Features

16. Product spotlight
   Let the sun shine

18. Continuing Education & Training
   The learning disabled patient in practice
   by Andrew Millington

22. Multiple Choice Answers
   Making the practice disability-friendly
   by Kim Devlin

23. Contact lenses
   Trainee CLO supervision changes
   by Rosemary Bailey

24. In Practice
   Keeping the team on track
   by Antonia Chitty

26. Analysis
   Opticians of the future in sight

30. Optrafair
   • CET and more at the NEC
     by Antonia Chitty
   • Gizmos and gadgets galore
     by Peter Black
   • Technology in fashion
     by Nicky Collinson

Regulars

5. DO Dispatches

6. The Anderson Files
   by ABDO president, Fiona Anderson

15. Area News

15. FAQs
   by Kim Devlin

37. Jottings
   Like father, like son
   by Colin Lee

38. Jobs & Notices
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DEDICATION TO THE PROFESSION

At the ABDO gala dinner, held for the first time to coincide with Optrafair, Peter Black handed over the presidency of the Association to Fiona Anderson. Peter has served three years as president with unshaking commitment, drive and enthusiasm. He has devoted a great deal of time to pursuing the best interests of the Association and the members. At times controversial, but always sincere, Peter has helped raise the profile and status of both the Association and the profession.

ABDO presidents give freely of their time and do a great deal of work, often unseen and rarely understood by the wider membership. I am in the very fortunate position of having seen at close hand the dedicated work done by a number of presidents over the years. It has been both a great pleasure and privilege to have been able to work alongside Peter, and I know that the whole Association has a very great deal to thank him for.

Fiona has taken over at a time of change, progress and growth. She brings a wealth of experience to the role and I am sure everyone will wish her well for her term of office. The ABDO team and I look forward to supporting her and working with her and the new vice president, Clive Marchant, over the next two years.

It was good to see many members at Optrafair and to record the success of the ABDO CET Theatre. We will continue to look at how we can continue to enhance our CET offering to members at these events. Also at Optrafair this year we launched our new ABDO Insight programme in collaboration with ITN Productions. This sector-leading initiative is a major drive to engage the public in the work of the profession and I commend the latest programme to you. You can view the new ABDO Insight 2016 trailer programme on the ABDO website.

Sir Anthony Garrett
ABDO general secretary
I can hardly believe the day has come for me to write my first column as ABDO president. Becoming president, for me, is utterly amazing. Little did I think many years ago, as I embarked on my Diploma in Ophthalmic Dispensing, that I would ever be the president of my professional Association. It just goes to show – if I can, you can too.

Optics has seen many changes since I qualified in 1986. In fact, it has changed beyond all recognition – from Brass Plate practices whose practitioners wore white coats and were not allowed to advertise, to massive four storey practices with cutting edge technology inside and outside the consulting room and slick TV ad campaigns.

But, enough of the past, I look forward to what the next two years will bring. I have no crystal ball and I am sure it will not all be plain sailing – but whatever is thrown at us as an Association, you have my assurance that we will meet it head on. As ABDO president, I will fight our corner at every opportunity and face whatever challenges come our way.

Whilst reviewing our objectives at a recent ABDO board meeting, we agreed that we must continue to raise the profile of dispensing opticians, contact lens opticians and low vision opticians both to the public and the profession alike.

We must enhance our profession by collaborative working within the industry, and engage with local optical committees and NHS commissioners, to involve ourselves in the provision of enhanced services such as minor eye condition services (MECS). We must continue to shout from the rooftops how good we are in delivering our specialties such as paediatric dispensing and low vision – and all the regulated dispensing that we do.

As an Association, we are moving into a new era; we are changing our regional structure to align ourselves with the new NHS areas so we are best placed to engage with those we need to, and to ensure that we will have a seat at the table and will not be left behind.

I think we also need to address the changing demographics we have seen highlighted in the recent Optical Workforce Study and from our own internal membership statistics. More and more of our members are approaching or are already in their 50s – a bit like myself – and a lot of our younger members are female and working part-time, so we need to make sure all our members are supported to play their part and reach their full career potential.

