more likely to develop adverse reactions than those wearing on an extended wear basis

11. Which statement about the risk of acquiring microbial keratitis is false?

- a. Risk is lower with SiH than with conventional hydrogel lenses
- b. Risk is greater with continuous wear
- c. Risk is lower in patients who do not smoke
- d. Risk is greater in patients who swim in their CLs

12. Which statement about patients who have solution induced corneal staining is false?

- a. They are asymptomatic
- b. They may benefit from using a hydrogen peroxide care system
- c. They are more likely to have corneal infiltrates
- d. They do not seem to have an increased risk of microbial keratitis

The deadline for posted or faxed response is 10 September 2009 to the address on page 4. The module code is C-10366

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Earlier this year, David Goad FBDO CL took over as chairman of the ABDO contact lens committee. Before this, he served for ten years as a valued member of the Journal Advisory Committee and continues as a regular contributor to *Dispensing Optics*. As well as running a small independent group in Dorset, he is also a founder of Proven Track Record. Profile: Ann Johnson

A man of independent means

David entered the field of optics via RS Cheshire, a small eight-practice firm based in Portsmouth. The group was subsequently sold to Melson Wingate - and David along with it. He then trained and qualified as a DO with Melson Wingate, eventually becoming manager of the Havant practice. He says, "I attended the day release CL course at City College and gained my honours diploma in contact lenses, the area of optics that is still my first love."

David then went on to become a practical contact lens examiner in 1986 and, a couple of years later, he joined the ABDO Journal Advisory Committee. Of *Dispensing Optics* he says: "I have been pleased with the way the publication has developed as a CET vehicle, as well as a news forum, delivering specialist dispensing CET which tends to get missed in other publications. Of course, the advent of technology has enabled publication of ABDO's e-newsletter and the College newsletter. This, together with regular information from the Association's membership services, makes the DO ever more well equipped to deal with the challenges of the moment."

During his time with Melson Wingate, David served on the BCLA council and was chairman of the dispensing section. As his career broadened, he gradually progressed through the group, becoming a regional manager and finally controller of contact lens

services and retail operations manager.

True potential

When the company was sold to Scrivens, David left to carry out a short-term contract with Leightons, prior to joining Robert Frith Optometrists in Dorset. It was through working with these two companies that he came to realise the true potential for independent optics.

David explains, "It was around this time that a conversation with Nick Atkins and Brian Collison on the then dearth of CET, directed purely at dispensing opticians, led to the setting up of Proven Track Record. Co-founders and directors Nick and myself, with Brian's support, established PTR to provide both clinical and commercial training for the dispensing sector. From this sprung the idea of our flagship event, the Independents Day Seminar. This is currently the largest paid-for seminar specifically for UK

independent opticians. Since its inception, the event has grown year-on-year and is now, in these challenging times, more relevant than ever.

For David, one of the great advantages of independent practice is the freedom to manage and direct one's own future. He explains, "There are, of course, good independents, bad independents - and also indifferent independents - but what makes us different is the opportunity to control our own destiny. There is nothing like owning your own business to oil the wheels of enthusiasm. It is this, together with the ability to react quickly and tailor yourself to the people you serve that breeds success.

"I once heard about research which revealed that, on making an appointment with a GP, if told their own doctor was unavailable, two thirds of the public would book in with a locum and one third would wait to see their 'own GP'. It is this kind of special relationship that a good independent builds, and that keeps people coming back. All the advertising, all the special offers in world will not replace that."



David and Jan Goad

Going that extra mile

In the current economic climate David offers the following advice for independents: "Concentrate on customer service and building relationships; every patient should leave your practice having enjoyed the visit. Constantly review your stock, making sure you have the correct products for the type of people in your town. Keep everything in the practice looking clean and fresh. In addition, go that extra mile for every patient, it's what makes you value for money. And when you think you have 'got it right', begin looking at what you do all over again; you can always improve. Sound independent practising will thrive if DOs examine what they are doing well - and then see how they can do it better. I firmly believe that nervously trying to compete with the multiples is a road to disaster."

In 2004 the opportunity arose for David's wife Jan to work with him by becoming a partner in a practice he was buying for Robert Frith and the couple jumped at the chance. "Between us Jan, a qualified DO, and myself have over 65 years of experience in the business and it was time to put our money where our collective mouth was. We purchased the business in partnership with Robert Frith late in 2004 forming the company Robert Frith Optometrists Blandford Ltd."

David has achieved much in his professional life but says his proudest moment was helping Jan set up the practice in Blandford "... and proving that everything we have been trying to get others to do in the past actually does work."

Blandford is "... a small but lively Georgian market town in darkest Dorset". It has a wide cross section demographically and population numbers are swelled by the adjacent Royal Signals Corps at Blandford Camp. In a wise move, Jan ran the business for almost a year while the couple absorbed the atmosphere of the town and prospective clientele before embarking on a full practice refit. David says, "Designed completely by Jan and myself, the work was carried out by a local company who specialise in fitting out pubs - the optics connection was obvious! Solid wood was used wherever possible, resulting in a high quality refit that was immediately accepted by the patients and staff alike."

Now in their fifth year of trading, the practice has seen strong growth in both patients and turnover year-on-year. "One of the benefits of independence is being able to buy the equipment you want, when you want it. I have had the flexibility to purchase a state-of-the-art topographer and build up the kind of specialist contact lens practice I have always wanted in particularly complex lens fitting such as keratoconics."

Replying to the question of who has most influenced David in his career he cites four colleagues. Firstly, Peter Atkins (Nick Atkins' father) "... who took me under his wing at RS Cheshire and taught me all I know about dispensing and commercial optics. Secondly, Bob Naylor, the practice

manager at Melson Wingate, Tunbridge Wells who taught me how to communicate and keep cool in stressful situations. Jack Spriggs, personnel and contact lens director of Melson Wingate, got me into contact lenses and examining and Bernard Greaves, one-time CEO of Mothercare and retail operations director of MW, mentored me in the importance of the retail environment, management, and getting things just right. A hard taskmaster but great fun to work with."

What are David's particular hobby-horses? "The inequality of the VAT system, the breathtaking underfunding of the NHS eye examination and, as a profession, the importance of keeping our skills in gas permeable lens fitting going. Finally, helping as many dispensing opticians - whether CLOs or not - unlock their potential to be independent practitioners."

David, who has been a member of the contact lens committee since 2007, says, "As chairman, I am involved in developing initiatives to get wider recognition for DOs - both within the industry and in the wider environment. As a committee we are constantly striving to find ways of improving the contact lens optician's lot, as well as acting as a sounding board or advice panel for the membership. It is here that I should like to issue a plea for anyone reading this to inform me of any burning contact lens issue we may have missed and that they believe should be revealed in the light of day." ■

It would, at this stage, be prudent to expand on the 'fewer than five' employees caveat, writes Mike Hall

Fewer than five: civil versus statute law

The Act, supported by MHSWR, requires every employer to prepare a written statement of their safety policy. An employer who carries on an undertaking in which fewer than five people are employed is not required to provide a written safety policy for that undertaking. However, it should be noted that 'undertaking' does not mean the same as 'establishment'. An employer may operate a number of small establishments, such as optical practices, each employing fewer than five employees. If however, all the practices form part of one undertaking and if the total number of employees is five or more, the

employer must prepare a written safety policy statement for each practice. The same ruling applies to the recording of significant findings for risk assessments.

How does all of this affect the large or small business? Clearly, all working personnel in optics are affected by the H & S Act; so too are those who are not employees. Although the two scenarios cited in the July issue of *Dispensing Optics* were cast in dissimilar parts of the industry, there is a commonality of the legislation against which the employers in each case were prosecuted.

Both fell foul of Section 2(1) of the Act and both were prosecuted under Regulation 3 of MHSWR for failing to ensure the health and safety at work of their employees and failing to carry out a suitable and sufficient risk assessment respectively. Lenstastic Optical were further prosecuted under Regulation 17 of WHSWR for not segregating pedestrian and vehicle traffic routes. The level of fines meted out reflects the seriousness of the offences committed as does the level of the courts engaged in that process.

Law in the UK is very broadly divided into two major parts: Criminal Law and Civil Law, each with its own distinct features (**Table 1**).

