



dispensingoptics

February 2014



Dispensing Optics

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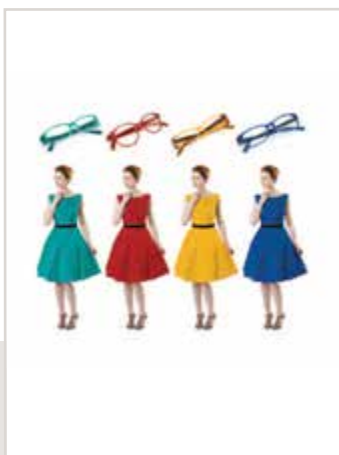
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Making headlines with ITN

ABDO president, Peter Black, has been interviewed by Natasha Kaplinsky of ITN about what the future holds for the sector. The interview can be viewed on the ABDO website and I strongly recommend it to anyone who has yet to view it. Apart from being an excellent résumé of where we stand at present, it is important to understand that this is just the start of a growing programme of activity by the Association to promote both the role and professionalism of our members.

In the months ahead, we will be building on our partnership with ITN and working on other promotional



Front cover: "One pair is never enough!" BBGR Intuitiv Multi-Pair promotion

Cover point

activity. We will be doing so in a way that is targeted, cost-effective and accurate. We have spent time considering how we can promote the profession in a sustainable way, and in a way that will be consistent enough to impact upon the general public (well at least some of them!)

Over the coming months, there will be a number of opportunities for us to promote both the Association and what our members do. However, it is also important that members themselves do all they can to assist. That means doing everything from getting involved with LOCs, to undertaking talks to classes in schools, using ABDO's generic leaflets in practice where permitted and, finally, talking up the skills of dispensing opticians at every opportunity.

We intend to make 2014 a year in which a significant effort is made to raise our profile.

Tony Garrett ■

ABDO works in Partnership with:



ABDO is a member of: **Optical Confederation**
The voice of opticians

ABDO also actively works in conjunction with:



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Measuring that unknown RGP in practice

by Keith Cavaye
FBDO(Hons)CL FBCLA

Competences covered:

Dispensing opticians: Contact lenses
Contact lens optician: Verification and identification
Optometrists: Contact lenses



Most contact lens opticians will recognise this situation. A patient visits for the first time, wearing very old rigid lenses saying that they fit perfectly

IMPORTANT: CLO competency requirement

Contact lens opticians will notice that this article is approved for the CL competency of *Verification and identification*. This competency is rarely offered by CET Providers, so will remain active until the end of 2014. CLO ABDO members are strongly recommended to complete the article and answer the multiple-choice questions so that they can ensure that their CLO competency requirements are met.

The expiry date for all other CET articles in *Dispensing Optics* in 2014 will be approximately 14 weeks following publication. ■

and would like a duplicate pair. Their previous practitioner has retired and of course, they have no contact lens specifications! In these circumstances, it would be really useful to have full laboratory equipment so that the majority of lens parameters could be measured and recorded for replication to take place. In most practices, this simply is not the case.

Other occasions where such information would be valuable include checking the laboratories' accuracy as you would with spectacles before final dispensing, to confirm that the lenses are being worn in the correct eyes or to check if lens parameters have altered with time and wear.

However, in practice, there are things that we can do to obtain the most relevant parts of the specification, so

allowing the verification or replication to take place with a good level of confidence.

Before any measurements are attempted, a full knowledge of rigid lens design is necessary. Although individual laboratories may make almost any configuration of back surface design, the majority fall into the following groups:

1. Spherical, with two concentric curves (bicurve or C2) or three concentric curves (tricurve or C3) or four or more concentric curves (multicurve or C4). These spherical curves usually flatten in radius towards the lens edge.
2. Aspheric, with varying options of aspheric curve designs, such as ellipse or parabola.
3. A combination of the above. Possibly a spherical central portion combined with an aspheric periphery.

abdo|CET

This article has been approved for 1 CET point by the GOC. It is open to all FBDO members, including associate member optometrists. The multiple-choice questions (MCQs) for this month's CET are available on **page 10** and **online**. Insert your answers to the six MCQs on the inserted sheet or online at www.abdo.org.uk. After log-in, go to 'CET 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 the January 2015 issue of *Dispensing Optics*. The closing date is 16 December 2014.



C-33206



For the purpose of this article, we will assume a tricurve lens design is being assessed. A typical lens will have the following attributes, written in this style¹:

**BOZR:BOZD/BPZR1:BPZD1/BPZR2:TD
BVP Tint CT Marks Material**

An explanation of these terms appears in **Table 1**.

When receiving new contact lenses from a laboratory, the tolerances should comply with those in **Table 2**².

For our purpose, assume the lens to be verified or measured was made to the following specification:

**C3 7.80:7.70/8.60:8.50/11.25:9.50
-5.00DS, Boston XO, Blue tint, ct 0.20,
with dot marking for right eye**

In practice, the author would suggest that we can have a realistic attempt to measure or check all of this specification with the exception of the two peripheral radii, the 1st peripheral zone diameter and the material.

Measuring BOZR

Usually, this is the most important or useful parameter to establish. Ideally, the practice will have a radiuscope, which may be monocular or binocular. **Figure 1** shows a standard binocular version with mechanical measuring gauge. Some instruments have a digital scale or even an internal one viewed via the eye pieces. Using Drysdale's method, it measures the distance between two images, formed at the lens surface and the centre of curvature of the

lens, which equates to the radius of curvature of that lens or surface. The instrument is not difficult to use, but does require practice and dexterity.

The lens must be thoroughly cleaned with sterile water or saline and then dried. Any deposits or liquid on the lens surface will distort the images. It is then placed, concave side up on the lens holder, which must also have a drop of sterile liquid placed in it, which will help to neutralise unwanted reflections from the *front* surface of the lens. Positioning the lens and holder centrally is critical. This can be achieved by turning the target light on as bright as possible and observing externally the reflection on the lens surface, moving the holder to obtain the most central position possible.

Before measuring takes place, it is helpful to confirm that both of the two images are visible. By racking the instrument target up and down with the black circular dial (**Figure 1A**) this can be achieved. Normally, the microscope itself moves, but with some instruments, it is the stage holding the lens and holder. It may be necessary to further move the holder horizontally to improve centration before *both* images are available. Any distortion of image at this point suggests poor centration, a dirty or wet lens or back surface lens distortion. The images are usually a circle of dots similar to a focimeter image. Elongation of one image may suggest that the surface is toroidal. A clue to correct positioning is that an additional image of the bulb filament

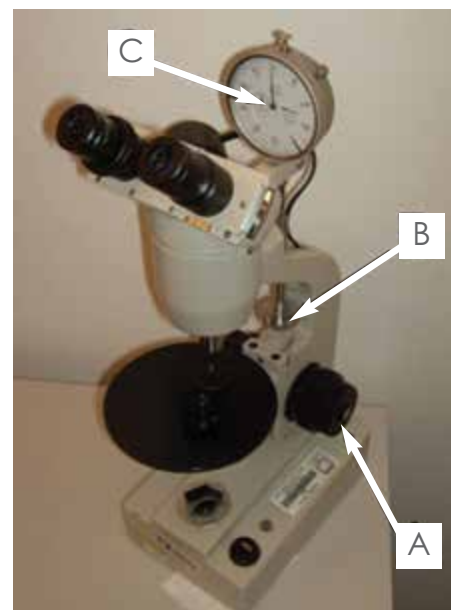


Figure 1: A binocular radiuscope

can be seen between the two target images.

Having found these images, the gauge needs to be zeroed before recording can take place. It should be noted that instruments may zero on either of the two images. The implication of this is that instead of reading from perhaps zero to 7.80, the gauge may move in the opposite direction, ie, from zero (or 10.00) backwards through 9.00, 8.00 etc to stop at 2.20. The actual reading of course would not be 2.20, but 10.00 – 2.20, ie, 7.80.

Having established the zero position, the gauge must be reset to record this, usually achieved by turning the horizontal metal dial as seen in (**Figure 1B**). The black plastic dial is then

Table 1

Abbreviation	Definition
BOZR	Back Optic Zone Radius
BPZR1	1st Back Peripheral Zone Radius
BPZR2	2nd Back Peripheral Zone Radius
BOZD	Back Optic Zone Diameter
BPZD1	1st Back Peripheral Zone Diameter
TD	Total Diameter
BVP	Back Vertex Power
Tint	Any tint of material, eg, blue
CT	Geometric Centre Thickness
Marks	Any identifying marks, such as 'R' for right lens

Table 2

Abbreviation	Tolerance
BOZR	+/- 0.05mm
Any BPZR	+/- 0.10mm
BOZD	+/- 0.20mm where blending allows measurement
Any BPZD	+/- 0.20mm where blending allows measurement
TD	+/- 0.10mm
BVP	Up to 5.00DS, +/- 0.12DS
	5.00DS to 10.00DS, +/- 0.18DS
	10.00DS to 15.00DS +/- 0.25DS
	15.00DS to 20.00DS +/- 0.37DS
	Over 20.00DS +/- 0.50DS
CT	+/- 0.02mm



Figure 2: Contact lens holder for a keratometer



Figure 3: Band magnifier



Figure 4: V-gauge

turned again to find the next image. The gauge will record this movement and needs to be read to supply the actual BOZR in mm. Viewing the gauge carefully, readers will note that there is an outer pointer giving the decimal places and a small inner dial (**Figure 1C**) supplying the whole millimetres. Care must be taken when the larger pointer is near vertical, which implies that the whole number on the small dial is about to or has just altered. Mistakes are frequently made in this case, so particular note should be made of exactly where this pointer is indicating to avoid a whole digit of error.

These instruments are very sensitive, requiring a number of readings to be taken and an average final reading recorded.

In theory, by tilting the lens holder, it is possible to measure peripheral curves, but this is very dependent on levels of blending and width of the peripheral band.

Many practices, however, do not have a radiuscope. An alternative method of measuring BOZR can be performed using a keratometer. The lens needs to be held in front of the keratometer in a similar position to where the eye is normally placed. Special holders are available for this purpose (**Figure 2**). The post is inserted into the chin rest where the securing pins for the disposable paper wipes are usually located and the clean lens placed into the concave plastic holder with sterile liquid. The keratometer then is used in the normal way to give a direct reading

from its dial. The process is quicker and easier than using a radiuscope. Without the special holder, a mock-up version can easily be made using a rule to sit on the chin rest and lean against the forehead strap. Blu-tack or similar, with a concave depression in it, holds the lens in place at the correct height for the machine. This works perfectly satisfactorily, but care should be taken over hygiene and possible damage to the lens. As keratometers are calibrated to measure convex surfaces rather than concave, errors due to aberrations do occur. Some manufacturers produce a conversion table to use, but as the errors are small, it is suggested³ that adding just 0.03mm to the recorded reading will give an accurate result. The author concurs with this.

Total Diameter (TD)

TD can be measured using a band magnifier or 'V' gauge.

A band magnifier (**Figure 3**) is a simple magnifying device (usually 7X) with a scale or graticule in millimetres and 10ths of millimetres engraved on the flat viewing surface. A lens is placed convex side out on this surface and viewed through the magnifier towards a background light source. It should be gently moved to line up with the graticule and a direct reading of TD in mm, correct to one decimal place is taken. In exactly the same manner, BOZD and any peripheral curve diameters may be recorded if the blending on the lens allows them to be seen.

At the same time, the lens can be

generally viewed to assess condition and check for any identification marks that may be engraved on the front surface, such as a dot or lettering.

Alternatively, a 'V' gauge may be used, but this will not measure any peripheral diameters, only TD. The lens is placed in a wide area of the reducing width groove and gently slid along the narrowing channel until it touches both sides with no further movement possible. Care must be taken not to damage the lens by exerting too much pressure. (**Figure 4**) shows a lens in this position with a TD reading of 9.1mm.

Back Vertex Power (BVP)

As with any optical lens, the BVP must be established. Any standard practice focimeter may be used. If it is possible to align the focimeter vertically, this will help keep the contact lens in position. Using a small stop, less than the total diameter of the contact lens, prevents the lens from falling into the machine. A lens holder (**Figure 5**) is often supplied with focimeters to further help safe positioning.

The clean, dry lens should be placed concave surface down to measure BVP, centred as well as possible to avoid introducing any prismatic effect. If the lens is not placed on or very close to the stop, it will not be in the correct plane to give an accurate reading. The error will be to show a more positive or less negative reading. This can also occur if the lens has a very steep back curve, forcing the centre away from the stop.