My encouragement to you all is to get involved in whatever way you can. If you haven’t attended a CET event recently, go along to one locally and chat with like-minded professionals and gain some CET at the same time. Go to a national conference such as Optrafair, the National Optical Conference or 100% Optical as great networking opportunities abound at these events. By being involved, we can share our experience and our talents with others and make the Association stronger for the future. And please do come along to the ABDO Consultation Day on 10 May in London to hear more about our strategic objectives, and to share your views with the ABDO board and other members.

I look forward to seeing you at an event very soon.

SEASONAL SHARES

Have you seen EyecareFAQ’s seasonal images for you to share? So far, we’ve covered Valentine’s Day, St Patrick’s Day and Easter. These images are posted to ABDO’s social media channels for you to share with your patients and customers. Let us know if there are other dates that you’d like us to highlight.

April saw a focus on cataract, with postcard sized images and explanations of all the jargon that’s used. There is also an infographic, which you will find on the EyecareFAQ section on the ABDO website.

In May, there will also be a focus on the jargon used when talking about parts of the eye, demystifying complex words, as well as information about AMD. We revisit summer sun protection, and highlight constructive ways for consumers to complain.

Remember to visit the archive containing questions and answers to many other topics in the public part of the ABDO website, www.abdo.org.uk/information-for-the-public/eyecarefaq/. As an ABDO member, all these are available to you for use on your own practice site and social media channels. Simply copy and paste relevant info and images, and share with your patients.

Eyecare FAQ is at:
• www.facebook.com/eyecarefaq
• www.twitter.com/eyecarefaq
• plus.google.com/+eyecarefaq
• www.pinterest.com/eyecarefaq
•instagram.com/eyecarefaq/

Have you followed ABDO on social media yet? You can find ABDO on Facebook, LinkedIn, Pinterest and Twitter @MembershipAbdo, and with more general news from the world of eyes at @ABDONews. Remember to share photos from events with us.
Fantastic children’s range

For kids aged 6 months to 12 years old

New trendy frame designs

Practical smaller styles - perfect for today’s younger patients

Different eye shapes in exciting bright colours

Free case with every frame

For kids aged 6 months to 12 years old

New trendy frame designs

Practical smaller styles - perfect for today’s younger patients

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OC BRIEFING ON NEW DISABILITY LAW

The Optical Confederation (OC) has issued a briefing to update practitioners on the new Accessible Information Standard, which becomes a legal requirement for all providers of NHS and adult social care services in England, including GOS contractors, on 31 July.

Available to download from the OC and ABDO websites, the briefing is a follow-up to an OC guide published in September 2015 on how to get started with the standard. It explains what steps practitioners need to take next, what the OC is doing and to let practitioners know what support it intends to provide.

Over the next few months, the OC will provide further detailed information to help practitioners meet their responsibilities to patients with communication needs. These include asking if a new or returning patient has any information or communication support needs relating to a disability, sensory loss or other impairment, such as a stroke; and recording clearly and consistently those needs in the patient’s records.

The new standard will also require practitioners to include details about a patient’s information and communication needs at referral, discharge and handover, following existing data sharing processes; and to make reasonable adjustments to ensure that people receive information in a format they can understand.

ABDO members who have any queries about the new standard can contact Barry Duncan, head of policy and development, by emailing bduncan@abdo.org.uk

REWARDING JOURNEY CELEBRATED

Andrew Oliver of Tompkins, Knight and Son Optometrists, Northampton, was named Dispensing Optician of the Year at the Optician Awards last month.

Held on Saturday 9 April in the new Vox Conference Centre in Birmingham over the Optrafair weekend, the awards have been celebrating achievement within the profession for more than 20 years.

Commenting on his award, Andrew told Dispensing Optics: “I am hugely honoured to achieve Dispensing Optician of the Year. The long journey of learning and working from spectacle maker to dispensing optician has been hard and interesting along the way.

“I would like to thank everyone who has been a part of my optical career – family and friends, colleagues and peers and my current employers, Brian and Nicky Tompkins. Being back in practice with the award and being able to share this moment with colleagues and my patients mean a lot to me. I hope this achievement will inspire future dispensing opticians to give the best eyecare and be part of their local community.” Andrew added.

The other finalists in this category were James Dawson, Shafik Haji, Sophie Johnson, Aziz Mohammed and Luke Smith. To see all the winners, visit www.opticianawards.com

CLO JOINS IC

The General Optical Council (GOC) has appointed Sarah Baylay, a practising contact lens optician, to its Investigation Committee (IC).