Civil or Common Law is the name given to the law as stated by judges through their recorded decisions (Judicial Precedent) of cases. (Also called 'Judge Made Law' or sometimes, 'Case Law').

Judges will look to previous cases, which set a precedent in order to arrive at their decisions on the case before them. Very rarely, if ever, are the facts of one case exactly the same as a previous case, therefore this results in a constant refining process from the top down, as decisions of higher courts are binding on lower courts, this provides for a legal system that is constantly changing, as standards and the nature of society change.

The distinct features of Criminal and Civil Law Systems

Criminal Law System

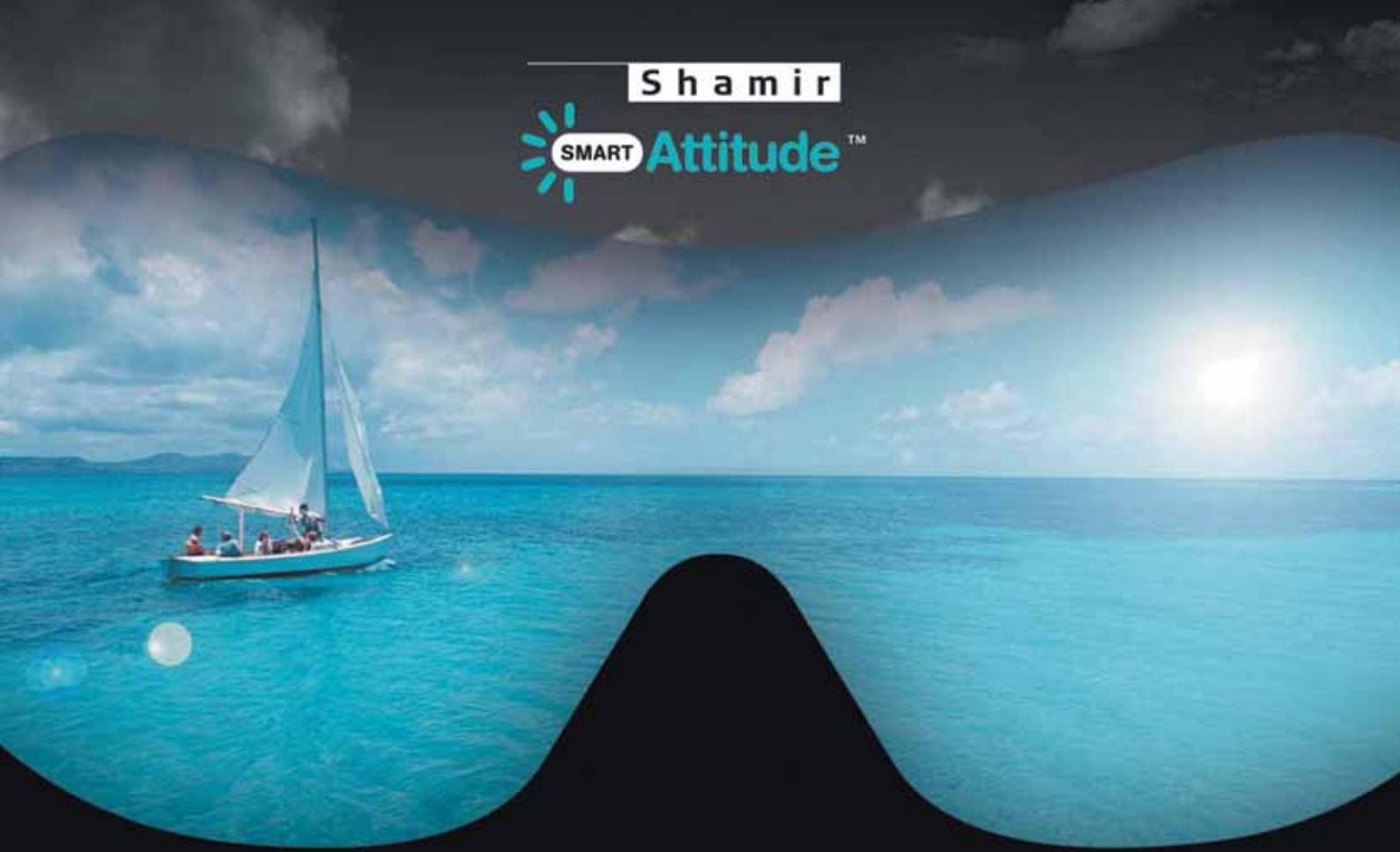
- Action bought by the **state (CPS)**
- Intended result is **punishment**
- Punishment cannot be insured against
- Action can be taken regardless of **whether or not there was loss**
- Mainly involves **Statute Law** (written laws ie Acts and Regulations)
- The **accused** is innocent until proved **guilty** beyond **reasonable doubt**

Civil Law System

- Action bought by an **individual** or body
- Intended result is **compensation** ('damages')
- Insurance can be obtained
- No action is possible unless there has been a **loss**
- Mainly involves **Common Law** 'torts' (breaches of basic unwritten duties and similar previous cases (precedents) interpreted by judges)
- * The **defendant** has to be proved **liable** on **balance of probability**

Table 1

Continued overleaf



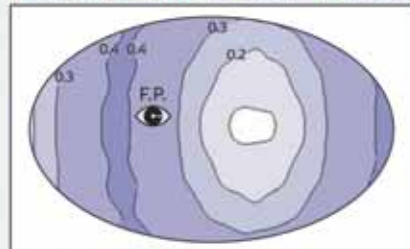
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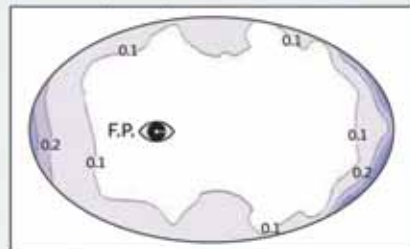
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The use of precedents has the advantage that lawyers can estimate the likely outcome of most cases without a court appearance being necessary. It is mainly because of this that over 95 per cent of Civil actions for injury compensation, are settled out of court. Judicial Precedent is also used to a lesser extent in the criminal system, on the interpretation of the words or phrases that are written in the Acts and Regulations in Statute Law. Statute Law though, takes precedence over Common Law and may be enacted to prevent an injustice that has been developed in the Common Law System. In the Criminal Law system, most of the Law used is Statute Law, eg The Theft Act, The Health and Safety at Work etc. Act, Road Traffic Act, Noise at Work Regulations etc. Some Criminal offences however are not connected by any statute and are Common Law Criminal offences (eg murder or manslaughter).

In the Civil System, much of the Law used is Common Law such as the Law of Contract, the Tort of negligence, the Tort of trespass. A Tort is a 'Civil wrong', that is something that can result in an action through the Civil Court System, in the same way that a crime can result in an action through the Criminal System. If an individual or organisation is convicted of an offence in a criminal court, this is often sufficient for a civil court to later find that individual or organisation liable for damages that resulted from that offence. The employee at Lenstastic Optics who sustained severe crush injuries would have his case for damages strengthened since the civil court would take this criminal prosecution into account. Criminal proceedings can be taken under health and safety law even if there is no injury or damage; for example an employer can be prosecuted for not having a proper guard on a machine, whether or not there has been an incident or loss. Since civil actions are about compensation for loss, there can be no action unless it can be proved that a loss has been suffered and that it was a result of the negligent act of the person or organisation being sued. Since the level of proof is different, it is not unusual for an individual to be

acquitted (or perhaps not even charged) under criminal law, yet still be found liable in the civil court. All UK laws are of equal value but where there is a conflict between Statute Law and Common Law, Statute Law will always prevail.

Documents in support of delegated legislation such as Approved Codes of Practice (ACOP) have been alluded to before and are examples of good practice that have been approved by the Health and Safety Executive. The ACOPs, as published by HSE Books, are arranged with the ACOP printed alongside the Regulations detailing paragraph by paragraph what is meant by, and what is required by the Regulations to which they relate. An ACOP is not a law but may be quoted in court as evidence. Failure to comply with an ACOP is therefore not an offence, provided the accused could show that they have complied with the Regulation in some other way, which was at least as effective. Not all sets of Regulations are supported by ACOPs, in some cases the Regulations are considered to be sufficiently explicit (e.g. the Manual Handling Operations Regulations 1992).