Figure 5: Contact lens holder for a focimeter

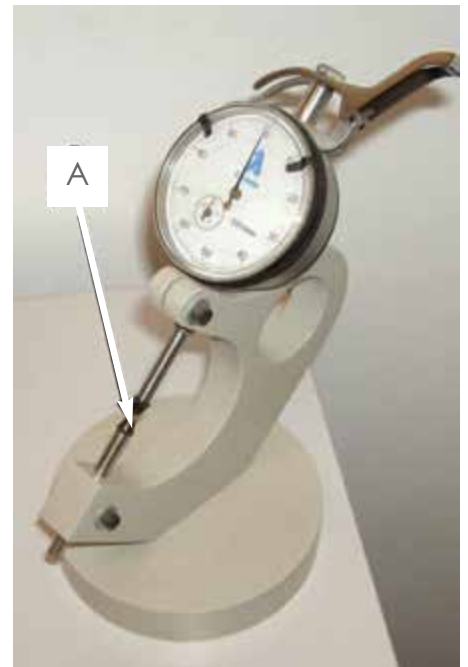


Figure 6: Contact lens thickness gauge

Once positioned, a reading is taken in exactly the same way as for spectacle lenses. Should a cylindrical component be present, this will of course show in the normal way, although the axis shown will depend on the rotational position of the lens on the stop, rather than the true axis.

Geometric Centre Thickness (CT)

CT is very easy to measure with an appropriate thickness gauge. As seen in **Figure 6**, it consists of a simple dial gauge, very similar to a radiuscope, which is directly connected to a spring loaded probe. The movable leg of the probe needs to be raised, the lens inserted concave side down centrally on the fixed part and the leg gently repositioned onto convex surface of the lens. The lens position is shown as **(Figure 6A)**. A reading is directly taken. Because CT is generally very small, say between 0.10 and 0.40mm, errors do not normally occur in taking the reading as they may with the radiuscope. Only the large pointer is observed as the reading is always less than 1.00mm, unless a scleral lens is being measured!

The thickness gauge can also be used to determine edge thickness or indeed any thickness across the lens. It is helpful in identifying prism incorporated, with the edge being considerably thicker in one meridian.

Tint

Most rigid contact lenses have a tint. When PMMA was popular, laboratories issued tint charts or samples as found today with spectacle lens tints. With the

advance of gas permeable materials, the choice reduced considerably, but still exists. The best way to check a lens for tint is to place it against a white background, a clean tissue is ideal, and observe it in good natural light. Recording is personal rather than scientific, using terms such as 'blue', 'light blue', etc. Older PMMA lenses used numbers to identify their tint, such as 912 for light grey or 512 for dark grey, but this practice is little used today.

Material

There is now a large range of gas permeable materials available with varying properties of DK, wettability, hardness etc. In a practice setting, the author suggests that it is not possible to detect which material has been used to make a lens.

In summary

We started with a lens to be checked or measured with the following specification:

**C3 7.80:7.70/8.60:8.50/11.25:9.50
-5.00DS, Boston XO, Blue tint, ct 0.20,
with dot marking for right eye**

With some measuring devices in practice, it should be possible to obtain realistic readings as below, with the exception of the scored out details:

**C3 7.80:7.70/8.60:8.50/11.25:9.50
-5.00DS, ~~Boston XO~~, Blue tint, ct 0.20,
with dot marking for right eye**

This is enough information to make a replacement lens with reasonable confidence. Indeed, most manufacturers today make 'system' lenses, which require the practitioner

to supply the desired BOZR, TD and BVP (plus material and tint), leaving their programmed computer systems to calculate all other parameters. So perhaps you can obtain more information than you expected with your RGP contact lens wearers!

References

1. British Standards Institution BS EN ISO 18369-1:2006
2. British Standards Institution BS EN ISO 18369-2:2006
3. Phillips AJ and Stone J, Hard lens verification procedures. In AJ Phillips and J Stone, editors. *Contact Lenses*, 3rd ed. London: Butterworths 1989; pp 440 – 504

Keith Cavaye is currently a locum contact lens optician and consultant, an ABDO practical CL examiner, an ABDO theory dispensing marker, and sits on the GOC Investigation Committee. He is chairman of the ABDO CET Committee and member of the Contact Lens Committee, ABDO Advice and Guidelines working group, College of Optometrists Membership and Standards Committee. Past Council member BCLA and GOC. He has had various articles published on contact lenses. Previously he was professional services manager for Indigolighthouse Group, contact lens product manager for Dollond & Aitchison, and contact lens services manager for Boots Opticians. ■

Multiple choice questions (MCQs): Measuring that unknown RGP in practice

1. What does not form a rigid contact lens back surface design?

- a. Paraboloidal or elliptical aspherical curves
- b. A series of spherical concentric curves
- c. Convex concentric curves to flatten the peripheral radii
- d. Aspherical and spherical curves

2. Which abbreviation is incorrectly written according to British Standards?

- a. BPZD1
- b. BOZR
- c. BPZR3
- d. BZOD

3. Which statement is true regarding rigid contact lenses?

- a. It is not practical to verify the first peripheral zone diameter
- b. The tolerance on a back vertex power of -6.00D is +/-0.25D
- c. Back optic zone radius cannot be measured with a keratometer
- d. Peripheral radii are best checked using a V-gauge

4. The geometric centre thickness of a rigid corneal lens is likely to be . . .

- a. Reduced if the back curve is very steep
- b. Rejected if 0.01mm different from the specification ordered
- c. Over 1mm
- d. Between 0.1mm and 0.4mm

5. If the contact lens is not placed very close to the focimeter stop . . .

- a. A cylindrical element will be introduced
- b. The reading will be more positive than the true value
- c. The reading will be more negative than the true value
- d. A prismatic effect will distort the image

6. On which set of measurements from the practitioner do contact lens manufacturers mostly rely?

- a. BVP, TD, BOZR
- b. BPZR1, BVP, TD
- c. BOZD, BVP, CT
- d. BPZD1, CT, TD, BVP

The deadline for posted or faxed response is 16 December 2014. The module code is C-33206

Online completion - www.abdo.org.uk - after member log-in go to 'CET online'

After the closing date, the answers can be viewed on the 'CET Online' page of www.abdo.org.uk. To download, print or save your results letter, go to 'View your CET record'. If you would prefer to receive a posted results letter, contact the CET Office 01206 734155 or email cet@abdocet.infoman.org.uk

Occasionally, printing errors are spotted after the journal has gone to print. Notifications can be viewed at www.abdo.org.uk on the CET Online page

CET answers: Macular conditions

1. Which statement is not true?

- a. Treatment for CMO can include non-steroidal anti-inflammatory
- b. 90% of CMOs require treatment
- c. CMO most commonly occurs following cataract surgery
- d. CMO occurs as a result of a leakage of serum from perifoveal capillaries

b is the correct answer. Only 10% of CMOs require treatment, 90% will self-resolve

2. Patients with macular changes most commonly experience . . .

- a. Distortion when viewing an Amsler grid
- b. Halos around light sources
- c. Contracted visual field
- d. Photophobia

a is the correct answer. The other answers are associated with other ocular pathologies, not with macular changes

3. Which is not a possible treatment pathway for CSR?

- a. Regular monitoring for 3 months or longer
- b. Intravitreal corticosteroid injections
- c. Photo-coagulation with argon laser
- d. Photo Dynamic Therapy

b is the correct answer. Intravitreal injections are indicated in the case of cystoid macular oedema, not CSR

4. What is not a clinical sign of myopic maculopathy?

- a. Choroidal neovascularisation

- b. Lacquer cracks in Bruchs membrane

- c. Raised intraocular pressure
- d. Atrophy at the macular region

c is the correct answer. Raised intraocular pressures would not be observed

5. Which statement is incorrect?

- a. Macular holes are thought to develop as a result of vitreous changes and traction with the retina
- b. Macular holes are more prevalent in males over 50 years old
- c. Treatment of macular holes can involve vitrectomy
- d. Within five years 10-20% of patients with a full thickness macular hole will develop a macular hole in the other eye

b is the correct answer. Macular holes are more prevalent in females over 50

6. Which statement is true?

- a. Epiretinal membranes occur as a result of ocular trauma
- b. A migration and proliferation of glial cells give rise to an epiretinal membrane
- c. All epiretinal membranes require surgical removal
- d. Contraction of the epiretinal membrane usually causes retinal haemorrhage

b is the correct answer. Epiretinal membrane occurs with a proliferation of glial cells which collectively form a transparent membrane

To download, print or save your CET result letter, go to www.abdo.org.uk. Log-in and go to 'View your CET record'.

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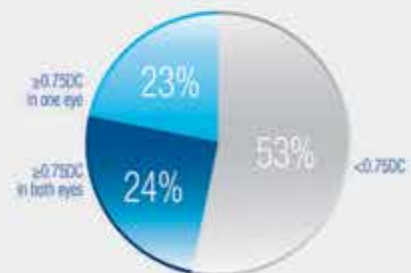
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¹ Young G et al. Prevalence of Refractive Error and its Correction in Adult Contact Lens Wearers. *Eye & Contact Lens* 2011; 37 (1): 20-25. ² JWC data on file June 2012. ³ JWC data on file 2011. ⁴ Bulter A, Young G, Lorenz K & Haid C. Clinical evaluation of fitting toric soft contact lenses to correct non-corneal astigmatism. *Optom* 2013; 94 (10): 5. ⁵ International market research survey, 2012, 14 markets across Europe and Russia via online questionnaire with ACUVUE® wearers from each market. Data on file. Current ACUVUE® Brand Contact Lenses website. 0-2762.

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Figure 1



Figure 2

Generate your own CET - registrant-led peer review/discussion

The GOC has introduced a mechanism for this cycle whereby registrants can organise their own CET via peer review/discussion in their place of work or other appropriate venue. This is proving to be a very popular way to accrue CET points without reliance on Approved CET Providers. The peer discussion/review group that the registrant sets up still has to go through a GOC approval procedure, but ABDO has guidance within the CET section of the ABDO website to help with this. Three CET points can be gained for a two-hour discussion. Even though dispensing opticians do not need to attend peer review/discussion, they can still use this CET modality to gain points.

On the ABDO website in the CET section there are a number of documents with information about registrant-led CET. **Figure 1** shows the peer discussion home page. This information, and the sample cases,

are only available to ABDO members, so you will have to log-in. Read the introduction, then scroll down to view the related documents section.

Ensure that you read *Generate your own CET*, and parts one and two of *Setting up peer review/discussion*. Then navigate, using the left menu, to the peer discussion cases page (**Figure 2**). The cases are categorised by the DO/CLO competencies they address, or you can just sort through them further down the page. Include two or three records from your practice in the mix, and try creating your own learning objectives (LOs) from those cases when you apply for approval, using the LOs given on the cases as a guide to how to word them. A learning objective should state what the learner will be able to do, or better able to do, after completing the CET.

All of the cases for members' use

have been approved as part of sets of cases submitted to the GOC for approval, and this can be referred to when you make your application. However, the fact that the set has been CET-approved is not a guarantee that your own mix of cases will receive automatic approval. You must make your application for CET-approval in good time - 10 working days is the time specified for approval. You cannot apply after the event.

Once you have gone through the process once, it does become easier, and if you can bring your group together every couple of months or so, then at the end of 2015 you could have gained 54 interactive points or more. If you intend to gain most of your points via this modality, be aware that some competencies are easier to address in peer discussion than others. For example, the competency of Verification and Identification for CLOs is quite practical in its competency indicators, so is a hard topic for discussion. Fortunately, there is a CET article in this issue covering that very competency, and every DO and CLO competency will be covered in *Dispensing Optics* CET articles 2013 - 2015. ■

If you have discussed an interesting case or scenario in a registrant-led peer review/discussion, please consider submitting it for your fellow members' use during their sessions. Just email the case or scenario to the CET office cet@abdocet.infoman.org.uk, remembering to anonymise the case if it refers to a real patient from the practice. If suitable, the case will be formatted as an ABDO case (with acknowledgement) and added to the case selection on the website, tagged with the applicable competencies. ■



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A Gala Dinner table setting



The Gala Dinner - a major ABDO celebration

ABDO Conference 2014: networking and fun

The ABDO Conference is the ideal event to gain valuable CET points whilst having some fun, writes Elaine Grisdale in this month's conference preview

The 2014 ABDO 'Conference in the country' will be held on Sunday and Monday 30 and 31 March at the Chesford Grange Hotel in Kenilworth, Warwickshire. As well as offering two days of CET and exhibition activities, plans are in place to help delegates make the most of all the networking opportunities on offer whilst having a great time to boot.

First and foremost, I would urge all members to attend the ABDO Gala Dinner on the Sunday evening, particularly those who have not attended one before. Our annual shindig is a major celebration of all that we do – and who we are as an Association. It's a true 'gala' from the old French 'gale', which means rejoicing, with up to six hours of the 'feel good factor' to enjoy with dinner, entertainment and dancing into the early hours.

Top-class party venue

A lot of soul searching, head scratching, careful planning and preparation goes into ensuring our 2014 Gala Dinner is a success. This year is no exception. We had the choice of three venues this time: one was in the conference hotel, which we eliminated as numbers would have been too restricted and the logistics

would have been too complicated. The next of the two other venues shortlisted was the Motor Heritage Museum in Gaydon, which did us proud in 2012. We thought, however, that previous attendees would prefer a new venue experience. So, we've opted for a brand new, purpose-built, top-class party venue, which hopefully will 'blow you away' – the IXL Event Centre at Dallas Burston Polo Club.