Sarah has more than 16 years’ experience in the optical sector, and in 2004 graduated with a degree in Optical Management. She has managed six different practices, and has trained and mentored a number of optical consultants, trainee dispensing opticians and new managers.

Gareth Hadley, GOC chair, said: “Sarah brings a tremendous amount of experience to the role, having worked at all levels of optics, and I am confident the committee will benefit greatly from her insight.”

FOR THE MOST UP-TO-DATE ABDO EVENT DETAILS keep an eye out for the eNews landing in your in box, and the events section of the website, visit www.abdo.org.uk/events
Lenses and Ladders
The exciting new scratch card promotion from Transitions® Optical

Recommend Transitions lenses, earn points and redeem online for Amazon, iTunes and Love2shop vouchers at www.lensesandladders.co.uk

Promotion runs from May 1st until July 31st 2016.
Ask your account manager for more information.

Includes a prize draw for a chance to WIN a trip to Paris!
INDUSTRY STALWART RETIRES

Neal Grimason has retired from his role as sales and marketing director at Continental Eyewear due to health issues.

“A stalwart of the UK optical industry, Neal has been an incredible ambassador to the Continental Eyewear family for over 30 years and we, together with all his customers and friends in the UK and around the world, send him our good wishes and all the best in his retirement,” said Derek Cox, chairman and managing director.

A special presentation was made to Neal at Optrafair last month by the Federation of Manufacturing Opticians (FMO) in recognition of his contributions to the profession and industry. Making the presentation on behalf of the FMO, Andy Yorke of Topcon told Neal that he would be greatly missed and wished him a very happy retirement.

FEEL THE FORCE

Custom contact lens manufacturer mark’ennovy has announced an investment in its growing UK sales force by appointing new business development managers for Scotland, the Midlands, the North, Yorkshire and East Anglia.

Chris Carter, group marketing and sales director, said: “It is a sign of the growing presence and credibility of mark’ennovy that such high quality sales professionals have elected to join mark’ennovy.”

TAG TEAM

Iconic brand Tag Heuer has selected Shamir as premium prescription lenses manufacturer for its patented Panorama eyewear series.

Shamir is offering a complete range of prescription lenses, either for outdoor or indoor activities, especially designed for Panorama. Having passed Panorama’s approval tests, Shamir can now manufacture prescription lenses and sun lenses for the entire TAG Heuer Eyewear collection according to TAG Heuer Eyewear quality standards.

OUTDOOR PLAY KEY TO MYOPIA CONTROL

Increasing exposure to outdoor light is the key to reducing the myopia epidemic in children, according to research by Australian optometrists.

Optometrist and lead researcher on the project, associate professor Scott Read, who is the director of research at Queensland University of Technology’s School of Optometry and Vision Science, said children need to spend more than an hour and preferably at least two hours a day outside to help prevent myopia from developing and progressing.

Speaking at the Australian Vision Convention in Queensland on the weekend, Professor Read said it was not ‘near work’ on computer and other screens causing myopia, but a lack of adequate outdoor light.

“While screens are contributing to children spending more time indoors than in previous years, the research shows they are not the direct cause of the increased incidence of myopia,” he said.

“Optometrists need to make their patients aware that less than 60 minutes’ exposure to light outdoors per day is a risk factor for myopia. It looks like even for those with myopia already, increasing time outside is likely to reduce progression.”

The QUT study measured children’s eye growth via study participants wearing wristwatch light sensors to record light exposure and physical activity for a fortnight during warmer then colder months to give an overall measurement of their typical light exposure.

“Children exposed to the least outdoor light had faster eye growth and hence faster myopia progression,” Professor Read said.

The study, Light Exposure and Eye Growth in Childhood, is published in Investigative Ophthalmology & Visual Science.

FRAMES FIT FOR A SUPERHERO

Britain’s Tom Davies was the eyewear designer behind actor Henry Cavill’s signature frame for his role as Clark Kent/Superman in the new Batman v Superman: Dawn of Justice movie.

Speaking about the collaboration, Tom said: “When I am bespoking for ‘normal’ people, my aim is to complement their natural features to bring out the best version of them. With Clark Kent/Superman, I was trying to play with the lines of the frame to alter our perception of the character. The glasses had to look good, but I didn’t want to make it look like Superman was wearing cool glasses. It was an honour to work on this project.”