Guidance Notes are sometimes published by The Health & Safety Executive (HSE) to:

1. Interpret and clarify Acts and Regulations
2. Help people to comply, and
3. Give technical advice

Guidance Notes have no legal status and it is not compulsory to follow them. Some sets of Regulations have no associated Guidance Notes, while others may have ACOPs as well as Guidance Notes

Ignorantia legis non excusat - ignorance of the law is no excuse

There is no excuse since HSE Books publish a free booklet 'HSE Books – Catalogue' which is available in June each year. It contains lists of all H & S Delegated Legislation, ACOPs, Guidance Notes, and Regulations. Most Regulations are priced but there are many free publications and leaflets too. It is a valuable resource. One simply has to ask - and it will be given!

Now, finally Inspector visitations - RIDDOR to the fore

The question surely must arise as to how the inspectors from the HSE and EHA were made aware of the accidents at Lenstastic and Specorama. One thing is certain - it is not by use of smoke and mirrors; it's all down to yet another set of Regulations termed The Reporting of Injuries Diseases or Dangerous Occurrences Regulations 1995 - or RIDDOR for short. These Regulations bestow a duty on any employer, self employed person or person in control of work premises; basically, it requires such named persons to report any cases of injury, disease, or dangerous occurrence in the workplace and beyond.

The questions posed are, when to report? What to report? To whom to report? The answers are:

- When to report? - Immediately by the fastest means (usually telephone)
- What to report? - Any incidence of death, major injury, disease or dangerous occurrence (including 'near misses' eg a collapsing tower crane or scaffold, even if no injury occurs)
- To whom to report? - Report to the Incident Contact Centre, T-0845 300 9923 (8.30-5.00pm) or email riddor@natbrit.com

There is more to RIDDOR than that which is given here; further detailed information may be found on the internet in the form of a leaflet from the HSE entitled 'RIDDOR Explained'. This is a concise and informative publication which 'nut-shells' all the relevant steps in the process. www.hse.gov.uk/riddor/guidance Both scenarios of accidents at Lenstastic and Specorama fall under the requirements of RIDDOR.

This concludes part six of this series. Part seven will give a brief look at Civil and Criminal Courts and their respective powers. Until then 'stay safe'.

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How to get out of your lease

The cost of occupying a commercial building is usually the main overhead for businesses and increasingly, existing commercial leases are proving just too expensive. But how can a tenant get out of their lease? Philippa Aldrich and Claire Macdonald provide some answers

A lease is a legal document into which tenants are most probably tied for a number of years. That said, there are options available for businesses which need to dispose of their lease or renegotiate its terms. The commercial reality of the current market has left both landlords and tenants feeling insecure and if tenants consider their options early they may be able to reach a favourable solution.

Firstly, tenants should check to see if they have the right to assign or sublet the whole or part of the lease. Often assignment or sub-letting is permitted with the consent of the landlord. By assigning the lease, the existing tenant would be released from their obligations in relation to the property but they may be required to comply with certain pre-conditions. Sub-letting, although not disposing of the lease, may at least allow the tenant to recover some costs.

Many commercial leases allow the tenant to break the lease at a specified time during the term, or because of certain specified events. This can be used as an exit route for struggling businesses. It is, however, essential that break options are exercised in accordance with their terms. Any pre-conditions must be

strictly observed. It is common for break options to require at least six months notice and, therefore, early consideration of the possibility of exercising this right is essential. If the date passes by which the notice must be given, the right to break will be lost and the tenant must bear the cost of the lease at least until the next break opportunity. Alternatively they can look to other, less certain ways of releasing their obligations.

Options to break can also be used by tenants as a tool for renegotiation. If discussions start early enough, the threat of losing the tenant through the exercise of a break clause and being faced with an empty building may encourage landlords to renegotiate the lease into terms more favourable for the tenant. If the tenants' problems are cash-flow related, the landlord may be willing to reduce the rent or alter the terms for payment, such as allowing payment of monthly, rather than quarterly rents in advance.

At a rent review or break option, tenants may find themselves in a strong position for renegotiation. It is certainly not in the landlord's interest to see their tenant go under and they may even be willing to agree payment plans for any rent which is in

arrears to ease the pressure during the tough times. Alternatively, landlords may be willing to share the risk of the market turbulence and renegotiate the rent to a percentage of the tenant's turnover.

Despite the current weak market, in some circumstances it may be possible for tenants to negotiate a surrender of their lease where they relinquish it with the landlord's consent. If the landlord agrees to surrender, the tenant is released from any future liability under the lease. It is important to note, however, that any breaches which occur before the surrender remain enforceable by the landlord. Tenants should therefore ensure that they seek a release from all breaches.

If a business goes bust can the tenant simply hand back the keys? If a tenant gives up possession of their premises and hands back their keys to the landlord they may be able to prove that the landlord has agreed this as surrender of the lease. Whilst surrender requires the agreement of both parties, if the landlord acts in a way to suggest agreement, such as re-letting the premises, the tenant will be released from their future liabilities under the lease.

However, landlords are unlikely to accept the keys as surrender, in which case, the continuing liability of an insolvent tenant under their lease will depend on the nature of the insolvency.

Tenants hoping to rescue their business may enter into a company voluntary arrangement (CVA). This is a contractual arrangement with creditors supervised by a licensed insolvency practitioner. In this way tenants may avoid liquidation through the use of cost-effective arrangements with creditors (including landlords) regarding the payment of rents and debts. However, a CVA must be approved by 75 per cent in value of creditors and the procedure for implementing a CVA is cumbersome. The CVA will set out a plan for the payment of any arrears, future rents and dilapidations liability in relation to the tenant's leasehold property. If the tenant no longer requires the premises,

the CVA can also set out a relevant method for determination of the lease. The landlord's ability to take legal action to recover any rents or the property will depend on the terms of the CVA. Small tenant companies can also file for a moratorium which will prevent the landlord from taking any legal action without the court's permission.

If the tenant company goes into liquidation, the landlord can seek arrears of rent up to the date of commencement of liquidation. Claims for rent due after commencement can only be made with court approval but it is likely in any event that the liquidator will use his powers to 'disclaim' the lease. A disclaimer will have the effect of extinguishing any rights, interests or liabilities of the tenant. Landlords will have to look to previous tenants or guarantors who will remain liable for any past and future breaches of covenant. However, the landlord will not be able to pursue any party if it takes back possession of the premises.

Administrations have become very

popular since the Enterprise Act 2002 introduced a simplified out-of-court procedure. Administration allows for an attempt to be made at putting the tenant company back on its feet. At commencement of administration a statutory moratorium is placed on all proceedings against the tenant company during the period of administration. Also, the landlord will be prevented from bringing any action to recover rent or the property without first obtaining the consent of the administrator or the court.

Landlords are now being forced to accept that, when a tenant defaults on their legal obligations, the best option may be to open talks. Once a tenant goes bust, the landlord's remedies are limited. So for tenants and landlords alike, the idea of opening an early dialogue in pursuit of an amicable resolution is perhaps the only viable solution if they want to avoid becoming another statistic of the credit crunch.

Philippa Aldrich is a partner and Claire Macdonald is a trainee solicitor in the Real Estate Group of Shadbolt LLP ■

Optician Index May 2009 summary

- **Despite modest increases earlier in the year, eye examinations are now showing a fall from last year**
- **New contact lens fits show a 2% fall on average, but indications are that better results on average from November may mean a reverse in these trends**
- **Dispensing is down by 12% over the year, the lowest results since 1992**
- **Single vision lenses are down by 4% and, accounting for 71% of the total volume, this has contributed largely to the recent decline**
- **AR coats are down 24% on average over the year, penetration is 40%**
- **Total practice turnover is down by 4% on average over the year, an increasing decline since February, and the first continued decline since early 2006**
- **Average sales value per eye examination is up by £13.00 to £144.52, in spite of the downturn in activity**

Results over May look no more promising despite claims that signs that the recession is lifting as the housing market starts to move. All benchmarks, with the exception of eye examinations, still show negative growth over the last 12 months compared to the previous 12 month period.