I must admit that when I went to have a look at the venue a year ago with our event organisers, I was a bit apprehensive. I'd never been to a polo club before and didn't really know what to expect. My only knowledge of polo is that it's the sport of royalty, so my first thought was that if it was going to be too aristocratic, that a girl from the suburbs of Manchester like me would feel intimidated; it would have been scratched from the list and we'd be going back to the drawing board.

All I can say is that even in the early days when the venue was still under construction, it had the 'wow!' factor. The main gateway is grandiose and you're taken up a magnificent driveway sweeping through the grounds – it just oozes class. The building where we will be partying is



The band at the 2012 conference



Elaine Grisdale addresses the guests at the Gala Dinner

purpose-built for exactly that, partying – like the jet set do. It is a grand space with several bars and an impressive hall with marble flooring, huge columns and impressive lighting – all designed to take your breath away.

The owners have spared no expense and all the fixtures and fittings are of the highest quality, adding to the feeling of opulence. We have been lucky that thanks to the continued support for our members and generosity of one of our major industry partners, Transitions Optical, we have been able to keep the cost of the Gala Dinner tickets the same as last year.

For those of you hesitating about attending what will be undoubtedly the best evening in the 2014 optical calendar, because you are afraid of being stranded at an external venue when the band strikes up, fear not! Not only do we have a great deal of space at this venue, there will be room in an annexed bar for you to talk and drink with friends and colleagues, without running the risk of being dragged onto the dance floor. If you really want to get back to the hotel for an early night, there will be regular shuttle buses back to the hotel and the journey is quite a short one due to the proximity of the venue. So there should be no excuses for not joining us.

The Gala Dinner ticket price includes drinks on arrival, a three-course meal with wine included. There will be a few surprises from the stage, which can't be divulged as yet, suffice to say that there will be humour, much happiness and a sense of celebration generated. The evening will conclude with the sounds of the fabulous band, which will entertain into the wee small hours.

For those who are still in the party spirit, the revelry can continue at the bar at the Chesford Grange Hotel.

Teeing off the frivolities

Saturday 29 March is pre-conference day and will offer the opportunity to unwind and get into the spirit of things. For those who play golf, there is the pre-conference golf tournament, which is to be played at the Warwickshire Golf & Country Club, Leek Wootton, Warwick. After registration with refreshments on arrival at 11am, players will tee-off at noon for 18 holes of golf (four-balls, setting off at 10 minute intervals). A three-course dinner and prize giving will take place at 6pm in the club, one of the finest in the country and boasting an impressive array of golf facilities.

Two superb 18-hole golf courses are situated in the middle of 465 flowing acres of picturesque Warwickshire countryside. "What will astonish those attending the ABDO pre-conference golf tournament is the remarkable variety of golf," said organiser and ABDO members' support manager, Barry Duncan. "The course designer, American Karl Litten, chose a distinctive and different character to include inland links, woodland, Americana and parkland, all in one immensely attractive sweep of golfing country. The courses offer the perfect challenge for golfers of all abilities, having hosted many professional tournaments including a European Seniors Tour and the Midland PGA Final."

If previous years are anything to go by, spirits will be running high. "The prospect of winning the Frank Clipson Memorial Trophy and the 'green

jacket' currently held by Paul 'Shimmy' Shimmel is, of course, the aim of all participating ABDO members," added Barry, who will be introducing a 'blue jacket' for non-ABDO members to make it a little bit more interesting . . .

After the golf dinner, it will be back to Chesford Grange to meet up with all the people arriving for the conference. ABDO, in partnership with the Federation of Manufacturing Opticians, will host a welcome drinks reception for exhibitors, delegates and speakers. The ABDO Conference is historically *the* conference for networking and catching up with suppliers who we might not always have the chance to spend any downtime with in practice. Our party is traditionally where some important decisions can be made in a convivial environment.

One of the many good wish messages for the New Year that I read recently said the following: "Refuel life with new enthusiasm that energises; will take everything in a more positive direction helping me to stay committed to attaining excellence that will inspire everyone in its wake". It reminded me of what happens at the ABDO Conference. Make sure you book and join us!

For full details of the conference programme and to register, visit www.abdo.org.uk. Don't forget that the Conference Club payment scheme is available to help ABDO members spread the cost of coming to the conference.

Next month, we focus on this year's exhibition. ■



Does your practice drift along, or do you have specific targets and goals to achieve? – asks Antonia Chitty

Goal setting for your practice

Goal setting can help you transform your business and make the most of it. In this article, read about how to set realistic and achievable goals and motivate your staff, as well as discover how a Brighton practice, part of a small independent group, does this too.

An overall aim for your practice can help every member of staff ensure that their efforts are taking the business in the right direction. A mission statement for the business, about what you want to offer and how it is different to competing businesses, can be a foundation for your business aim. Do you want to offer specialist services, ensure happy customers, and have a profitable

business? These are aims that will resonate with most practice owners and managers, but they are broad and non-specific, which can make them seem hard to achieve. Make it easier by pinning down key terms – which specialist services, who are your customers, how much profit, for example. As you do this, you move from aims to developing specific goals and targets.

On the practice floor, the difference between an aim, an objective, a goal or a target can seem unclear and irrelevant. Clarify the difference and you'll find it much easier to see how they are relevant, and to motivate staff too. The aim is the general purpose that you want the

practice to achieve. The objectives allow you to break down the aim into specific ends, which in turn can become easy-to-communicate targets, which may be numerical and/or measurable. You can then devise a plan that will allow you to meet your targets and reach your objectives, and outline the day-to-day activity staff need to do to put this in place.

As an example, your aim might be to increase your practice profitability. The objective for 2014 could be to see an uplift of 10 per cent on each month's income compared to 2013. You could then break this down and give dispensing staff specific daily, weekly or monthly sales targets. A second objective within this aim could be to reduce running costs by a certain percentage. Alternatively, an aim of 'more satisfied customers' might need you to take action and implement a customer satisfaction survey. You could then find the baseline of satisfaction and have a goal to increase this. See the Eyesite case study for more ideas.

SWOT and PEST analysis for your business

Doing a SWOT/PEST analysis can help you understand what's great about your business and the areas that you need to work on. Work out the Strengths and Weaknesses of your business, the Opportunities for your business and the potential Threats. This will help you assess how your business is placed compared to competitors.

You can also carry out a PEST analysis, looking at external factors: the Political, Economic, Social, and Technological environment and how it will affect your business. It is worth getting to grips with thinking about this sort of analysis as it will help you show potential funders that you have thought about all sorts of issues which may affect your business. You can also add legal and environmental factors to your analysis if relevant. ■

Measuring your success

An objective should always be a measurable step that will make

Continued on page 16



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Case study: Eyesite Opticians

Jim Green is a director of Eyesite, a group with four practices in Reading, Brighton, Winchester and Oxford. He is a dispensing optician and practice manager for the Brighton branch. Jim says: "We pride ourselves on offering the latest products and technology along with an enhanced service, from OCT scanning and Optomap to our personalised approach to eyecare and eyewear."

Jim explains how as part of the management team they keep the staff motivated and working towards group-wide goals: "We have about 17 staff in Brighton, divided into departments, each with a manager. A dispensing manager is responsible for the seven dispensing staff and organises the shop floor. He is aware of our sales and targets, and manages the merchandising of the frame and sunglass show areas. Our branch contains around 1,300 spectacle frames and 800 sunglasses, so there's plenty going on."

"One of our optometrists is the optometry manager. He ensures that we offer 18 to 21 clinic sessions each week by organising our four resident optometrists and locum cover as needed. He makes sure everyone is fully briefed, from permanent staff to locums. Quality in optometric care is absolutely key, so we use regular locum optometrists who embody all the traits we want. He and I co-manage the reception team so that they have a clinical lead and a practical lead. Beyond this, in Eyclab, we have an in-house glazing service, servicing our branches as well as independent practices in Sussex, Surrey and Kent. There is a manager for the Eyclab team, who is responsible for liaising with branch staff to ensure that they have an excellent insight into technical possibilities."

With such a big team, Eyesite uses a planned strategy, as Jim explains: "We set goals on a daily and monthly and annual basis. We start off with a Big Audacious Goal, which is set by the management team at the start of the year. This is a financial goal for our turnover, based upon an average of the past three years, along with a growth percentage. We apply SMART principles to this, and work out how we can get there. The complement to this is our 'customer delight': we have a customer survey, which goes to customers around a month after purchase."

"These two elements make up the backbone of our key performance indicators: sales and customer delight. We break down the sales into 12 monthly targets, then into areas of business so we know income targets for examination fees, contact lens fees, frames, lenses, solutions and sunglasses sales. We have a useful practice management system to monitor our performance. I run reports daily to tell me exactly how much we have turned over and plot this against running totals."

To plan these targets, Eyesite has regular meetings. Jim says: "On 2 January everyone meets for our conference, to set key goals and objectives which are communicated via managers and owners to practice managers to ground staff. In Brighton we have regular inter

practice manger meetings where we plan for the next 14 days, discuss all aspects of the business including clinics, dispensing and Eyclab updates. I find that setting this time aside is essential as it allows us to present a unified management team, which in turn is communicated at the practice staff meeting."

"To make sure everyone has an incentive to meet the goals, we run a quarterly performance related pay scheme. Sales achieved and targets are communicated to staff every Friday morning at a staff meeting. We don't open for the first half hour and have the meeting instead. We organise the staff rotas so almost everyone is in for this, and we run training events at this time too. Just talking figures motivates the staff. People like to be praised and we make a point of saying if people have done a good job, and sharing in their success. We find that this is a way of replicating excellent service."

"After the staff meeting, the practice managers meet for an online video conference call so we communicate between branches. The performance related pay scheme helps too; staff get a bonus based on reaching sales targets and scores in the customer delight questionnaire. We have been running the customer delight survey for 10 years. I keep rolling averages, and it has crept up from 4.33 out of 5 in 2007 to 4.74 today – we increase every year. The staff like to know what the score is, and are aware that patients are monitoring them!"

"Beyond the numbers, we also have a good social scene for staff. We go out after work to celebrate customer delight scores, a birthday, people leaving, and we hold a Christmas party involving the whole group. It could be seen that we're very lucky that within the team everyone is passionate and that's infectious, however, it is actually down to correct employment at the beginning of their employment journey. Every member of staff wants to do things to the best of their ability. If there are any issues, we use performance management to confront these things. We want to make sure customers and patients have the best service."

"Performance management allows us to identify weaknesses, discuss with the relevant member of staff, create training plans with them so that they have shared ownership, and review it on a regular basis. We offer positive incentives too, one of which is the culture of up-skilling our staff. In the last couple of years, we have arranged for staff to do the customer service NVQ together. We provide professional training, to help staff move from OA to DO, and we fund the training. My job is partly to motivate, and partly to give them the ability to develop a career if they want to. We have three trainee DOs right now."

"Without this sort of drive from within practices, the profession will suffer. It's a culture that is deep in the DNA of our company. The motivation comes right from the managing director, the management team, to every member of staff." ■

progress towards your overall aim. You will probably need a handful of objectives, some short-term, some medium-term and some longer-term. It can help if they are SMART – Specific, Measurable, Achievable,

Realistic and Time-specific. Not everything can be achieved in one year; you might have a five-year plan for a practice refit, for example. Ensure that you have a number of goals to achieve in one, three and

five years' time. Consider what number of goals is realistic. Will staff remember 17 practice targets to achieve, or seven, or will they focus best working on one or two goals relevant to their role?

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Paul Surridge ponders the power of silence in the sales process



The psychology of selling

She paused for a moment, looked at the audience and remained silent as if to collect her thoughts. The silence was brief but deafening. She had everyone's complete attention.

It was whilst attending a conference in London that I first witnessed the power of silence. From a dispensing perspective, there's always the temptation to do far more talking than listening, but it's the listening that ultimately delivers results. Having presented the relevant benefits we need feedback; we need the patient to tell us what's important to them, and we should remain silent. Often, we blurt out all the things we consider important – the features – without drawing breath, assume the benefits are obvious, and then wonder why people fail to buy.

This is especially true when it comes to convincing a patient, for example, of the value of high index lenses and their associated cost. Price is often a barrier when we haven't listened to what the patient wants. A successful transaction is very much a two way process but with the patient doing most of the talking.

Stop selling, start listening

One concept during the conference

speech I refer to was to stop selling and instead create an environment where people want to buy. We need to remove the word 'selling' from our vocabulary. If you're a practice owner or dispensing manager, tell your dispensing team that, "From today, we're not going to sell anything to patients", and fall silent. Don't be surprised if the statement is met with incredulity, but then go on to explain what "creating an environment where people want to buy" really means.