Children should spend two hours a day outdoors
BLU+V is a new lens material which blocks UV to 415nm with a secondary benefit of reducing blue violet light through to 450nm.

Available now in 1.5, 1.6 and 1.67 in single vision and progressive.

BLU+V also reduces the harmful blue light that can cause eye fatigue whether at work or at play. As the material is providing the filter you are free to have your usual emerald MAR coating!

For further information please visit www.lenstec.co.uk
60S DESIGN CLASSIC UPDATED

Rocco by Rodenstock, the design classic from the 60s, presents a relaxed, urban style for this season.

Metal and acetate-metal frames in natural shades feature fronts made of brushed stainless steel with decorative metal temples. Two of the styles feature dual colourways, and several are adorned with coloured end tips, which also bear the trademark of Rocco by Rodenstock, the yellow circle.

The new collection comprises 10 models: the Rocco original model, a striking look with a dominant top bar, as well as rectangular models and panto shapes.

EYES ON THE BALL

To celebrate the forthcoming Euro 2016 football championships, Clearlab has launched a Football 2016 version of its Clearcolor Phantom cosmetic contact lenses in nine designs: England, Scotland, France, Spain, Italy, Germany, Belgium, Portugal and a football.

“Clearcolor Phantom is our range of FDA and CE approved crazy contact lenses,” said Clearlab’s Dominique Gastaldi. “Our Special Invert Padding Technology prevents surface protrusion on the lens, keeping the eye safe from the colours. Our special design provides unparalleled user comfort, greater centration and premium optics.”

The lenses, only available to eyecare professionals, come in two-monthly packs, and a choice of two point-of-sale posters.

DECADE OF PROGRESS MARKED

Optometry Scotland (OS) recently celebrated the 10-year anniversary of NHS funded eye examinations under the GOS regulations.

At a celebratory dinner held in Dynamic Earth in Edinburgh, Richard Foggo, head of primary care and population health, praised the achievements of community optometry.

He said: “I’m sure most people in the room would agree that General Ophthalmic Services is one of the true NHS success stories in Scotland. It provides a full health check of the patient’s eyes, including specific procedures depending on the patient’s age or condition. This is a vital step in the early detection of eye disease and the prevention of blindness, reducing the burden on secondary care."

Former OS chairman, Frank Munro, presented evidence of a reduction in referral rates to secondary care compared to England, where there is no facility for a universal NHS funded eye examination, and the increased uptake and retention of patients in primary care.

The data produced showed that over the past 10 years, attendance at eye clinics in Scotland increased by 4.1 per cent compared to a 44 per cent rise in England over the same period. Last year, a total of 2.2 million eye examinations were provided by community optometrists in Scotland with less than seven per cent being referred to GPs and hospitals. This included more than one million eye disorders managed by Scottish optometrists, including an estimated figure in excess of 200,000 eye emergencies.

Nicola McElvanney, OS chair, said: “Optometrists have shown their appetite for ongoing training and development and are already reducing the burden on general practitioners and secondary care. As a profession we are proud to be impacting on the eye health of the nation and applaud the fact that we are the first port of call for eye health in Scotland.”

WEST COUNTRY MERGER

Robert Frith Optometrists have acquired Harts Eyecare, a leading West Country independent, with the two practices to merge into the premises currently occupied by Harts.

Robert Frith said of the acquisition: “This makes perfect sense, merging our own practice with Harts makes us a strong independent offering for the people of Yeovil”.

Practice partners Ben Williams and Simon Frackiewicz added: “With the recent expansion of our own practice the acquisition of Harts will strengthen our place in the market and allow for future expansion.”

Clearlab’s flag design contact lenses

Rocco by Rodenstock
IN THE PINK FOR BREAST CANCER CHARITY

Dispensing Optics managing editor, Nicky Collinson, is taking part in a 10m Pink Ribbonwalk at Polesden Lacey on 21 May in aid of Breast Cancer Care (BCC).

All funds raised from the annual Pink Ribbonwalks around the country enable BCC to provide specialist nurses, local face-to-face services and a vital online support network to anyone affected by breast cancer.