At this year's ABDO CET conference and exhibition, Silhouette, one of the event's main sponsors, will be focusing on two initiatives: the Partner Business Model and the Rimless Aesthetic concept developed with internationally renowned make-up artist Mary Greenwell



Make-up artist Mary Greenwell

Eyewear without boundaries

"The best frame for eyewear is always the face of the wearer." So declares Silhouette and, at this year's ABDO conference and exhibition, the company will highlight the results of their decision to focus exclusively on rimless eyewear with the emphasis on aesthetics in spectacle design. As Silhouette points out: each frame wearer is unique and his or her eyewear should be just as unique – and be worn with relish and pleasure.

The Silhouette Business Partner Models concept has arisen from the company's decision to create a unique brand philosophy in order to define and change the way consumers perceive rimless eyewear. This means turning the selection, purchase and wearing of glasses into a 'shopping event', offering consumers reassurance that they have made a very special purchase, and supplying eye care professionals with the tools to manage this experience.

The main objectives of the partnership are to safeguard and build economic success, to create an emotional shopping experience for the end consumer, and to work together to offer a high quality product and service solution which will differentiate

both parties on the high street and help them stand out in a crowded market.

In collaboration with the well-known make-up artist Mary Greenwell, Silhouette has developed a comprehensive and unique Rimless Aesthetics Programme that helps frame wearers select comfortable eyewear which harmonises and complements their looks, individual personality and lifestyle. Aesthetics refers to the harmonious balance between eyewear and wearer, with emphasis on the individual, rather than the eyewear, as the focal point. Personal preferences and comfort are the main concerns.

According to Silhouette, rimless eyewear should match not only with the face of the wearer, emphasising their best points, but also with their personality. Mary Greenwell likes to compare rimless eyewear with subtle make-up saying, "A rimless model that suites the wearer's eye zone and harmoniously fits into the overall picture can create effects similar to make-up. Harmony in eyes and eyewear colours produce interesting contrasts that make eyes radiate and the complexion appear more youthful

and clear." Silhouette aesthetics consultants divide complexions and hair colours into cool and warm tones. In this way, eyewear has the effect of subtle make-up on ladies and replaces make-up for men.

The individual personality and the character of the customer are the main focus during the consultation. Silhouette aesthetics expert Pauline Voce, who trained with Colour Me Beautiful as an image consultant, says: "Before starting with the consultation, we try to define the wearers personal wishes and requirements for eyewear." Silhouette says its 'lifestyle worlds' offer the perfect rimless model for every personality, practical requirement, and personal taste. Designs range from timeless, basic models - Essential - to eye catching styles for extrovert customers – Extravagant - up to exclusive design and fine materials – Luxury.

Rimless Aesthetics addresses the concept of literally 'seeing without boundaries', facilitating the maximum range of vision opportunities that rimless eyewear designs can offer. According to Silhouette, the wearer can enjoy maximum comfort courtesy of top quality, ultra light materials, and a view uninterrupted by heavy frames. And because every wearer is different with particular requirements, Silhouette now offers a practically unlimited selection of shapes, colours, and combinations, meaning that eyewear can be tailor-made. The company says: "Subtle design turns Silhouette eyewear models into elegant pieces of jewellery and a fashionable lifestyle accessory that help express personality and emphasise the wearer's natural physical attributes." ■



Silmo

Mondial de l'optique | PARIS

Get ahead of the market

**17-20
SEPT.
2009**



The Area 11 committee members without whose hard work the event would not have taken place, especially Jayshree Vasani, Ian Anderson and Hishu Monji (centre of photo)



The lens forum taking place at the Area 11 one-day conference

Area news-round

Area 5 (Midlands): All set for the Arden

The Area 5 Committee is currently finalising the line-up of CET-approved speakers for its Arden Hotel meeting, which will take place on Monday 14 September. Delegates who attend the whole day will earn a minimum of five CET points. Confirmed speakers so far include Julian Wiles from Taylor Lenses, who will present 'Drivewear a new lens category', Andy Hepworth from Essilor who will speak on 'From Betamax to Blue Ray, Varifocal evolution', and Omar Durrani, consultant oculoplastic surgeon who will talk about 'Dry eyes, watering eyes and their management'.

The cost for the day is £20 per ABDO member, £45 per non ABDO member, including tea and coffee and a hot or cold buffet lunch. Bookings are now being taken for September on a first come, first served basis. Early bird bookings are also being taken for Area 5's next CET day at the Riverside Centre, Derby, on Monday 15 March 2010 at £15 and £40 respectively.

For further information, or to book a place, contact Ian Hardwick on 07814 558343 or email ian@ihardwick.orangehome.co.uk ■

Area 11 (London): Hot topics for a hot June day

One of the hottest days of the year, the temptation of great tennis at Wimbledon, not even a leisurely day of shopping could deter Area 11 delegates from attending its one-day conference on 28 June. This was a new format for the Area, with a new venue. We had a fresh theme of lectures and as many CET points as we could squeeze in (eight in all) – all for just £25 to cover the cost of lunch.

After a welcoming speech by the Chairman, Ian Anderson, the conference began with a presentation by Richard Wilshin on, 'Getting it wrong – allegedly'. As a solicitor, Richard has a long history in optics, having been chief executive and registrar of the General Optical Council. He is now with the Optical Consumer Complaints Service and was able to give us an insight into how to deal with complaints, how to communicate and what to do. It was a very useful talk considering the economic climate.

Following a break for refreshments and a look round the exhibition, getting advice on lenses and viewing new styles from Nike Optical, the lens forum kicked off. This presented

delegates with a completely new idea for prescriptions; two single vision prescriptions together with a patient profile (patient's job and hobbies) had been given to a panel of four lens specialists prior to the day. Their brief was to come up with the best type of lens and as many different lenses for each patient, plus a wardrobe of spectacles. The panel consisted of Suzy Rendell from Essilor, Paul Bullock from Hoya, Tim Williams from Norville, Gina Nikolov from Rodenstock and Peter Sanders our moderator.

Each panellist was given 15 minutes to talk about their choice of lenses and spectacles, and then the audience could ask questions. We do this every day in practice and it was interesting to see the manufacturers' choices. All were different and all were good, suitable choices – leading to a lively debate.

A well-deserved lunch break followed, with more time to visit exhibitors, see the latest styles from Franklin Frames, and collect more information from lens suppliers. The ABDO Bookshop was also there and our vice president, Jennifer Brower, and Katie Docker from ABDO membership, who spoke to delegates on many aspects

of the Association. After lunch the lens forum theme was continued but with presbyopic prescriptions; you can imagine the lively rivalry between Essilor, Hoya, Norville and Rodenstock to outdo each other with the latest freeform lens designs!

The next speaker, Greg Cahill, talked about sports dispensing. After asking what sports delegates took part in, Greg asked everyone to stand up and stretch to re-energise for the last part of the day. Greg mentioned that, with London 2012 not far off, patients had become more interested in sport and we ought to see an increase in sports dispensing.

The last presentation of the day was on 'Motivation and communication' by Shabazz Nelson. Shabazz was a very energetic and charismatic speaker, showing us how to use our patients' body language to our best advantage. His enthusiasm and interest in his subject made the last hour fly by.

Area 11 would like to say a great big thank you to the sponsors, mentioned above, as well as Viva Eyewear, Olympus Eyewear, SightRisk, See 20/20 and Marchon without whom the day would not have been possible. **Report: Ian Anderson ■**



Barry Duncan

Luxottica sponsors CET weekend

Luxottica has added its sponsorship to ABDO's 2009 Conference and Exhibition in Brighton (3-5 October). Andrea Dorigo, Luxottica's Northern Europe Region Director said: "We are very pleased to be a major sponsor at this year's ABDO conference. This is a great opportunity to share our manufacturing knowledge with students taking part in the Dispensing Optician diploma. We want to provide a greater insight into our techniques and Italian craftsmanship to enable DOs to have confidence in our portfolio of eyewear when dispensing". The Luxottica Group is a leading international designer, manufacturer and distributor of prescription frames and sunglasses in the premium and luxury segments.

Correction

In last month's *Dispensing Optics* (Once more, unto the beach) the incorrect telephone number was printed for the ABDO Conference Office (Event Exchange Ltd). The correct telephone number is printed on page 13 of this issue. ■

Winter 2009 contact lens examinations Seven year ruling

Those with *partial* success in the examinations for the Certificate in Contact Lens Practice qualification should note that from 1 March 2009, candidates will be required to retake any element/s of the Contact Lens Certificate examinations which were passed seven years or more years previously.