The fact is that none of us want to be sold to. When we buy something, we like to think it's our own decision, albeit sometimes influenced by others. We don't want to be pressured in one direction or another by someone who quite obviously wants to make a sale. The psychology of selling starts by suggesting that overt selling is akin to failure. The dispensing optician must view the purchasing process from the patient's perspective. We need to know whether it's a 'need' or 'want' purchase. It can be both.

If it's a 'need' purchase only, the discussion with the patient will almost certainly differ from that of the 'want' purchase and may well be

concentrated on price, albeit not the only factor. Need purchases can be interpreted as: "My vision has deteriorated, which means [reluctantly] I will need new lenses". The discussion should involve presenting good reasons why the patient should consider, if appropriate, new frames, best quality lenses, tints, a second pair, sunglasses, contact lenses, etc.

By asking pertinent questions and, importantly, listening to feedback we're in a position to turn a need purchase into a want purchase. This can only happen if we concentrate on the benefits rather than the features of what's available. If we fully understand what people want by listening to them, we stand a better chance of making consistently higher value sales. Get this right and you build long-term relationships too. The want purchase suggests the patient already has a desire to buy; the challenge here is to present a strong case for the very best that's appropriate rather than defaulting to a safe price point.

Take the top down approach

Achieving a dispensing sale that absolutely meets the needs of the patient requires that we first uncover

what's important to them before we attempt to offer appropriate solutions. Obvious enough you might think, but it's not always the norm. During the dispensing process, we should also dispel preconceived ideas about people's ability, and/or willingness to pay a premium price for their appliances. It's a mistake to assume that regular patients who have always bought the lowest priced options will continue to do so in the future.

The 'top down' approach argues that having established the patient's needs, we explain what's available, the relative benefits and their associated costs, but starting with the most expensive options (that's assuming the most expensive is the best for the patient). If the recommended option is too costly then we should work down the price scale until the patient is comfortable. If you start at the bottom of the price ladder, it's almost impossible to convince a patient to buy at the top end, irrespective of the rationale or reassurances given.

As consumers, we make conscious judgments on a daily basis about the quality of purchases we buy and whether they represent value for money; but what does value for money mean? In short, it's impossible to say. Value for money is always in the eyes of the beholder. Having an understanding of the desires and motivations of patients through questioning gives us a better chance of presenting a solution they'll perceive as value for money. The acid test is whether, for example, post purchase a patient would be able to justify, and happily, what they'd spent on their eyecare needs to a friend and not be phased by the retort: "I'm sure you could have got them cheaper elsewhere!"

Avoiding buyer's remorse

The objective is to ensure that products recommended to patients first meet their needs and are described in such a way that the patient understands the true value of their purchase. This avoids what's known as 'buyer's remorse'. It's when

a patient follows your advice against their better instinct, and then lives to regret it. It may be the style of frame they've bought, its colour or shape or the amount they've spent, but one way or another the purchase doesn't sit comfortably with them. People who suffer buyer's remorse often argue they were 'sold to'. They may not complain directly, they just go elsewhere next time they need to buy.

Dispensing opticians are at the heart of practice life and a vital cog in the communication process. Giving patients what they want and maximising dispensing opportunities are not incompatible. The process starts by understanding the psychology of selling.

Paul SurrIDGE is chief executive of the Sight Care Group. If you would like to receive details of Sight Care's practice management training modules or membership of Sight Care simply email paulsurrIDGE@sightcare.co.uk ■

Goal setting for your practice Continued from page 13

Ensure that each member of staff is clear about their part in achieving goals and targets. Staff members will be keen to see the business grow and succeed, but if you can devise an incentive to reach the goals, so much the better. The more specific the target to each member of staff, the easier it is to incentivise them as they will feel that they have a degree of control over their input and results. This means ensuring that objectives are divided into those relevant to dispensing staff, reception staff, clinical staff, sales staff, lab staff, etc.

Once you have set objectives, consider how you will evaluate your achievements. Don't just consider whether actions have been carried out each day – ask yourself whether they have achieved the necessary results. This can affect how you set your targets. If you are trying to keep

down overheads, for example, think about who has control over the different overheads. Do you have targets for lab staff with regard to wasted blanks, or switching off power when equipment is not in use? The more specific your goals, the easier they are to evaluate.

You may need to create customer satisfaction surveys for all or a percentage of your customers, and this process can help you break down the stages in visiting your practice – from booking the appointment, having the eye examination to the dispense, fitting and aftercare. For financial goals, it can help to have clear, simple spreadsheets that sum up headline achievements in terms of income and profit, which you can translate to goals on the staff room wall for everyone to see. It is then easy to write up the day or week's

income so people can see how close you are to target. Think about how you can celebrate at the end of the week when you meet or exceed your target.

Whatever aims and objectives are right for your practice, take some time to consider what your business can achieve. Break this down into clear goals, make them relevant to your staff, communicate the goals and evaluate them, and you'll see your business grow.

Former optometrist Antonia Chitty now writes on business topics. She has written books including *Making Money Online*, *Blogging: The Essential Guide* and *Marketing: The Essential Guide* which will help you if you need effective ways to grow your practice. ■



The exterior of Robert Callander Opticians in Linlithgow, Scotland



The DIY shop-fit created 10 years ago

In a new series, Robert Callander chronicles the modernisation of his Linlithgow practice after 10 years in the 'style doldrums'

Diary of a practice redesign: part one

It was exactly 10 years ago that I moved my practice into its current premises at 61 High Street, Linlithgow. At the time, it was a wonderful old stone building, built around 1860, which had been used as a lawyer's office for most of its existence. The rooms were spacious and oozed old-world opulence – with high ceilings and ornate cornicing.

Ten years ago the business was just getting off the ground and was short of every resource: time, money and people power. The result was a DIY shop-fit built upon the fundamentals of cost, convenience and expediency. Design never entered the equation; new lights were put

where old lights had been, while shelves were used because they were cheaper and easier to install than frame bars. Ikea and B&Q provided most of the components. I did invest in decent carpets for the floor, and the carpet fitter solved a problem left behind by the removal of a fireplace: he covered half a wall in floor vinyl. Today, I believe this is known as a 'feature wall' but it was never designed to be like that.

Over the course of the past decade, I've refreshed the paintwork and replaced the reception desk. Various brand-specific displays have come and gone but generally we've just worked around the existing layout.

Said layout is far from efficient both in terms of use of space and workflow. And we don't have nearly enough light. There really is no look, identity or sense of direction. The products we stock and promote, on the other hand, are carefully selected, curated even, to reflect my values and deliver the quality, style and performance I want for my customers.

Over time, the kinds of frames and lenses my customers routinely buy, the 'identity' of the practice if you will, has changed. Perhaps as a consequence of the tough economic position people find themselves in, many of my 'ordinary' customers have defected to the multiples who



The practice is well stocked with quality eyewear

can provide the Italian 'designer' brands with commodity lenses for what they perceive as a better price. My response to this has been to stock quality frame brands, which are less readily available, in particular more Scandinavian and Northern European manufacturers, and to promote premium German and Japanese lens marques.

So the decision has been made to invest in a professional redesign of the practice to close that gap; to make the product offering and the environment in which it is presented coherent. In short, to inject some style . . .

Issues to be resolved

There are three major issues to be resolved. Firstly, the shop is very poorly lit. The main windows are north facing and there are simply not enough lights in the room. Secondly, the space is not utilised efficiently, and there is no flow to the customer journey. And finally, right now there is quite a mismatch between what is being sold and what the practice looks like.

So, I invited some shopfitting designers to visit the practice. Two are well known as specialists to the optical trade, and the other is an independent retail designer whose clients include House of Fraser. All three visited and measured, and all

three spoke to me to get the brief and quiz me about the 'look' I wanted. In a nutshell, I told each about the three key issues and described my ideal look as being, 'Porsche Design – for women'.

The wonderful old building brings with it more than its share of limitations. For example, the ceiling cannot be touched and it would be expensive, technically difficult and involve local council planning permission, and all the administrative headaches which that entails, to bring down walls. Very quickly, all notions of 'rebuilding' the inside of the premises were dismissed.

The retail shopfit designer was very interesting in that her particular skill seemed to be making cheap things look much more expensive and substantial than they really are. She said she would encourage me to refit far more frequently and suggested an approach I can best describe as 'theatrical stage design'. I rejected these ideas because, although by far the least expensive option, I didn't want the disruption of a refit any more often than is absolutely necessary.

I feel cheated when things are not as good as they appear to be, and her proposal was to subcontract and project manage the whole job through local tradesmen. The idea of that terrified me. Can you imagine

trying to get all the right people in the right place at the right time?

The two optical shopfitters both came up with designs I liked, although I preferred the more open and airy feel of MewsCraft's design and their colour palette too. The runner up (I'll not name them here) would have given me the advantage of a modular system that could be changed around from time to time, but this meant each section was contained in what effectively looked like big bookcases.

Planning for this refit involves much more than just the design concept. We'll have to shut up shop for a couple of weeks and make alternative arrangements for collections and repairs during that time. This project will cost many times as much as my DIY efforts last time, so finance needs to be arranged with enough cushion to see us through the shutdown period. And thinking of financials, consideration has to be given to how much this would cost compared to the likely boost it would give to turnover.

As I write, I'm in the midst of my first major hurdle. The original scheduled date for the work to begin is imminent but dependent on the renewal of my lease. This is currently in the hands of solicitors and has pushed back the start date by six to eight weeks. The best laid plans of mice and men . . . ■



Marie Wilkinson, design director, Cutler and Gross



The Cutler and Gross museum, which spans the entire top floor of its Knightsbridge store

Member of the month

Marie Wilkinson: passionate about design

Demanded by an international audience of celebrities and 'civilians' alike, Cutler and Gross frames are as iconically British as the hackney carriage. Established in 1969 by Graham Cutler and Tony Gross, who met whilst studying optometry at Northampton College, the company is famous for its bespoke frames, where everything from the milling of the lens groove to the fitting of the hinges is done by hand at the company's factory in Cadore, Italy.

At the heart of this high-end handicraft is design director, Marie Wilkinson, who leads the creative team at the Cutler and Gross atelier, working on collections with partners including Victoria Beckham and Maison Martin Margiela as well as collaborations with Giles Deacon and Pollini. A qualified dispensing optician and ABDO member, Marie's 30 years with the company were celebrated in true style with a special anniversary

party at the Victoria & Albert Museum in London last summer.

Passion for handmade frames

Marie's love for handmade eyewear and eye for detail grew from a young age. In fact, it was a Saturday job with ophthalmic optician Ernest Barber and his receptionist Anne Wellstead at Baxendine Opticians in Romford, which first fired Marie's interest in optics, as she explains: "The practice had a rotating display full of frames from brands like Skaga and Viennaline and Mr Barber would personally make the selection for the client and fit the glasses with great precision." Although Marie applied to study optometry at City University, she realised that she was actually more interested in the frames than examining eyes. So she switched her application to City & East London College, where she has fond memories of being taught by Professor Mo Jalie, Frances McCoy, Dave Pipe and Wally Berwick.

Marie joined Cutler and Gross in 1982 when Tony Gross showed the company's collection at Paris Fashion Week. Since then, the brand's classic, iconic frames have become known and demanded by a wide international audience – and as the company has grown, so too has Marie's role. "In the beginning I was a dispensing optician, eventually becoming manager and developing the Cutler and Gross vintage shop with Mr Cutler and Mr Gross. By 2000, I was becoming much more involved in design and since 2003 I've been responsible for design and development. Now I work with a talented team in London and Italy, I travel the world to visit the other Cutler and Gross stores and to see clients for special projects as well as make regular visits to our factory in Italy."

Describing a "typical day at the office", Marie says: "When I am not at

Continued overleaf



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The factory in Cadore, Italy, where the frames are handmade



The Cutler and Gross vintage store in Knightsbridge



Marie wears one of her designs at a party in London

the Cutler and Gross factory in Cadore, Italy, my day starts with a walk through Hyde Park from my home to the Cutler and Gross flagship store in Knightsbridge to meet a client for a consultation and dispense. Then I either travel to West London to the design atelier to work on new designs and acetates with the design team, or to the Cutler and Gross HQ in Marylebone where I can attend meetings with a potential collaboration, our CEO, sales or marketing department."

Marie's skills and knowledge as a dispensing optician are important to her design work: "My knowledge of frame fitting and my experience with clients are invaluable in making the designs relevant and wearable – whilst appealing to a broad range of face sizes, shapes and personalities. When I am designing, I always have a picture in my mind of the person who would wear the frame or sunglass. The frames appeal to people who are curious for high style and quality and thoughtfully designed glasses, and every one is handmade to the highest standards. The glasses feel solid and well crafted, are comfortable and well balanced whatever the shape and their colours evoke a warm response. They are classic, with wit and are instantly identifiable, even though there is never a visible logo."