Sign up to take part in a Pink Ribbonwalk near you at www.breastcancercare.org.uk/ribbonwalk or support Nicky on her Just Giving page at www.justgiving.com/njcpink

* Tim Bowden has had to postpone his Optics Cycling for Sight challenge until September due to an accident whilst out riding. You can still sponsor him at www.justgiving.com/teambowden2016

TECH DEAL TO COMBAT BLINDNESS

The University of Manchester has entered into a technology license with Seattle-based company Acucela, which will see Acucela commercialise technology developed by researchers at Manchester that has the potential to partially restore vision in people who are blind from degenerative retinal conditions such as retinitis pigmentosa (RP).

Acucela, a clinical-stage ophthalmology company that specialises in developing treatments to slow the progression of sight-threatening diseases of the eye, will now undertake a programme of clinical trials ahead of commercialisation of the technology. It is anticipated that the first patients will be treated within three years and Acucela plans to evaluate the ability of the therapy to partially restore vision in patients who are legally blind.

The therapy was developed by University of Manchester researchers Dr Jasmina Cehajic-Kapetanovic and Professors Robert Lucas and Paul Bishop. In advanced RP the photoreceptor (light-sensitive) cells die off, but other neuronal cells are still present in the retina. In trials using RP affected mice with a complete loss of their photoreceptor cells, the scientists used a gene therapy approach which successfully made these other cells light-responsive. This optogenetic therapy was sufficiently effective at restoring visual responses in the mice to allow them to detect spatial patterns presented using an ordinary flat screen display.

Professor Bishop said: “This is a very exciting therapeutic approach as the blind mice we treated could see surprisingly well in normal lighting conditions, and we think the approach may be safe as we are putting a normal human retinal protein back into the retina, but in cells that don’t normally make it. We are delighted at the prospect of working with Acucela towards restoring some visual function in patients who have severe visual loss from RP and similar conditions.”

Glaucoma is a slowly progressing disease that causes thinning of the retinal nerve fibre layer (RNFL) and ganglion cell layer (GCL), which eventually leads to characteristic visual field loss.

Multi-modality imaging can be used to help determine a patient’s risk of glaucoma. When screening for, or monitoring, glaucoma using infrared fundus and OCT technology, the following scan patterns will help the practitioner to make an accurate assessment:

- Optic nerve head (ONH) fundus image for assessment of RNFL reflectivity and disc structure
- RNFL circle scan (a circular OCT scan taken around the ONH) to measure the thickness of the RNFL
- Posterior pole volume scan to look for RNFL thickness imbalance with the fellow eye and between upper and lower hemispheres

Glaucomatous damage is irreversible and, unfortunately, 50 per cent of people with the disease don’t know they have it. Monitoring patients over time for early signs of the disease and referral for treatment at the right time is crucial to preserve vision.

Glaucoma causes the RNFL to thin by about two microns per year, so it is important the OCT scan is placed in the same exact location at follow-up visits in order to confidently measure progression and detect these small changes.

Eye movements and changes in patient head position could make this challenging, but the SPECTRALIS AutoRescan function helps the operator by automatically placing OCT scans in the same anatomic location every time, allowing the practitioner to identify changes as small as one micron.

View a video tutorial on basic retina and glaucoma scanning using OCT at www.youtube.com/watch?v=A1NF5rK48RY
GLOBAL CHILDREN’S VISION CAMPAIGN

Optometry Giving Sight (OGS) co-hosted the official launch of the Our Children’s Vision Campaign at the Australian Consulate in New York last month.

The new global campaign has been initiated by the Brien Holden Vision Institute and the Vision for Life fund, created by Essilor, and seeks to bring together governments, development agencies, the private sector, eye health practitioners and communities with the goal of screening 50 million children worldwide for vision impairments by 2020 and creating access to appropriate services for those who need them.

“All of us can appreciate the importance of good vision – not just for ourselves and our families, but for the many children around the world who don’t have access to the vision care services they need,” said OGS chair, Dr Juan Carlos. “After all, if you can’t see, you can’t learn, and that condemns many in the developing world to a life of poverty and disadvantage.”

Learn more about the campaign, and its partners, at www.ourchildrensvision.org

PATIENTS PAY WHAT THEY LIKE

Leightons Opticians and Hearing Care recently invited patients to pay what they like for a 45-minute eye examination they are normally charged £69 for.