This ruling has been introduced in the light of the ever advancing status of contact lens practice and relates to theory examinations or sections of the practical examination.

This change does not affect those who already hold the CL Certificate or Advanced CL Diploma.

Rosemary Bailey, Chief Examiner, Contact Lens Practice

Points from the President

On 11 June, Tony Garrett and I made a presentation to the new Board of the GOC. All stakeholders have been invited to offer their views and discuss future aspirations, which was particularly important for us. Clearly there is an element of unease towards the GOC by many of our members and I felt it was extremely important to convey that message – but more importantly to highlight the need to build a relationship.

It is my view that being registered with the GOC is absolutely the right thing to do. In time, I would like all of our members to register without hesitation. In order for this to be achieved, we need the GOC to work closely with us in the short and long term to develop a workable strategy to safeguard our position. We discussed in depth CET, registration, revalidation, scope of practise, public protection, children and the vulnerable, low vision and future aspirations. Over the past few months, many members have expressed their wish that we touch on the points mentioned – so please be assured we have done just that. I am quite sure that we will develop our relationship and feel very positive about our discussions.

Since the conference last year, I have been getting

quite excited about Brighton. Manchester signalled a complete change in the way we go about our business and propelled us forward significantly. I think it is safe to say that ABDO is a big player now in terms of optical events – and the number and high calibre of exhibitors and speakers taking part this year reflect this.

The objective for Elaine, Michael and the chaps at Event Exchange was simple – make it bigger and better! So far it certainly appears to be coming along nicely. The success of any event of this magnitude is dependant on members' support and I would encourage everyone to give it careful consideration. There is a programme, which has something for everyone, and I firmly believe that by the time October arrives we will more than meet our objectives.

At the time of writing, it has reached holiday time for the Duncan family. Turkey is the destination this year for a complete recharge of the batteries before continuing with the job in hand. It has been 10 months since I took over from Kevin and it's hard not to think about ABDO as it becomes a big part of my life. Hopefully the next two weeks will give me time to wind down – though time will tell!

Barry Duncan
barry@erskineopticians.co.uk



Launching the Mozambique Eyecare Project

News from Ireland

New collaboration on avoidable blindness

On 18 June, Peter Power TD hosted the official launch of the Mozambique Eyecare Project. The project is an Irish Aid funded initiative, involving partners from the Optometry Department at Dublin Institute of Technology (DIT) and the University of Ulster (UU), in collaboration with Lurio University in Mozambique and the International Centre for Eyecare Education (ICEE), which aims to address the problem of avoidable blindness in Mozambique, Lusophone Africa and across developing nations, and to establish the first optometry course in Mozambique at UniLurio.

The result of this initiative will be the training of Mozambique's first professional optometrists and optometry technicians to provide a sustainable and comprehensive eyecare system as an integral part of the national health system. Over the five years of the project, almost half a million people will benefit from comprehensive eye

examinations and the provision of glasses, which until now have simply not been available to them.

Minister Peter Power, who launched the project at the National Optometry Centre, DIT, said: "The collaboration of DIT, the University of Ulster and other key partners is making simple, cost-effective eyecare services available to thousands in Mozambique, making a huge difference to people's lives and livelihoods."

The project is being led by a dedicated team from ICEE, DIT, UniLurio and UU. Dr James Loughman PhD FAOI, Optometry Department, DIT, leads the DIT team and is supported by two colleagues recruited specifically to the project – Aoife Phelan FAOI and Aoife Lloyd FAOI.

Currently, according to Dr Loughman, Mozambique has only 15 ophthalmologists for a population of 21 million and no optometrists or dispensing opticians. "This

means that very few people undergo eye examinations and when they do there is often no way to glaze their glasses," he explained. "This project is based in the Nampula province in Northern Mozambique which has a population of 4.1 million and only one ophthalmologist. Typically, the ophthalmologist examines 150 patients a day, working in very difficult conditions in the Central Hospital in Nampula. To put this into context, in Ireland with a similar population, there are 860 registered optometrists and over 200 registered ophthalmologists. On average an optometrist in Ireland will see approximately 14 patients per day."

The Mozambique Eyecare project is a response to Vision 2020: The Right to Sight – a WHO global initiative to eliminate avoidable blindness by the year 2020 – and is in line with the thematic priorities of Irish Aid. It is estimated there are over 300 million visually impaired people worldwide, and 80 per cent of these causes could be easily avoided or treated. Work has already begun on the Mozambique Eyecare Project, with 15 students enrolled on the first optometry course, which started in February this year.

Over the course of the five-year programme, a number of DIT and UU lecturers will participate in the delivery of the programme, and it is envisaged that a number of eyecare professionals in Ireland will also play a part in the successful implementation of the project.

If you would like to help the Mozambique Eyecare Project, they are compiling a list of optometrists, dispensing opticians and contact lens practitioners who would like to volunteer for Campaign for Quality Vision trips to Mozambique and other developing countries. A trip like this will change the life of every person you refract and dispense, and might also change yours too. If you are interested, email your details to aoife.phelan@dit.ie. Alternatively the project is always looking for donations of good quality optical equipment to be used in the training in Mozambique.

To find out more about this fantastic project, visit <http://www.dit.ie/mozambique-eyecare> or become a fan on their Facebook page which has regular updates.

Jill Flaherty FBDO MIADO
To contact Jill telephone 087 2661649 or email newsfromireland@gmail.com ■

ABDO Benevolent Fund

If you know of a dispensing optician, or a dependant of a dispensing optician, who might benefit from the ABDO Benevolent Fund, please get in touch with Barbara Doris on 020 7298 5102 or email bdoris@abdolondon.org.uk or write to her at ABDO, 199 Gloucester Terrace, London W2 6LD. ■

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Some of the students in Singapore



Paula Stevens with her service badge

Success in Singapore

Congratulations to all the students in Singapore who successfully achieved their ABDO diploma. "All of the students worked really hard and were a fabulous group of people to teach," said optical trainer, Sally Bates. "I'd just like to say a special thank you to the students for their attention and dedication – you all deserved success!" ■

Fancy a run for VAO?

Vision Aid Overseas (VAO) has guaranteed places available in some of the UK's most prestigious fundraising events taking place this summer and autumn. These include the Great North Run on Sunday

20 September and the Great South Run on Sunday 25 October. To take part, and raise money for VAO, contact Jeremy Jalie on 01293 535016 or email jeremy.jalie@vao.org.uk ■

Badge of honour for Paula

ABDO CET co-ordinator, Paula Stevens, has become just the third person to be awarded the Worshipful Company of Spectacle Makers' Outstanding Service Badge.

SMC Master John Fried presented Paula with her badge at the Company's recent Court meeting in Apothecaries' Hall, London. The award is made to members who make a "significant contribution to the Company's work" and this was only the third such honour to be made by the SMC to date.

John Fried, SMC Master, said: "Paula has worked long, hard and most effectively as a member of the Awards Committee, nominally as chief examiner for the level four Certificate for Optical Technicians. In practice, she has made an enormous contribution to all aspects of the awarding body's activities, not least the introduction of online assessment for level two candidates. Indeed, Paula must be counted as something of a national expert when it comes to running examinations through a computer system." ■

Advertise on the ABDO website

If you have a job vacancy in your practice, please remember that the Situations Vacant section in the Bulletin Board area of the ABDO website provides you with a quick and easy facility to advertise completely free of charge. ■

All aboard for Silmo 2009

With its new, earlier show dates of 17-20 September, Silmo organisers are forging ahead to augment the fair's position as the design and business gateway for optical professionals. If ABDO members are planning on making the short dash across the Channel for this year's show in Paris, then now's the time to start planning your visit.

The Silmo website – at www.silmoparis.com – provides a wealth of information about this year's show, including the Silmo d'Or awards, how and when to get there,

show highlights, exhibitors, designers and much more. Silmo is very strong on interactive tools, for example, the Fitting Box on its website where visitors can virtually try on hundreds of different frame designs. Also, at the show will be a multi-sensory pathway in the low vision sector that will plunge visitors into the world of a sight-impaired person.