Witnessing change and innovation

Now in her fourth decade with the company, Marie has witnessed many changes. She explains: "Originally, frame maker George Smith made each frame by hand, one by one, in a workshop above the Cutler and Gross

shop in Knightsbridge – and this continued until his retirement in 1990. In 1983, the first small production runs of handmade frames were being made exclusively for Cutler and Gross in family-run factories in Italy and France, starting with model 0101. With this increased capacity, Cutler and Gross started to sell their glasses to fashion stores and opticians."

In 2009, Cutler and Gross gained manufacturing independence with the purchase of their first factory in Cadore in the Italian Dolomites. "With the move to factory production, frame fronts and sides began to be cut on precision CNC machines," explains Marie. "However, the processes of drilling the holes for the hinges, shooting the metal cores for the sides and the hand-polishing have not changed and each process is done by hand just as it's always been done." This year Cutler and Gross bought another larger factory to bring its acetate and metal production under one roof.

As well as changes in manufacturing processes, Marie has witnessed countless eyewear trends come and go. She says: "Since I've been working in optics for a long time, I've seen many trends come full circle – but I am particularly excited by the resurgence of genuine handmade glasses and the diverse range of materials available. All of this makes frame design today even more exciting."

Cutler and Gross' close ties with fashion designers, such as Comme des Garçons, Maison Martin Margiela, Cacharel, Pollini and Ungaro, to

design and make by hand exclusive sunglasses bring another dimension to the collections. "Our model 0811 introduced Victoria Beckham to Cutler and Gross and when she wanted to start her own eyewear brand, it was a natural step for her to ask us to be her partner," explains Marie. "With all our collaborations we work very closely with the client ensuring a totally sincere design process. We have this year added Alberta Ferretti and Sportmax to our 'family'."

Being at the heart of the collaborative process means Marie is no stranger to the stars. Asked who her most memorable client (or clients) have been, she responds: "It's very hard to select but meeting Ava Gardner and Grace Jones in my first week of working at Cutler and Gross was very memorable because they were such iconic people and so gracious. Victoria Beckham and Sir Elton John are big fans of Cutler and Gross and it's always a pleasure when we meet. I have just fitted Colin Firth with 30 frames of the same design for his latest film, *The Secret Service*, and I only had a limited time in which to make the adjustments!"

So, what advice would Marie have for an aspiring DO wishing to get involved with frame design? "Each time you measure for a bespoke handmade frame you are actually 'designing' – so develop your skills from here. Try to visit an eyewear factory because the process of making glasses will inspire you; being proficient at CAD design will be very useful too." Wise words indeed, from a designer DO in the know. ■

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Frances Duncan, Duncan & Todd MD

Scottish chain gains £5.6m capital injection

Scottish chain Duncan & Todd is expanding its north east presence and exploring further acquisitions across Scotland and the rest of the UK thanks to a £5.6m investment of growth capital from BGF (Business Growth Fund).

BGF, which helps the UK's growing businesses, is

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investing £5.6m to fund acquisitions, increase manufacturing capacity and support sales growth. BGF has taken a minority stake and Bob Brannan, chairman of Vets Now and the William Jackson Food Group, will join the board as chairman.

Duncan & Todd was established in 1973 and is one of Scotland's largest independent optical chains with a turnover of over £10m employing 182 staff in 23 retail stores stretching from St Andrews in Fife to

Wick in Caithness. It was the subject of a management buy-out (MBO) in 2007 led by the current managing director – and qualified dispensing optician – Frances Duncan, who has been with the business for 30 years.

She commented: "I am very proud of the Duncan & Todd brand and the strong reputation every member of the Duncan & Todd team has helped create. I have always been committed to the business but my allegiance and

goals for Duncan & Todd became more evident during the MBO in 2007 and now this growth capital injection from BGF allows me to focus on bringing these goals to fruition in the future."

The market for UK ophthalmic goods and services was worth £3.54bn in 2012 representing an increase of 13.8 per cent since 2008. Market research estimates that the sector will grow by 9.9 per cent between 2013 and 2017 to a value of £4bn. ■

GOC sets out position on future of business regulation

The General Optical Council (GOC) has released further details about the outcome of its business regulation review, which is set to require all optical businesses carrying out restricted functions to register.

Activities that would fall into this category are sight testing, contact lens fitting, supply of contact lenses, and spectacle sales to the under 16s, registered blind or partially sighted. The GOC believes the proposed changes would enhance its ability to protect and promote public health and safety. They would also remove the current system of complex registration requirements and empower the regulator to take action against any business that fails to meet its standards of conduct.

The proposals are subject to legislative change and are unlikely to come into force before 2016/17 as the UK Law Commissions are currently undertaking a wide-ranging review of the legislation underpinning healthcare regulation. The GOC will consult further on the implementation of the new system, covering issues such as the fee structure and ensuring that there is not an undue burden on smaller businesses.

The GOC estimates that an additional 4,000 businesses would need to register under the proposed rules. It also proposes to revise the Code of Conduct for business registrants so that it is more targeted at the risks associated with business practices. This will tie in with the GOC's ongoing standards review, which is considering

themes arising from the Francis Inquiry such as the importance of candour, compassion and meeting the needs of more vulnerable patients.

Samantha Peters, GOC chief executive and registrar, said: "Our proposals are designed to better protect the public by accounting for the fact that some matters are within the control of the business rather than individual registrants. This can include ensuring effective processes for supervision and complaints handling, important decisions about investment in training and equipment, and finding the appropriate balance between clinical and commercial incentives."

The full statement can be read on the GOC website, www.optical.org ■



Peter Black

Black arts

Board Elections – place your vote – have your say

Board Elections are now well underway. Although I can't influence who you vote for, I am compelled to urge all members to read the election addresses from the eight candidates and vote accordingly. I must take this opportunity to thank all the candidates who have put themselves forward for election. It is heartening that so many people have felt that they have something to contribute or feel strongly enough about their Association, positively or negatively, that they wish to do something about it.

GOC Strategic Plan – A new opportunity

Early January saw the GOC consultation on its strategic plan for the next three to five years. As part of the Optical Confederation ABDO submitted a joint written response, however the general secretary and I also met with the GOC face-to-face. Written submissions are always published and we felt it better that criticism affecting ABDO alone be delivered in a more friendly way!

In fairness the GOC strategic plan is a comprehensive review of

the UK optical scene, and a thorough analysis of what the short to medium term future is likely to hold in terms of challenges and opportunities for the sector. We continue to press for better stakeholder engagement with regard to educational changes and asked the GOC for support in seeing dispensing opticians treated on a par with optometrists in terms of CET funding.

We were also at pains to point out, that increased scope of practice applies to dispensing opticians, not just optometrists. The GOC clearly sees optometry progressing towards the trail that is being blazed in Scotland, however it is less clear on the role for dispensing opticians. Already we have dispensing and contact lens opticians involved in low vision, refraction, foreign body and eyelash removal, school vision screening, dyslexia treatment, advice on nutrition and diet, and even smoking cessation. Members are commonly involved in the management of dry eye, blepharitis and meibomium gland dysfunction and soon contact lens opticians will be involved in the treatment of conditions such as

glaucoma through the use of therapeutic drug-releasing contact lenses.

Safeguarding vulnerable adults

We also pressed for regulated dispensing to be extended to vulnerable adults.

Children need the protection afforded by regulated ophthalmic dispensing because they cannot make an informed decision, don't know when something is wrong, or are unlikely to be wise to unscrupulous practices. Vulnerable adults are at risk of similar harm and should also be given the same safeguards. There appears to be clear political will at the moment for people with learning difficulties (PWLD) to be included within GOS for sight tests and vouchers and it would make sense in safeguarding terms for them to also fall within regulated dispensing.

Another group that the GOC seems to acknowledge need the safeguards afforded by regulated dispensing is housebound adults and care home patients subject to domiciliary eyecare. Whilst two members of staff normally attend for the eye exam stage, clearly the

delivery of spectacles usually only requires a dispenser who we contend should be a registered dispensing optician or optometrist.

Safeguarding is a vexed issue for us in Wales currently where training is a requirement for dispensing opticians involved in the new eyecare service for pupils in Special Schools. Suitable safeguarding training exists via the DOCET website, (it's easy to view just borrow a password off an optom at work!), and despite being paid for by the four UK governments out of taxpayers money, we currently can't get access to it. There has never been a better argument for DOCET to be open to dispensing opticians and I have a feeling we will receive some significant support from optometry bodies in this regard very soon. It is surely ridiculous that DOs can write and present DOCET accredited CET and train optometrists but can't get CET points themselves if CET has received DOCET funding. It is time to stop this unnecessary discrimination, prejudice and protectionism and acknowledge that the system is unfair.

Peter Black ■



Barry Dibble receives the FMO chain of office from John Conway



VAO CE Dr Natalie Briggs receives a donation from Optrafair

Dibble returns for second FMO term

Barry Dibble has returned for a second term of office as chairman of the Federation of Manufacturing Opticians (FMO).

Immediate past chairman, John Conway, handed over the chain of office during the FMO's AGM and annual luncheon held at Paddington's Hilton Hotel in December. Presentations at the AGM included news of industry support for independents, the progress of apprenticeships and optical training, and a presentation by National Eye Health Week chairman, David Cartwright, who told guests: "We can work

together to use this week to raise awareness, reduce avoidable blindness and grow the whole optical sector."

Optical charities benefitted at the luncheon, with the proceeds of Optrafair 2013 being donated to further the work of Vision Aid Overseas (VAO) and the Optical Workers Benevolent Fund, a charity, which helps a growing number of genuine hardship cases within the industry. Discussion also centred on the inaugural Optrafair London, the FMO's capital event which will take place from 11-13 April at Kensington Olympia. ■

Membership Services: 01227 733902, 733912, or 733922

Call for GOC registration renewal

Optometrists, dispensing opticians and optical businesses are being urged to renew their General Optical Council (GOC) registration for 2014/15 by the 15 March deadline. The retention fee for 2014/15 is £290.

Philip Hallam, GOC head of registration, said: "Registration is a legal requirement for anyone carrying out restricted functions or using a protected title. Those who fail to retain will be removed from our registers and will be unable to practise. I would therefore encourage registrants to apply for retention as soon as possible. The process is quick and simple on our website, and by applying

in good time registrants will have peace of mind that they are registered for the next year."

Any practitioner who does not apply by 15 March will face a £20 late application fee. Registrants who have still not renewed their registration by 31 March, including payment of the late fee, will be removed from the registers after 1 April.

Anyone removed from the registers will be unable to practise in the UK, or use a protected title such as optometrist or dispensing optician, until they have successfully applied for restoration. Apply online at www.optical.org ■

'Getting started' guide for LEHNs launched

LOCSU has launched a guide to support the development of Local Eye Health Networks (LEHNs) by NHS England as set out in Securing Excellence in Commissioning Primary Care.

'The Local Eye Health Networks – Getting Started Guide' has been produced by LOCSU, with the support of NHS England, the Clinical Council for Eye Health Commissioning and the UK Vision Strategy.

Sue Pritchard, assistant head of Primary Care Commissioning at NHS England, and national lead for Local Professional Networks, said: "The Getting Started Guide will be an extremely useful reference document for

the newly appointed chairs of emerging Local Eye Health Networks and the NHS England Area Teams responsible for establishing and managing LEHNs.

"LEHNs provide the opportunity for the eye health professions – together with patients and the voluntary sector – to show leadership, identify priorities and re-design services and pathways to meet population needs. The guide is very clear that a collaborative approach reaching out to all stakeholders is the key to the future success of LEHNs," added Sue.

The guide is available at www.locsu.co.uk ■



Local MP lends support

Eye cells are inkjet printed for the first time

A group of researchers from the UK have used inkjet printing technology to successfully print cells taken from the eye for the very first time.

The breakthrough, detailed in a paper published on 18 December in the journal *Biofabrication*, could lead to the production of artificial tissue grafts made from the variety of cells found in the human retina and may aid in the search to cure blindness.

At the moment the results

FODO looks forward to London show

The Federation of Ophthalmic and Dispensing Opticians (FODO) is looking forward to meeting members at Optrafair London in April, and will hold its annual strategy meeting the day before.

“Optrafair London is a great excuse to visit London in the spring,” said Ollie Lamb, FODO communications and events manager. “Our membership is very diverse and the show is a great opportunity for us to mix with clinicians, manufacturers, policy experts and business owners to find out which issues are important to them.” ■

are preliminary and provide proof-of-principle that an inkjet printer can be used to print two types of cells from the retina of adult rats – ganglion cells and glial cells. This is the first time the technology has been used successfully to print mature central nervous system cells and the results showed that printed cells remained healthy and retained their ability to survive and grow in culture.

Co-authors of the study Professor Keith Martin and Dr Barbara Lorber, from the John van Geest Centre for Brain Repair, University of Cambridge, said: “Our study has shown, for the first time, that cells derived from the mature central nervous system, the eye, can be printed using a piezoelectric inkjet printer. Although our results are preliminary and much more work is still required, the aim is to develop this technology in the future.”