A new feature for 2009 is a merchandising workshop initiative aimed at opticians looking for new practice interior layout ideas, particularly for window displays. The

workshop will use a dynamic and light setting in an open space at the heart of the fair to present practice window layout ideas based on key themes. Visitors will be able to talk to window dressers and merchandising experts about practical and concrete solutions. Display coaching will be offered in a fun and interactive way so that opticians can master all the tricks of the trade and create effective and attractive window displays.

Go to the website to register for a free workshop. ■



BBGR's Caroline Hart



Grafton's MD, Brian Bowles, presents David Kirk with his trophy

Case highlights student supervision pitfalls

The General Optical Council (GOC) is reminding all optical businesses, students and supervisors to ensure their current arrangements for professional supervision of students meet the requirements outlined by the GOC, and examination or assessment bodies. This follows the recent Fitness to Practise (FTP) hearing involving Boots Opticians (a GOC-registered business); Trevor Burgess, a registered student DO; and Richard Simmons, a registered DO.

On 26 June, an independent FTP Committee determined that Boots Opticians had failed to take reasonable and proportionate steps to prevent Trevor Burgess from dispensing spectacles to a patient under the age of 16. The Committee found that the FTP of Boots Opticians

was impaired, and imposed a fine of £30,000. Trevor Burgess was given a formal warning. No sanction was imposed on Richard Simmons.

GOC chief executive and registrar, Dian Taylor, commented: "Supervision of students is essential for protecting patients and the public. This case highlights the importance of having proper supervision mechanisms in place, and ensuring those mechanisms are communicated to staff, and implemented at ground level."

Detailed guidance on supervision is published by both ABDO and the College of Optometrists. Visit www.abdo.org.uk or www.college-optometrists.org ■

City CL course places available

Dispensing opticians are invited to apply for a place on the Contact Lens Course at City & Islington College, starting September 2009. The course is day release for 30 weeks, in preparation for the ABDO CL Certificate theory exams. The course includes practical work in all aspects of contact lens fitting, instrumentation and over refraction

Students preparing for the CL practical can apply for a place on the CL practical exam preparation group, concentrating on detailed preparation for each section of the certificate practical exam. This is a part-time course also over 30 weeks

Contact Tony Harknett tharknett@candi.ac.uk or Ian Forrest ianf@candi.ac.uk for details and applications ■

BBGR manager back in business

Caroline Hart, BBGR wholesale channel manager, is back from maternity leave and in business building mode. She is planning to run national lab promotions in the second half of 2009 and to offer an "irresistible package" to labs including single vision and bifocal products. Caroline said: "Most opticians have a strong loyalty to their preferred independent lab and I feel this is the best channel to promote and grow BBGR business." ■

New course for optical assistants

A new training programme for optical assistants has been developed that will lead to a VRQ Level 2 Certificate in Optical Practice Support. Designed by Identity Optical Training, the course aims to develop confidence in the practice and improve basic practical and dispensing skills.

A VRQ (Vocationally Related Qualification) Level 2 qualification in Optical Practice Support will be awarded upon the candidate's successful completion of the written/online exam. The course will prepare delegates for the SMC examination, which is optional.

Kirk takes home trophy

Dispensing optician, David Kirk, took home the trophy at the recent Grafton Optical golf day after achieving an outstanding score of 41 points in the Stableford Competition. Held at Clandon Regis Golf Club, Surrey, the event attracted practitioners from all over the UK and was a great success. Anyone wishing to attend next year's competition, which is usually held at the beginning to middle of May, should email Sandra at sales@grafftonoptical.com ■

The mode of learning features a range of lectures, interactive sessions and practical workshops. There are four sessions in the four-week course with topics including frame selection and styling, communication skills, single vision dispensing and frame adjustments. The course costs £300 and takes place on Mondays between 10am and 4pm, from September to December, at the Norville Training Suite, Gloucester.

For a reservation form and further information, contact Sally Bates at Identity Optical Training on 020 8504 0967 or email identity@sallybates.com ■



From left, John Fried, the Lord Mayor of London and Ivan Wainer



Luxurious Sylph from Actman + Mico

Fit for a Lord Mayor

In keeping with custom, the Master of the Worshipful Company of Spectacle Makers, John Fried, presented the Lord Mayor of London, Alderman Ian Luder, with "a product of the Company's time-honoured craft" recently.

acknowledged the assistance of Lindberg, Essilor and Ivan Wainer (the Lord Mayor's optician) in providing the Lord Mayor with the "very high quality spectacles he needs when discharging his duties as an ambassador for the UK's financial and professional services". ■

The SMC gratefully

Frank Clipson

We regret to report the death of Frank Clipson on 8 June. Frank was a dispensing optician with three practices in Warwickshire. He had been chairman of ABDO Area 5, chairman of Solihull Area Health Authority and at the time of his death was the president of the ABDO Golf Society. We hope to publish his obituary in the next issue.

Sylph-like styles for summer

Three new Actman + Mico frames have been launched for the summer by Andrew Actman. Taking centre stage is the dramatic half-eye model, Sylph, designed by Jane Mico. A lightweight inverted supra, Sylph comes in midnight blue adorned with swirling golden details. With fancy fretwork sides modelled from stainless steel, Sylph is light and delicate to wear. The designer believes Sylph is a great option for the vivacious first time presbyope looking to make a sensational first impression.

● The merger of Andrew Actman, Actman + Mico and Optoplast Eyewear is now complete, marking the beginning of the new amalgamated venture – the Optoplast Actman Eyewear Company. The head office for the new company is in Liverpool and, accommodating the customer services department, serves as the contact point for all orders and enquiries. There is also a dedicated design office in Weybridge, Surrey. ■

Optics in recession, warns FMO



Barry Dibble

New FMO chairman, Barry Dibble, welcomed a wide cross section of optically focused people to the latest FMO meeting and paid tribute to retiring chairman, Andrew Actman, praising his "enthusiasm, common sense and straight forward management". John Conway was appointed FMO vice chairman.

Keen to see FMO membership increase, Barry urged more companies to take advantage of the many benefits and the ability to share market information within the dedicated FMO focus groups for frames, lenses, lab and practice equipment.

Giving his view on the optical market, Patrick Myers of Myers La Roche, said: "I can't find any indication that the market will turn about in the near future. Unemployment is still rising and we expect the market to remain very tough until 2011. As people lose their jobs they are likely to cut off the optician early in the cycle if money is tight."

A survey of more than 500

independent practices revealed that 149 independent practices had closed in the past year and more would follow. "Patients are being slow to present and are likely to spend less than previously, with net profits down by four per cent," said Patrick Myers, who has been tracking the UK optical market for 20 years. However, there was some good news – companies that invested in staff, systems, technology and marketing would improve their market share.

The next FMO regional meeting will be held at Dx, Staples Corner, North London, in late September and this will include a tour of the facility and a number of optically related speakers. To book a place, call the FMO on 020 7298 5123. ■

ABDO College provides comprehensive education for dispensing opticians and is currently accepting applications for a range of different courses. Some of the reasons why you should make ABDO College your first choice to either start or further your career in optics are:

- An extensive range of courses to suit your needs
- Dedicated and experienced academic staff
- Friendly and supportive learning environment
- Consistently high theory and practical examination results
- Helpful course tutors
- Vibrant and positive attitude towards students
- Committed to the furtherance of the optical profession

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ABDO College now offers a choice of two distance learning courses on the route to becoming a qualified dispensing optician: the Foundation Degree in Ophthalmic Dispensing course and the Fellowship Dispensing Diploma course.

- Year 1 courses commence in September 2009
- 32 weekly distance learning units
- Four weeks block release
- Entry requirements: grade c GCSE in Mathematics, English, a science based subject, plus two other subjects
- Block release accommodation can be provided

Application deadline:

14 August 2009

'GETTING STARTED' ON CONTACT LENS PRACTICAL EXAMINATION PREPARATION

A two day course that will assist delegates in preparing for Contact Lens Practical Examination.

- Course dates: Wednesday 2 and Thursday 3 September 2009
- Lunches included
- Accommodation can be provided

Application deadline:

21 August 2009

CONTACT LENS CERTIFICATE

An ideal opportunity for opticians to further their career by specialising in contact lenses.

- Course commences in September 2009
- Entry requirements: Fellowship Diploma and FBDO registration or for existing students a successful pass in the final theory examinations
- Block release accommodation can be provided

Application deadline:

26 August 2009

PQE THEORY REVISION DAY

A one day course that will assist students in preparing for PQE Theory Examination.

- Course date: Thursday 3 September 2009
- Lunch included
- Accommodation can be provided

Application deadline:

28 August 2009

For further information and application forms for these and other courses please contact DU at ABDO College on 01227 733 921 or email info@abdocollege.org.uk – we look forward to hearing from you.

ABDO College
Godmersham Park, Godmersham
Canterbury, Kent CT4 7DT
tel: 01227 733 901 | fax: 01227 733 910
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Disjointed jottings from a grumpy old DO's desk . . .

Tribal and strife



John Pike

My wife and I had an unpleasant experience last week. We were shopping in a local garden centre when my wife said, "We must be the youngest people in here. It's a shame we're not older – we'd qualify for their '25 per cent off for the over 60s' discount". However, on returning home and examining our receipt, guess what. Yes, we'd received the pensioners' discount! I didn't know whether to be pleased we'd had the 25 per cent off, or furious that they'd thought we were over 60.

I reckon it's time to investigate plastic surgery.

I've always had a bit of a passion for those 'business guru' television programmes. It started with John Harvey-Jones and his series about turning ailing companies around, continued with *The Hotel Inspector* and *Restaurant Makeover* – a sort of Gordon Ramsay's *Kitchen Nightmares* but without the f-words. I'm currently addicted to Mary Portas and her *Queen of Shops* series.

Mary believes that shoppers come in 'tribes'. Businesses need to identify not only which particular tribes visit their premises, but also to understand that each tribe will be looking for a different type of product. This set me thinking about the sort of tribes that visit my practice. We've got quite a few of the Old and Miserable tribe and an even greater number of the Rich but Mean brigade.

If spectacles were clothes, these are the products which our two tribes would be seeking: Old and Miserable tribe: pantaloons, high-waisted bell-bottoms and anything with shoulder-pads. Rich but Mean tribe: anything retailing at £4.99 or less.

Yes – good old Mary Portas would have her work cut out in analysing an optical practice. She wouldn't believe that, in 2009, I would have to stock 61 eye metal supras, 58 eye ladies' acetates and as many round-eye frames as possible. She might also have difficulty in understanding that £49.80 for a pair of fashionable metal frames complete with lenses is considered very expensive by some of our wealthier clients.

On the subject of wealth, or rather the lack of it, I'm usually very sympathetic towards people who receive Working Families' Tax Credit. They work for a low wage, rather than sit at home claiming benefits, and top up their income with this allowance. Lately, though, I'm wondering how much the system is being abused. My wife recently examined a very pleasant lady who was claiming tax credit. She was the last patient of the day and left

the practice shortly before my wife. When my wife reached the car park, she was almost mown down by this lady who was driving away in a beautiful nearly-new E-class Mercedes. A couple of weeks later, a 30-ish blonde bombshell arrived at the practice clutching an optical prescription and voucher. Clad in designer clothes, expensively coiffeured and with more than a hint of collagen around the lips, she chose a pair of budget metal frames and explained that she was in receipt of tax credit.

The spectacles were ready the same week and the blonde returned, parking her shiny convertible BMW outside the practice. Having made sure that the 'evidence not seen' box was ticked on her voucher, I suddenly spotted her personalised registration number. Obviously, I can't divulge what this was, but suffice it to say that it indicated this lady worked in the horizontal adult entertainment services industry. Yes – we get all sorts in Shirley!

Readers may remember from my previous *Jottings* that we have decided to stock a more up-market selection of frames during the recession. This could have been financial suicide, but the gamble seems to be paying off. Although we undoubtedly have a share of the Old and Miserable and Rich but Mean tribes, our practice is frequented predominantly by the Appreciative and Nice gang. These are people who are prepared to pay a fair price for properly-dispensed, good-quality spectacles and are very pleasant folk to deal with.

Book review

A prime example of this occurred the other day, when longstanding patients of ours – a charming couple – were ambushed in the practice by another couple, who turned out to be their neighbours. I had just finished dispensing a very nice frame with high-index progressive lenses to the husband of 'our' couple, when the neighbour wife tried to muscle in on the act. A thoroughly unpleasant and loud-mouthed woman, she tried to persuade our patient to have a different frame. Fortunately, he was having none of it and stuck resolutely to his original choice. I took an instant dislike to his neighbour – she was a potential 'patient from hell'. She then told our patient that she had received discount off her own glasses at her last opticians, but always shopped around for the cheapest pair. From the look of her frame, whatever bargain price she had paid for them had obviously been too much, since her frame resembled some strange reincarnation of a Heinz baked beans tin.

Our patient told her that he had always been pleased with our service and that if his new spectacles served him as well as his previous pair, he would consider them great value for money.

I was so glad that his neighbour was a 'price hound' – it meant that she would not be coming to us for her glasses. The trouble with miserable penny-pinching patients from hell is that they associate with others of the same persuasion – and we want as few of this tribe as possible. Marketing ourselves as a higher-end outlet may not generate patient volume, but it certainly generates quality patients, both in terms of their purchases and their pleasant disposition.

And now, as is customary, I have to sign off in rather a hurry. The Blonde Bombshell is back, offering two-for-one on horizontal adult entertainment. Maybe she'll take one look at my haggard features and throw in another 25 per cent off for the over 60s!

John Pike FBDO runs his own practice in Shirley, Solihull. ■

The Complete Optometric Assistant

by Sarah Morgan BSc(Hons)(Bradford) MPhil(Manchester)

MCOptom FAAO FBCLA, published by Butterworth

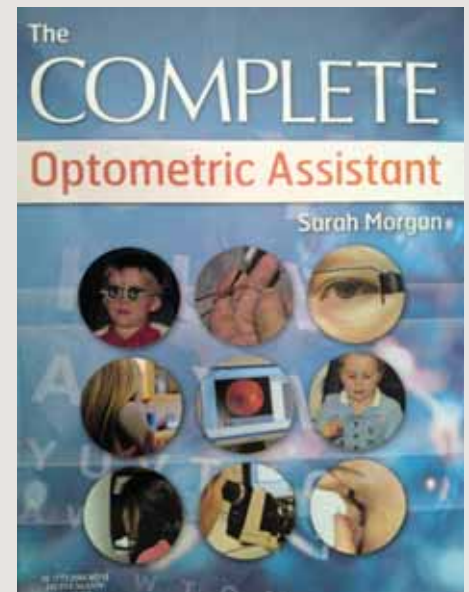
Heinemann Elsevier, ISBN 978-0-7506-8888-8, £35

This paperback has been specifically written for optometric assistants, to be used to support the induction of a new team member in addition to the ongoing training of existing staff.

The eight sections of the book cover:

- Staff in eye care – the role of the optical assistant
- The patient visit – why patient history is important and what happens behind the consulting room door
- Introduction to the eye – basic anatomy and abnormalities which can occur
- Common eye conditions – cataract, glaucoma, macular degeneration
- Understanding vision – covering the importance of record card information, litigation and data protection
- Contact lenses – an introduction to the different materials used for contact lenses, contact lens solutions, teaching the new wearer and aftercare
- Advice on spectacles – lens materials, design and optional coatings, frame materials, UV protection, spectacle collections
- Practice and patient management - appointment scheduling, dealing with tricky customers, team work, patient satisfaction.

Each section contains discussion opportunities for the reader and clinician to aid understanding as well as suggested practical experiences to bring the learning to life. This will



encourage them to apply what they have read into their own practice environment.

A number of photographs are used which break up the quantity of text and whilst these are in black and white, many of the clinical photos are reproduced again in colour in the appendix.

In conclusion, this book would serve as a good reference guide for any optometric assistants undertaking a theory-based distance learning course and lends itself to pick and mix usage specific to the needs of each individual practice.

Reviewed by Wendy Albutt FBDO ■

ABDO COLLEGE BOOKSHOP

This book, plus numerous other titles, can be purchased from the ABDO College Bookshop at www.abdo.org.uk or by contacting Justin Hall on 01227 733904, email jhall@abdo.org.uk

Answers:**A drop of the wet stuff - part one**by **Angela McNamee** MCOptom BSc(Hons) FBDO(Hons)CL FBCLA Cert Ed**1. Which one of the following is not part of the traditional three-layered model of the tear film?**

- a. The mucous layer b. The epithelial layer
c. The lipid layer d. The aqueous layer

b is the correct answer. The epithelial layer is part of the cornea and conjunctiva.