Dr Dolores Conroy, director of research for Fight for Sight, commented: “The idea of printing cells is really fascinating and has huge potential in the field of regenerative medicine. This is groundbreaking work, approaching treatments for eye disease from a totally new angle. We are very excited to hear what will happen on the next stage of the research.” ■

Constituents urged to look after sight

Local Labour MP for Bolton North East, David Crausby, visited I&M Eye Care in Bolton recently to find out why regular eye examinations are so important in preventing blindness.

He said: “It was interesting to discuss the ways that our local opticians are working with the National Health Service and I was very impressed to learn about the wide range of medical benefits that can come from a simple eye exam.”

The visit was arranged by Bolton LOC with support from the Optical Confederation’s Public Affairs Team. David Crausby MP is pictured with optometrist Mohsin Mohamed. ■

Reality TV company supports eye charity

Back to Front TV, executive producer of Britain’s first reality show for fashion photography, has announced its support for Fight for Sight.

Developed by Willie Christie and Back to Front TV, the series will celebrate the essential relationship between fashion and photography. Back to Front TV counts the Royal Photographic Society as a headline supporter.

Michele Acton, chief executive of Fight for Sight, said: “As a charity we pride ourselves on not only being at the cutting edge of eye research but having a pioneering approach in everything we do. Being asked to be involved in the first link-up between a TV

show and a charity is a perfect opportunity for us to profile the importance of vision and what we are doing to help to preserve it.”

In a first for reality television, Back to Front TV will be supporting Fight for Sight by using its entertainment platform to host various events, which include a charity ball to raise funds for the charity. “The eye is the photographer’s most prized asset and we are fully supportive of the research that is funded by Fight for Sight,” commented Willie Christie, legendary *Vogue* photographer and executive director of the show. Find out more about the new partnership at www.fightforsight.org.uk ■



Chris Mairs CBE

Sight charity patron awarded CBE

Patron of Fight for Sight, Chris Mairs has been awarded a CBE in the New Year's Honours list for services to engineering.

Chris, who is chief scientist at Metaswitch Networks and a Fellow of the Royal Academy of Engineering, has fundraised tirelessly for Fight for Sight. Now aged 56, Chris was registered blind at the age of 18. He was a passionate water skier for many years and captained the British Disabled Team to victory in three World Championships.

In 1987 he skied across the English Channel raising funds for the charity. He has also competed as a downhill skier in the Winter Paralympics. More recently, with two artificial hips, cycling seemed like a more sensible pastime. In 2012 he cycled from Land's End to John O'Groats on the back of a tandem raising over £100,000 for Fight for Sight.

Chris said: "It is a huge privilege to receive a CBE for my work as a software technologist. My passion for technology and pioneering science made Fight for Sight an automatic choice for me when I was deciding on a charity to support. I feel very strongly that more funding should be invested into vital eye research, and the crucial work carried out by Fight for Sight in this area has the potential to change the lives of millions. I'm proud to be part of such a fantastic organisation." ■

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MHRA sets out position on fluorescein strips use

The Optical Confederation has welcomed an official statement issued by the Medicines and Healthcare Products Regulatory Agency (MHRA), setting out its position on the use of fluorescein.

In a statement dated 30 December 2013, the MHRA said: "Following the discontinuation of Fluorets strips by Bausch & Lomb earlier this year, the MHRA has received a number of queries about the regulatory classification of fluorescein strips.

"The MHRA's position is that fluorescein strips intended for diagnostic purposes are regarded as medicinal products because they are in vivo diagnostic agents. Therefore they need a marketing authorisation under the requirements of the medicines legislation if they are intended for diagnostic purposes.

"These strips, if intended and marketed only for the fitting of contact lenses, can be CE marked as medical devices, but the manufacturer should not describe such products as suitable for diagnostic purposes. The regulatory classification of this category of products is currently being considered at European level.

"However, to avoid shortage of supply, the MHRA will not take formal regulatory action to stop these products with a CE mark being used for diagnostic purposes until a decision about these products has been made at European level. There are no restrictions on the sale and supply of medical devices, therefore practitioners can use a product which has been CE marked as a medical device."

Mark Nevin, spokesperson for the Clinical Consensus Panel on fluorescein, said: "We welcome the

MHRA's statement, which brings further clarity to suppliers and practitioners on the supply and use of CE marked fluorescein strips, and look forward to working with them to seek a pragmatic resolution of this problem in Europe."

Meanwhile, Euromcontact has called on EU Member States to act with pragmatism allowing fluorescein strips on the market as medical devices until their classification is concluded in the Borderline & Classification Expert group. It said: "Failing to do so would have a major impact on the availability on the market of such products, hence impacting European patients, eyecare professionals and contact lens manufacturers. Euromcontact supports the classification of this product for the fitting of contact lenses as a medical device." Read the full statement at www.euromcontact.org ■



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Practice events support OGS

Birthday fundraisers raise cash for OGS

By taking part in last year's World Sight Day Challenge, Scrivens Opticians raised a total of £3,200, which will provide around 1,100 eye examinations and spectacles.

All 146 branches got involved, and the company took the opportunity to celebrate its 75th anniversary by holding birthday events and donating 75p from every sight test to Optometry Giving Sight.

Scrivens Opticians professional services director, Jeet Saimbi, said: "Every one of our stores joined in the celebrations, which has enabled us to help Optometry Giving Sight provide eyecare to those who do not have access to the vision services that we have been providing in the UK for 75 years." ■

Day of focus on instruments

Independent practitioners are invited to an open day at the Keeler facility in Windsor on 10 February courtesy of Keeler Instruments and the Association for Independent Optometrists

and Dispensing Opticians (AIO).

There will be tours around the factory to see how Keeler Instruments are manufactured, a update on the latest Keeler

Area 5 (Midlands): Laying down the finishing touches

Area 5 committee members are putting the finishing touches to the CET programme for its next regional CET event, taking place at the Riverside Centre, Derby, on Monday 3 March. Delegates will be able to accrue at least six interactive CET points during the day. Already booked to present are a speaker from Spectrum Théa and Andy Hepworth of Essilor.

At the time of going to press, 75 per cent of available places were already booked; further bookings will be allocated on a first come, first served basis. The cost is £20 per ABDO member and £45 per non-member.

For further information or for details on booking a place, please email Ian Hardwick at ianh.abdoarea5@gmail.com ■

Independent practitioners are invited to an open day at the Keeler facility in Windsor on 10 February courtesy of Keeler Instruments and the Association for Independent Optometrists

and Dispensing Opticians (AIO).

There will be tours around the factory to see how Keeler Instruments are manufactured, a update on the latest Keeler

developments, lunch and an afternoon business session with speakers on topics ranging from the best way to afford, earn enough and finance instrument purchases plus promoting and

protecting the practice. Networking dinners on both the night before and the night of the event will also be available. Details can be found at www.afio.co.uk ■

New indication for Eylea approved

The National Institute for Health and Care Excellence (NICE) has announced that Eylea (afibercept solution for intravitreal injection, known in the scientific literature as VEGF Trap-Eye) should be recommended as a treatment option for visual impairment due to macular oedema secondary to central retinal vein occlusion (CRVO).

This recommendation marks the second indication for Eylea that has received a draft FAD, without the need for additional consultation. Guidance is expected to be made

final by April, after which NHS bodies will have 90 days to ensure Eylea is made available to all eligible patients.

Ian Pearce, consultant ophthalmologist at Royal Liverpool University Hospital, commented: "This decision is great news and will be welcomed by patients and ophthalmologists alike. CRVO can be a debilitating disease that affects the central vision, meaning patients can no longer read, watch the television, drive or prepare meals. This puts a massive strain on them as well as their family and that is why it is important

to have a choice of proven, effective treatment options available."

Eylea has been licensed in the UK for the treatment of wet age-related macular degeneration (AMD) since December 2012. It was recommended by NICE for this use on the NHS in England and Wales in July 2013 and availability to eligible wet AMD patients is now mandated across England and Wales. Eylea has also been accepted by the Scottish Medical Council for use within NHS Scotland for the treatment of wet AMD. ■



Practice sponsors fundraiser

Myth-busting mission to boost CL sales

Independent practices, as part of the Sight Care Local campaign, are encouraging more patients to consider contact lenses through their 'Life through lenses' campaign, while increasing revenue over the longer term.

The consumer campaign comes at a time when

research from Sight Care has identified that eight out of 10 people who wear glasses have never tried lenses. A 'myth-busting' leaflet is part of a bespoke contact lens promotional pack provided to all member practices to help drive new patient enquiries.

Paul Surridge, spokesperson for the campaign, said: "The pack has been designed in partnership with Johnson & Johnson Vision Care, and aims to encourage consumers to try contact lenses and help them overcome any anxieties they may have. The pack gives our members advice and support on how to do this, how to target new patients and how to develop existing ones."

To receive the campaign materials, Sight Care members can contact Kathryn Whittington on 01256 781522 or email KathrynWhittington@sightcare.co.uk ■

30 years young

This year will mark 30 years since Lynx IDG first launched in the UK and, as it proclaims, "changed optical retailing forever".

"We are still at the forefront of the most radical optical interior concepts and design-led interior shopfits three decades later," said Lynx's Marie Horridge. "We are celebrating this unprecedented achievement by announcing a series of ground breaking initiatives and sales promotions all centred around the year that the very first Lynx IDG installation was completed – 1984."

During the course of 2014, the company will announce a host of unique offers – each with a nostalgic twist or a vintage angle. ■



Blooming good night

Sheffield Royal Society for the Blind (SRSB) raised £1,300 during an evening of decadent fun, with a little help from Martyn Kemp Opticians (MKO).

MKO sponsored the champagne reception when Carl Wilde, the flamboyant television celebrity flower arranger, demonstrated his skills and entertained more than 100 people at Ferndale Garden Centre in Coal Aston. There was a raffle in support of SRSB, with Carl's flower arrangements also as prizes.

Our photograph shows Carl Wilde with Margaret Laver (left) representing MKO and Sue Coggin, SRSB's fundraising and marketing manager. ■

Lens and dispensing tool to make debut

Pride of place amongst Waterside's lens offering at the 100% Optical show this month will be the new Nano X HD progressive design developed for patients who want to wear modern shallow frames.

"With a minimum fitting height of just 10mm, the design incorporates full frame and wearer optimisation", said Waterside MD, Bob Forgan. "The fast transition from far to near zones due to its small progression lengths make it adaptable to even the smallest frames."

Also making its debut at the show, being held at ExCel London from 16-18 February, will be Waterside's newly introduced

OptikamPad – a complete eyewear dispensing system combining powerful software with the portability of an iPad. It allows the capture of all the measurements required to dispense Waterside's Infinity range of personalised progressives using one single frontal image. This portable solution offers precise, quick and complete measurements.

"Using the patented EY-stick, the OptikamPad's unique technology means this is the only solution on the market where users do not need to be at the same eye level to capture the measurement image," said Bob, who will be welcoming visitors to the stand at ExCel. ■



100% Optical speaker, Dr Eef van der Worp

Online booking open for 100% Optical CET

The online booking portal for more than 75 hours of free CET content, free equipment workshops and 12 fashion shows at 100% Optical, to be held at ExCeL London from 16-18 February, is now live.

With an educational programme curated by the Association of Optometrists and Moorfields Eye Hospital, there will be four keynote seminars each day. On the main stage Professor Brien

Holden, world leader in vision science, eye health and elimination of vision impairment and avoidable blindness, will speak on the myopia challenge.

Dr Eef van der Worp will discuss the 'Elevation and the art of soft lens fitting', Wayne Hemingway will speak on 'How we developed the Red or Dead eyewear brand', and Ethan Priel will investigate retinal imaging. Professor

John Nolan, expert in ocular nutrition and macular pigment, will also present.

A Business Hub will feature Imran Hakim, guiding visitors on 'How to future proof and super-charge your practice'. Patrick Myers, Dean Waugh and Garry Kousoulou will also present in the Business Hub. As British Contact Lens Association Faculty Speaker, Ian Cameron will present 'I've got the stigmata, Doctor!

Communication and contact lenses' as part of a series of contact lens sessions.

There will be pre-recorded fashion shows and live eyewear shows on the Fashion Hub, while 12 fashion shows will showcase the latest eyewear. Designer eyewear will be visible throughout the halls with more than 350 brands exhibiting. Plan your visit at www.100percentoptical.com ■

Improve your skills in practice

The training options being offered this year by the Worshipful Company of Spectacle Makers (WCSM) are the most comprehensive to date.

The WCSM's learning programmes can be approached at a pace that suits both candidate and employer and all examinations at Level 2 can be taken in the workplace by e-assessment, saving time, money and stress. Nationally accredited qualifications and distance learning courses from the WCSM and the WCSM Education Trust, for which enrolment is now open, include the following:

Level 2 Certificate in Optical Customer Service

This course is designed for customer-facing staff in spectacle manufacturers, prescription houses, contact lens manufacturers or optical practices; learners can choose units on spectacles or contact lenses.

Level 2 Certificate in Optical Practice Support

This course enables optical assistants and receptionists to build on existing skills and knowledge and become a greater asset to the practice where they work.

Level 2 Award in Optical Screening

This is a short course for optical assistants about the theory of fields testing, fundus measurements, tonometry, etc.

Level 3 Certificate in Optical Practice Support

This course is designed for practice supervisors and senior assistants. It can be the next step towards becoming an optometrist or dispensing optician.

Level 4 Diploma for Optical Technicians

This is a two-year distance learning course leading to the coveted SMC (Tech) award for successful candidates.

For practices with a robust internal training system, the WCSM also offers assessment in the workplace leading to Level 2 and Level 3 Diplomas in Optical Retail Skills. Supporting WCSM courses are available.

New manufacturing courses and qualifications for 2014:

- Level 2 Certificate in Spectacle Production
- Level 2 Certificate in Spectacle Manufacturing Options
- Level 2 Award in Spectacle Lens Treatments
- Level 2 Award in Repairing Spectacles

A range of options to provide training and qualification to match the main technical job functions

Enrolment is now underway for the next round of courses, which begin this month. Full details are available at www.spectaclemakers.com or call Tony Parker on 020 7236 2932 Option 2, or email administrator@spectaclemakers.com ■



Crizal Previncia Woman from Essilor



OptikamPad from Waterside

Price and product changes

Rodenstock has made a number of changes to its Lenses, Eyewear and Services catalogue, including price reductions on several of its lens products.

The updated catalogue also features some new products, including the Rodenstock Progressiv LifeFree 1.67 and 1.67 ColorMatic IQ; Rodenstock Sport and Fashion lenses with Cyls to 6D; net | line Organic 1.67 Stock and Rx; and net | line Progressiv Free 1.5, 1.54 ColorMatic IQ and 1.6. ■

Major lens companies to be at Optrafair London

Major international lens companies – along with many innovative smaller suppliers – are gearing up for Optrafair London, which runs from 11-13 April, at Kensington Olympia.

The unrivalled opportunity to see the benefits of upgrading patients to premium lens options, and utilising specialist dispensing aids to maximise the advances made - particularly in bespoke free-form options - is a vital business opportunity.

“Differentiating your

practice by providing the very best lenses available and ensuring that patients know the merits of office/computer lens options; enhancing driving vision and reducing glare at night; customising the lenses to lifestyles and by being bold about promoting the very best that is available, is the future. Come to Optrafair and see what is available for you to take back home to your patients,” urged Optrafair chairman, Malcolm Polley.

Caledonian, Carl Zeiss Vision, Essilor, Hoya, Jai Kudo, Lenstec, Nikon, Norville, Omega Led, Ridgeway Optical, Rodenstock, Scotlens, Shamir, Specs Network with Seiko, Vision-Ease and Waterside are all now organising their product launches and promotional news for the April show.

For Caledonian Optical, the Rx house, Optrafair London is a chance to promote surfacing, glazing and manufacture of freeform lenses and the growing safety lens sector.

Hoya Lens UK values the opportunity to interact with independents face-to-face and to show new product developments, including its visuReal iPad dispensing.

Waterside, promoting its Optikam Pad dispensing system, also has a broad range of lens options says managing director, Bob Forgan.”

Nikon Optical will be showing its latest support materials, advertising and iPad demonstrations, along with launching the new premium progressive - Nikon Master.

Jai Kudo is keen to highlight its honeycomb mesh which offers a “pin-hole effect, reducing diffused reflection, making vision sharper and clearer and vastly reducing eye fatigue. Designed to only allow primary rays to pass, it reduces chromatic aberration and provides clearer views, and is ideal for computer use, reading, night driving and working in artificial light,” said Rob Harnett, sales and customer services manager.

Essilor believes Optrafair London “adds a new dynamic to the market” and is looking forward to welcoming opticians from all over the UK to their stand.

Pre-register for fast track entry to the free to attend show at: www.optrafair-london.co.uk ■

Membership Services

Contact the Membership Services Team on:-
01227 733902 • 01227 733912 • 01227 733922



ABDO membership renewal notices

All ABDO members should have received their membership renewal notices in the post by now. If you have not, then please visit www.abdo.org.uk and log into the ABDO members section, and view your ABDO subscription for 2014.

Please note that if you pay by direct debit, the direct debit instruction is on the back page of your renewal notice detailing when it will be taken and how much. If you do not pay by direct debit this page will be blank.

Remember you can download a receipt from the website once you have paid and after each direct debit payment has been taken.

Katie Docker, head of membership services ■



Davis Optometrists celebrates



Mark Palmer of Pret A Manger

Kettering practice named Centre of Excellence

Davis Optometrists was named as the leading Centre of Excellence at Rodenstock's 2013 awards ceremony in London.

The Kettering opticians, which came second last year, was presented with the award for overall best-performing practice for 2013. BBR Optometry in Hereford was named runner-up in the Centre of Excellence category, while Barraclough & Stiles in Bexhill-on-Sea came third.

More than 300 Rodenstock Club members attended the lunch and awards ceremony on 12 December at Four Seasons Hotel London at Park Lane, where practices from across the UK competed in a number of product specific categories, as well as marketing. Following a three-course lunch, guests were entertained by Gyles Brandreth. All the winners will join Rodenstock in March 2014 on a trip to Salzburg, the birthplace of Mozart. ■

Situations Vacant

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.



Sandwich chain boss to address delegates

Mark Palmer, managing director of Pret A Manger, has joined the speaker line-up for Sight Care's 2014 conference being held at the Hilton Metropole Hotel, Birmingham, on 3 March.

Before taking on the role of MD at Pret A Manger, Mark made his reputation as global brand director of Green & Black's – pushing sales from £4m to £40m before the company was acquired by Cadbury Schweppes. In his presentation at the Sight Care conference – themed 'Prism of possibilities' – Mark will share his views on how small businesses can raise their profile so they're recognisable and memorable.

Other special guest presenters will include Olympic and world cyclist, Bryan Steele, and entrepreneur and brand guru, BJ Cunningham, while from optics will be Dr Bruce Evans, Keith Holland, Gavin Rebello, Faye McDermid and Deven Lakhani.

The conference is preceded on the Sunday with a business workshop for Sight Care members and a VIP pre-conference dinner. Register online at www.sightcare.co.uk, call 01256 781522 or email info@sightcare.co.uk ■

New SiH lens for the irregular cornea

No7 Contact Lenses has launched a silicone hydrogel (SiH) contact lens for irregular corneas.

Reflex Kera is the first of a family of Reflex SiH soft lens products to be launched by No7 this year. The Kera lens is fully customisable and manufactured in Contamac's Definitive 74 per cent material. Available in spherical and toric designs, the three-monthly modality lens comes as a single lens with full warranty exchange, as well as two-packs and four-packs for regular or

planned replacement. The design incorporates a double lenticularisation to the mid-peripheral zone, and includes two balancing holes to equalise pressure, allowing bubbles to escape, and enhance tear exchange and oxygen transmissibility through and under the lens. No7 claims the design and material combination not only increases lens stability but improves visual outcomes and wearer comfort.

Maxine Green, No7 commercial director, said: "Our specialist lens

portfolio has been growing and growing, so to have a SiH soft prescription IC lens available, really closes the circle for us in terms of our offering for the irregular cornea contact lens fitter.

"Whilst we probably lead the way in terms of ortho-k, hybrid and RGP specialist lenses, we have been aware for some time that newly diagnosed irregular cornea patients would probably prefer a lens option that they are more familiar with as a starting point," Maxine added. ■



Lynn White demonstrates fitting techniques

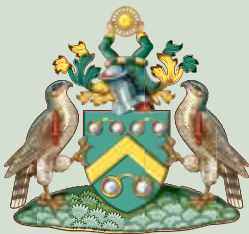
Students learn valuable fitting techniques

Optometry students from the University of Bradford learnt during a recent workshop how they could harness contact lenses in practice to change people's lives for the better.

Lynn White, UltraVision CLPL clinical director, hosted the student workshops and talked to the group about irregular cornea recognition, management, cross-linking and soft lens fitting. Students observed the process from the initial

topography and lens selection, to refinement of the lens to be ordered.

Alison, a student from the university, said: "It has given me a greater understanding of how to fit keratoconic patients with soft lenses designed specifically for keratoconus and irregular corneas. The Morocco App is a brilliant educational tool and will be valuable to me both with my studies and during pre-reg year." ■



Two opportunities to support the WCSM Skills Development programme

The WCSM is a nationally approved Awarding Body. It has a range of highly respected qualifications at Levels 2, 3 and 4 for people working in both optical practice and manufacturing. The day-to-day administration of the Awarding Body is managed from the WCSM London office. Two positions on the governing committee of the Awarding Body have arisen. These are part-time positions, mainly home-based with 4/5 fixed meetings per year in London.

1. Principal Examiner – Optical Manufacturing

To lead the team of examiners for the WCSM bi-annual examinations for optical technicians and to support the further development of these qualifications.

Ideally the person will have a degree or professional qualification in a related field, knowledge of manufacturing optics and techniques and have previous experience of theory and practical examination processes.

2. Principal Assessor – Work-based Assessment

To lead the team of assessors for the WCSM qualifications with workplace assessment, in both optical practice and manufacturing, and to support the development of these qualifications.

The ideal candidate will have a degree or professional qualification in a related field, knowledge of manufacturing optics and optical practice and have previous experience of workplace assessment.

Please call The Clerk for more information on 020 7236 2932. Applications to be sent to The Clerk, WCSM, Apothecaries' Hall, Black Friars Lane, London EC4V 6EL.

Closing date 15 February 2014. Interviews are expected to take place in February.



Julie Smart joins Stepper



Mark Nevin

Making a Smart move

Julie Smart has joined Stepper UK as business development manager to further enhance the company's presence in Scotland.

"Scotland has always been a region where the qualities of Stepper frames have been appreciated," said Stepper UK MD, Richard Crook. "I am confident Julie's appointment will significantly improve our performance in the area."

With 23 years' experience within the optical industry – from optical assistant to practice manager – Julie will be applying her retail and dispensing skills with the benefits using Stepper products can bring. She said: "My hands-on, shop floor experience will be invaluable in giving good advice on how to make best use of the Stepper range as part of a practice's product mix." ■

OC policy expert to relocate Down Under

The Optical Confederation has begun a recruitment drive following the announced departure of healthcare policy expert, Mark Nevin.

After four years working at the top of UK, Irish and European eye health and optical policy, including managing the Clinical Consensus Panel on fluorescein strips last summer, Mark Nevin is moving to Melbourne, Australia, in the spring to pursue a broader policy interest outside eyecare.

Representing three Optical Confederation bodies as director of policy and strategy at FODO, the FMO and the ACLM, Mark worked as an optometrist for 10 years before retraining as an economist and then in public policy at the London School of

Economics before beginning his career in healthcare policy at FODO.

Over the last four years he has been one of the driving forces behind the Optical Confederation's work on the NHS reforms, IT strategy, the regulation of optical businesses, public health and road safety. He established FODO's Ireland operations in early 2012, and is secretary of the Public Affairs and Economic Committee of the European Council for Optometry and Optics.

Mark said: "I'm very proud of the work I've done with colleagues across the sector to form the Optical Confederation. I think such collegiate working has helped to secure the long-term interests of optometrists, dispensing opticians, and the patients they serve. I feel I owe a lot to optics, but it is now time to move on to a new challenge. I look forward to handing over to my successor in an optical role, which offers the rare opportunity to really make a difference." ■

Membership Services

Contact the Membership Services Team on:
01227 733902 • 01227 733912 • 01227 733922

ABDO Golf Society

In June 2013, nine dispensing opticians met at Moseley Golf Club in Birmingham, and played for the ABDO Challenge Cup which was won by Paul Cross from Staffordshire.

In September 2013, the competition for the Stercks Martin Silver Salver was held at Radcliffe-on-Trent Golf Club in Nottinghamshire where

seven dispensing opticians competed for the salver which was won by David Bray from Derbyshire.

The Society is indebted to Lenstec and Continental Eyewear for their generous sponsorship at these events.

The Society also enters a 10-man team to play in the

annual Triangular match where the ABDO Golf Society play against teams of optometrists and manufacturers.

This year, the Triangular match will be on 29 April at Tadmerton Heath Golf Club in Oxfordshire and if any dispensing optician is interested in being a team member then please get in touch with Mike Stokes.

The two events being held this year are on 8 July at Moseley Golf Club, for the Challenge Trophy, and on 16 September at Horsley Lodge Golf Club, Derby for the Stercks Martin Salver.