2. Which one of the following is not true of the lipid layer?

- a. It contains fatty acids
b. It retards evaporation of tears
c. It is secreted by the meibomian glands
d. Its primary constituent is mucin
- d is the correct answer.** Mucin is the primary constituent of the mucous layer, not the lipid layer.

3. According to the 2007 DEWS report, which statement is not true of dry eye?

- a. It produces symptoms of discomfort
b. It is accompanied by reduced osmolarity of the tear film
c. It is a multifactorial disease
d. It may cause damage to the ocular surface
- b is the correct answer.** Dry eye is accompanied by increased osmolarity of the tear film.

4. Which one of the following occurs in the ageing tear film?

- a. Mucous levels reduce
b. Meibomian gland production increases
c. Evaporation reduces
d. Both types of dry eye reduce
- a is the correct answer.** Meibomian gland production reduces, evaporation increases and both types of dry eye increase with ageing.

5. Which one of the following is true regarding symptoms of dry eye?

- a. They tend to improve in centrally heated atmospheres
b. They may include dryness or wateriness
c. Smoking reduces them
d. They always present along with obvious signs
- b is the correct answer.** Dry eye symptoms tend to increase in the presence of smoke and in centrally heated atmospheres, and are often present without any clinical signs.

6. Which statement is false in meibomian gland dysfunction?

- a. The secretions have a lower than normal melting point
b. The lid margins may appear notched
c. Bubbles in the tear meniscus may be an early sign
d. Inflammation may precede the condition
- a is the correct answer.** In meibomian gland dysfunction the secretions have a higher than normal melting point, so will tend to solidify at normal eyelid temperature.

7. Which one of the following statements is true?

- a. Hyperosmolarity may lead to a reduction in goblet cell numbers
b. Staining in dry eye always appears first on the cornea

c. Corneal glycogen increases with increased osmolarity
d. Desiccated corneal cells show increased microvilli

a is the correct answer. Staining in dry eye usually appears first on the conjunctiva. Corneal glycogen reduces with increased osmolarity. Desiccated corneal cells show reduced microvilli.

8. Which one of the following factors is not a cause of dry eye?

- a. Diabetes
b. Increased corneal sensitivity
c. Menopause
d. Thyroid dysfunction

b is the correct answer. Decreased corneal sensitivity (hypoesthesia) exacerbates dry eye by feeding back to the lacrimal gland, which further reduces its output, and also by reducing the blink frequency.

9. Which one of the following medications is not normally associated with dry eye?

- a. Citalopram b. Atenolol
c. Hyoscine d. Loratidine

a is the correct answer. Citalopram is one of the Prozac-type antidepressants, which are not known to cause dry eye. Tricyclic antidepressants like amitriptyline may cause or exacerbate dry eye.

10. Which one of the following statements is true regarding nutrition and dry eye?

- a. Antioxidant vitamins may reduce tear stability
b. Omega-6 may increase inflammation
c. Omega-3 may increase meibomian gland secretions
d. Zinc may exacerbate dry eye
- c is the correct answer.** Antioxidant vitamins and zinc have been shown to increase tear stability. Omega-6 has been shown to have anti-inflammatory properties.

11. Which one of the following statements is false regarding the lids?

- a. Lid wiper epitheliopathy may be caused by friction
b. A wide palpebral aperture enhances tear retention
c. In meibomian gland dysfunction the lid margins may appear irregular
d. Infrequent blinking may lead to greater evaporation of tears

b is the correct answer. A wide palpebral aperture increases tear evaporation.

12. Which one of the following statements is true?

- a. The TearLab measures lipid layer thickness
b. The EyeBag reduces inflammation by cooling the eyes
c. Smokers should be advised to take beta-carotene supplements
d. Punctum plugs may increase tear retention time
- d is the correct answer.** The TearLab measures tear osmolarity. The EyeBag warms the eyelids, to soften the meibomian gland secretions. Beta-carotene supplements have been linked to increases in lung cancer in smokers. ■

Diary of events

September to December

Identity Optical Training - Optical Assistants VRQ (Vocationally Related Qualification) Level 2, 4-week course, Mondays 10am-4pm, cost £300, Gloucester. For more information contact Sally Bates on 020 8504 0967 or email identity@sallybates.com

September 8

ABDO Golf Society - Stercks Martin Salver, Olton Golf Club, Solihull, Birmingham. For more information, and for anyone wishing to join the ABDO Golf Society, contact Mike Stokes 01204 411722 or email m.stokes67@ntlworld.com

September 13

Area 6 (West Wales) - CET Day, Village Hotel, Coryton, Cardiff 6.5 CET points, further details to follow. For further details contact Kevin Milsom by email milsomkevin@yahoo.co.uk

September 14

Area 5 (Midlands) - CET Day, the Arden Hotel, Birmingham. For further details telephone Ian Hardwick on 07814 558343 or email ian@ihardwick.orangehome.co.uk

September 16

BCLA - Presidential Address, evening lecture by William Thomas on 'What have the manufacturers ever done for us?! With apologies to Monty Python and the Romans', Royal Society of Medicine, 1 Wimpole Street, London W1G 0AE. For further details visit www.bcla.org.uk or contact Vivien Freeman on 020 7580 6661 or email vfreeman@bcla.org.uk

September 17-20

Silmo 2009 - Paris. For further details contact Michele Jackson at Promosalons (UK) on 020 8216 3109 or email michele@promosalons.co.uk

October 3-5

ABDO - 2009 ABDO Conference and Exhibition, Hilton Brighton Metropole, Brighton. For further details contact the ABDO Conference Office (Event Exchange Ltd) on 01225 869 000 or email rsvp@eventexchange.co.uk or visit www.abdoconference.co.uk

October 31-November 1

BCLA - at National Student 'Eye

Opener' Conference, presentation by Brian Tompkins, Butlins Skegness Resort, Lincolnshire PE25 1NJ. For more information, contact tracysymons@aop.org.uk.

November 1

BCLA - at Professional Advancement Committee (PAC) Conference, Dr Catharine Chisholm will present 'The ageing eye and contact lenses' and take part in a debate on the merits of contact lenses versus refractive surgery, ICC, Broad Street, Birmingham B1 2EA. For more information, contact pac@gg.specsavers.com

November 11

Area 12 (Scotland) - CET Day, speakers Scott Brown from Scotlens, subject to be confirmed, and Julian Wiles from Taylor Optical 'Trivex: making life simpler', sponsored by Scotlens, Taylor Optical and WRX Eyeworks, Two Bridges, South Queensferry. For further details email Brenda Rennie brendarennie@f2s.com

November 26

BCLA - BCLA Pioneers Conference, *free-of-charge and open only to BCLA members*, an afternoon of lectures celebrating milestones in contact lenses and looking forward to future advances, followed by an evening lecture Royal Society of Medicine, 1 Wimpole Street, London W1G 0AE. For further details visit www.bcla.org.uk or contact Vivien Freeman on 020 7580 6661 or email vfreeman@bcla.org.uk

November 26

BCLA - 6th BCLA Pioneers Lecture, *open to BCLA members and guests*, Dr Alan Saks will speak on 'Specialist lenses and management techniques in contact lens practice', Royal Society of Medicine, 1 Wimpole Street, London W1G 0AE. For further details visit www.bcla.org.uk or contact Vivien Freeman on 020 7580 6661 or email vfreeman@bcla.org.uk

November 27-29

BCLA - BCLA speaker at 35th Hospital Optometrists Annual Conference, Majestic Hotel, Springfield Avenue, Harrogate HG1 2HU. For more information, contact alison.weston@leedsth.nhs.uk ■

dispensingoptics

The Professional Journal of the Association of British Dispensing Opticians

Volume 24 Number 8 of 12

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Dispensing Optics is published by ABDO, 199 Gloucester Terrace, London W2 6LD

Dispensing Optics is printed by Lavenham Press, Lavenham, Suffolk CO10 9RN
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ISSN 0954 3201

Average circulation 2008: 8654 per issue - ABDO Board certification

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