If you wish to play in any of these events or to join the ABDO Golf Society please contact Mike Stokes by emailing m.stokes67@ntlworld.com ■

Let us further your career

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 individual 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 dispensing optics
- Established by the profession for the profession
- A proven track record of success

For further information and application forms for these and other courses, or to request a copy of the ABDO College Prospectus, please contact the ABDO College Courses Team on

01227 738 829 (Option 1)

or email info@abdocollege.org.uk

ABDO College Operational Services,
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Foundation Degree / BSc (Hons) in Ophthalmic Dispensing (Year 1)

Fellowship Dispensing Diploma (Year 1)

ABDO College offers a choice of two distance learning courses on the route to becoming a qualified dispensing optician:

Option 1

A two-year Foundation Degree course followed by a third year BSc Degree course in Ophthalmic Dispensing – leading to BSc (Hons) and the ABDO Level 6 FBDO qualifications.

Option 2

A three-year diploma course in Ophthalmic Dispensing – leading to the ABDO Level 6 FBDO qualification.

Course features

- Combines academic and work-based learning
- 32 weekly distance learning units in each academic year

- Four weeks block release at Godmersham in each academic year
- Access to supplementary web-based interactive tutorial presentations
- Block release accommodation can be provided
- Year 1 courses will commence in September 2014

Entry requirements

- Grade C or above GCSE in English, mathematics, science and two other subjects, including evidence of recent learning
- Applicants must be working in practice as a trainee dispensing optician for a minimum of 30 hours per week and have the support of their employer



You can lead patients to water but you can't make them drink, writes John Pike



John and Jonathan wearing their new face-masks which they use when they are glazing high-index lenses

My work as a dispensing optician involves (hopefully) giving people the best advice and information about their eyecare and spectacles. I was reminded of this recently when a patient of some 25 years standing visited us after her cataract operation. She was previously -11.50DS in her right eye and deeply amblyopic in her left, which was fitted with a balance lens.

The first time I saw this lady, she was wearing 1.8 index glass lenses. They looked fine, but I was very concerned that she was wearing glass with low centre thickness when she only had vision in one eye. The lack of safety was obvious. I tried unsuccessfully over the next few years to wean her off glass and into plastic lenses, which she thought of as inferior. Eventually, when 1.74 index plastic became available, she ordered a pair, only to bring them back a week or two later saying that her family was unhappy with the green bloom of the MAR coat. She reverted to glass lenses.

I didn't see her again for a year or so, after which she sheepishly came into the practice wearing an old pair of glasses, her latest pair being broken beyond recognition. She explained that she had been the front seat passenger in a car driven by her husband, which had been clipped by an overtaking vehicle at 70mph on the motorway. Their car

Doing the best we can

spun completely around several times before coming to rest in a ditch alongside the hard shoulder, facing oncoming traffic. Amazingly, neither she nor her husband was seriously hurt, nor did any other car collide with theirs.

Apparently, as the world was spinning around her in the rotating car, she only had one thought in her mind: "I wish I'd listened to Mr Pike!" We were able to both howl with laughter when she said this, because not only was our patient only slightly bruised, but her glasses had mercifully flown off her face, smashing to smithereens against the rear window. Needless to say, her replacement spectacles were plastic lenses.

Pike father, Pike son

I have a new student DO at the practice – my younger son, Jonathan. He has 'drifted' into dispensing optics after graduating last year with a non-vocational degree. I remember 'drifting' into optics too, for similar reasons. How different it all is now. Block release courses are held in a stately home near Canterbury instead of a tired-looking college in what was then a very dirty London. Accommodation is in college buildings or, if they're full, in a pub with real ale (we were housed in a downmarket hotel, which used to be a hostel for down-and-outs).

Weekly papers are accompanied by encouraging comments from his tutor, together with her contact details and a request that he should contact her for advice if he is struggling in any way. My distance-learning tutor normally only wrote one of two comments on my returned papers: "Send a stamped addressed envelope!" or "Late - again!"

In my college days, we cowered under the steely gaze of some of our lecturers. Jonathan has found the staff at Godmersham very friendly and helpful, and is actually enjoying most of his work.

Mind you, we did have the occasional bit of fun in our optics lectures. My favourite memory is of a room full of students, all drawing diffraction patterns based on the work of George Airy. My mate Ian (a bit of a 'lad' at college but now a well-respected director of an optical group) and my other 'mate' Hilary (a bit of a 'ladette') had been having a bit of friendly banter earlier in the lesson. Suddenly, Ian yelled across the lecture room: "How big's your Airy Disk, Hilary?", which became a bit of a catchphrase for the rest of the year.

There was also the incident with me, Hilary and the smoked salmon in the hotel dining room – but that's another story.

Disjointed jottings from a DO's desk . . .

I must admit that being my son's supervisor is a bit daunting, especially as I sometimes have to try to trawl up knowledge learned nearly 40 years ago. I'm finding it a challenge, to say the least. It's also a challenge to hear our elderly lady clients, when introduced to the new recruit, invariably comment: "Ooooh – you're so much better looking than yer Dad."

High Street squeeze

The much-vaunted new retail development in Shirley is nearly finished. It consists of a large Asda supermarket, plus a new shopping arcade with shops to let at ridiculously inflated prices – more than some wealthy areas of London. Major retailers don't want to open branches here and smaller retailers can't afford to. As a result, a gym and the local library are being moved into the centre to fill up space. Most of the units that have been let are going to be pizza restaurants and coffee shops – not exactly improving the retail scene.

The only shops to have taken leases are a cheap clothing shop, a budget shoe shop and a 99p shop. With their massive overheads and competition from Asda next door, it remains to be seen how long they will survive. What's more worrying is the effect that the supermarket will have on the rest of the High Street, which has been in decline for some time. If rents could have been reduced on the High Street and the whole area promoted as a destination for different, unique independent shops, I think the area would have been greatly improved. I don't want to be negative about the new shopping centre but I'm worried it could turn out to be a white elephant. Time will tell.

Anyway, I can't sit here writing to you lot all day. I've got a student to supervise. Can anybody remind me how to do thin lens calculations?

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

Frequently asked questions

answered by Kim Devlin FBDO (Hons) CL

'Under pressure' to carry out tonometry

A member telephoned the other day with a query regarding home visits, particularly performing tonometry. She had concerns that she might not be allowed to carry out such work.

The situation arose when a nursing home requested a visit to a patient at the behest of the GP, wishing to have 'pressures' done for this patient. Our member was worried whether or not she could do this.

We have all had requests from patients whose GP has requested 'pressures' and it is sometimes hard to make the patient understand that this is not possible. You will all appreciate that IOP readings, in isolation, are of no use in the diagnosis of ocular hypertension or glaucoma. Most GPs fail to appreciate that a full eye examination by an optometrist or doctor is necessary to give any indication of ocular disease being present. It does take some tact and diplomacy to reassure patients that pressures will be done – but only with other checks and measurements.

Our member had the even more difficult job of explaining the situation to the care home, without appearing to be unwilling to see a vulnerable patient. A full domiciliary eye examination can be done at the request of a GP at any time within the usual intervals of eye examinations.

There was a further complication as to whether a registered DO (or CLO) may perform tonometry in such circumstances. DOs, and CLOs may perform tonometry at the request of an optometrist or doctor, as indeed may optical assistants if trained in the work. The usual instrument would be a non-contact tonometer, but this might not be so in a domiciliary situation when a Perkins tonometer is often the chosen instrument.

Such an instrument does, however, require local anaesthetic and the instillation of such drops is restricted and most DOs may only use such drops under the supervision of an optometrist. This was the case for the member asking advice.

The advice I gave was simply that a full eye examination would be necessary for the patient in question; the DO may quite legally perform contact tonometry under the supervision of the optometrist – but not otherwise.

Kim Devlin is chair of ABDO's Advice and Guidelines Working Group ■

Optician Index - November 2013 summary

- The majority of our Key Performance Indicators showed an improvement over last month but fell below the Index values posted in November 2012
- Total eye examinations improved by 3 per cent on last month to 103 Index points, but this is 9 per cent lower than November last year
- The sales volume of single vision and bi/tri focal lenses were both around 10 per cent lower than last November but the volume of progressive lenses increased by 2 per cent
- The sample average dispensing rate has fallen by 2 percentage points from last month to 61 per cent
- Turnover per eye examination has fallen by £6 to £162 from last month but total turnover continues the upward trend to an Index figure of 169 which is 1 per cent higher than last month

The full November 2013 *Optician* Index report was published in the 03 January 2014 issue of *Optician*

Optician

BUSINESS BENCHMARKS



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British Contact Lens Association

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38th BCLA

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6 – 9 June 2014



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Diary of events

February - July

No7 Contact Lenses - Ortho-k 2014 Road Show dates: 12th February - Holiday Inn Express, Knowsley, Liverpool; 26th February - Holiday Inn Express, Cardiff Bay; 12th March - Holiday Inn Express, Leeds East; 26th March - Holiday Inn Express, Eastleigh, Southampton; 2nd April - Holiday Inn Express, Metro Centre, Newcastle; 23rd April - Holiday Inn Express, Warrington, Manchester; 07th May - Holiday Inn Express, Kassam Stadium, Oxford; 21st May - Holiday Inn Express, Leeds; 19th June - Holiday Inn Express, Oldbury, Birmingham; 2nd July - Holiday Inn Express, Glasgow Airport; and, 16th July - Holiday Inn Express, Bristol. For details visit www.no7contactlenses.com or phone 01424 850620

9 February

Area 6 (West Wales) - CET Sunday event, 8-10 CET points anticipated, The Village Hotel, Cardiff CF14 7EF. Book online at www.abdoevents.org.uk

16-18 February

100%Optical - Conference and exhibition, ExCel, London. For details visit www.100percentoptical.com

18 February

Area Northern Ireland - Evening meeting, 4 CET points, Belfast. For details email Geri Dynan gerardine_dynan@hotmail.co.uk

25 February

Area 11 (London) - Evening meeting, 5 CET points, Bloomsbury. Book online at www.abdoevents.org.uk

March

Area 2 (North East) - Evening meeting, 4 CET points, venue TBC. For details email Lynda Matthias Lyndamatthias@yahoo.co.uk

March

Area 4 (East Anglia) - CET evening meetings, up to 3 CET points, Cambridge and Southend. Book online at www.abdoevents.org.uk

March

Area 12 (Scotland) - Evening meeting, 5 CET points, Dunfermline. For details email Brenda Rennie brendarennie@f2s.com

3 March

Area 5 (Midlands) - CET day, 6 CET points anticipated, the Riverside Centre, Derby. For details and to book email Ian Hardwick ianh.abdoarea5@gmail.com

3 March

Sight Care - 2014 conference, Hilton

Metropole Hotel, Birmingham. Register online at www.sightcare.co.uk, call 01256 781522 or email info@sightcare.co.uk

11 March

Area 1 (North) - CET evening meeting, 7pm buffet and 'Myopia miscellany' VRT, 7.30 - 8.30pm lecture by Essilor 'Protection from the sun's spectrum', Ravensworth Arms, Greenford Lane, Lamesley, Gateshead, Tyne and Wear NE11 0ER. For details email Claire Leadbitter leadbittercl@yahoo.co.uk

20 March

Area 10 (Kent) - Evening meeting, 3 CET points, Maidstone. For details email Julian Silburn julian@spectrumeyecare.co.uk

26 March

BCLA - Business workshop with Phil Mullins, London. For details visit www.bcla.org.uk

29 March

ABDO - Golf tournament. For details email Barry Duncan bduncan@abdo.org.uk

30-31 March

ABDO - Conference and exhibition, Chesford Grange Hotel, Kenilworth, Warwickshire CV8 2LD. Book online at www.abdoevents.org.uk

11-13 April

Optrafair London - Exhibition, Olympia National. For details visit www.optrafair-london.co.uk

6-9 June

BCLA - 38th BCLA Clinical Conference & Exhibition, Birmingham. For details visit www.bcla.org.uk

12 June

Vision UK 2014 - Eye health and sight loss sector conference, The Queen Elizabeth II Conference Centre, Great College Street, London SW1P 3RX. If you would like to register your interest in attending the conference as a delegate or exhibitor or would like to find out about sponsorship packages, contact the UK Vision Strategy team on ukvisionstrategy@rnib.org.uk

8 July

ABDO Golf Society - Challenge Cup competition, Moseley Golf Club, Birmingham. To play in this event or to join the ABDO Golf Society please contact Mike Stokes at m.stokes67@ntlworld.com

16 September

ABDO Golf Society - Stercks Martin Salver competition, Horsley Lodge Golf Club and Hotel, Derbyshire. To play in this event or to join the ABDO Golf Society please contact Mike Stokes at m.stokes67@ntlworld.com ■

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The Professional Journal of the Association of British Dispensing Opticians

Volume 29 Number 2 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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Dispensing Optics welcomes contributions for possible editorial publication. However, contributors warrant to the publishers that they own all rights to illustrations, artwork or photographs submitted and also to copy which is factually accurate and does not infringe any other party's rights

ISSN 0954 3201

Average circulation 2013: 9142 per issue - ABDO Board certification

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