The company’s Pay What You Want campaign aimed to encourage people to have “the ultimate eye examination” using OCT technology.

CEO Ryan Leighton said: “We truly believe in our For Life philosophy where we care for people’s sight and hearing so they can live life as fully as possible. So, that is why we can stand by our Pay What You Want campaign. This is not about giving away something for free, it’s about raising awareness of the importance of eye health and in our case providing people with the opportunity to experience the Ultimate Eye Examination but in a way where they get to choose to pay what it’s worth.”

The campaign ran during April and was available to anyone over 18 within participating Leightons stores.

A HEAD FOR BUSINESS

John Heritage has been promoted to head of business development for the UK and Ireland at Hoya.

Previously regional business development manager for the North, John said: “I have been proud to represent an innovative Japanese technology business. I’m excited to see what challenges the next phase of my career with Hoya will bring.”

John will head a team of 18 business development managers supporting independent practices.

ALZHEIMER’S LINK DISCOVERED

Professor John Nolan, principal investigator at the Vision Research Centre, Waterford Institute of Technology, presented his latest research on the relationship between cognitive function and macular pigment density (MPD) measured using the Heidelberg Engineering Spectralis at the Optometric Faculty Launch in London recently.

“A study looking at the impact of carotenoid supplementation on vision in patients with Alzheimer’s disease showed that patients using supplements that are rich in carotenoids experienced improved vision as their macular pigment was boosted,” explained Professor Nolan. “The next phase of the research will follow a cohort of patients with early signs of cognitive decline over a three-year period to investigate whether taking specific supplements can arrest the decline in and improve their cognitive function.”

The MPD Module for Spectralis used by Professor Nolan will allow quantitative measurement of macular pigment. It is currently under development and not for sale, but will be available as an upgrade to all expandable Spectralis imaging platforms in the future.

Six-year-old Ralph having an eye exam in Haiti (courtesy of Cielo Pictures)

If only I had a Spectralis

Professor Nolan presents key research findings

NEWS

Professor Nolan presents key research findings

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The campaign ran during April and was available to anyone over 18 within participating Leightons stores.
AREA 3 (NORTH EAST & ISLE OF MAN): PEACEFUL START TO CYCLE
By Richard Rawlinson

The Peace Centre in Warrington proved to be an excellent venue for more than 80 delegates keen to kickstart their CET learning, and network with members on the first sunny Sunday of the year (13 March).

More than 10 CET points were on offer covering eight competencies, including interactive learning, group peer discussions and Silhouette’s popular rimless workshop. Highlights were presentations from Lyndon Taylor on GOS reclaims, which provided healthy discussion and much valued advice, and Steve Wright from Clearlab who educated us all on the art of fitting toric contact lenses.

AREA 5 (MIDLANDS): RECORD TURNOUT IN DERBY
By Ian Hardwick

Our CET day on 7 March in Derby yielded our largest ever turnout of 185 delegates, with a sponsored exhibition including Williams Morris, Charmant, Shamir, Optical Service, Orasis, OWP, Essilor, Wolf Eyewear, Tokai, Continental Eyewear, Silhouette and Nikon.

The morning session started with a multi-station workshop entitled ‘DO five’, which saw delegates divide into five groups to move between five stations for interactive discussion (three CET points). Sarah Brown of Shamir then ran a discussion workshop on sports vision dispensing (three CET points). She said afterwards: “We always find ABDO Area days great networking opportunities and enjoy being able to support ABDO.”

Frequently asked questions
answered by Kim Devlin FBDO (Hons) CL

GIVING OUT PDS

This month’s query was complex and one where I really did feel for our member, who was trying to do the right thing but was not sure how that could be achieved.

The situation was that a father had requested his son’s PD to enable him to order a pair of cycling spectacles online. His son was a low myope and 15 years of age. I’m sure most of you reading this think, “You can’t do that!” – and you are quite right – but life is seldom that simple.

The law is quite clear: anyone under 16 may not purchase spectacles from anyone other than a registered practitioner and that does, of course, include sports specs. Neither can someone buy them on their behalf.

Giving out the PD for an adult is very much at the discretion of the practice and I have written on the subject before. By giving the PD, you are taking responsibility for the accuracy of the information and ABDO has a form that it recommends using so there can be no misunderstanding, should you wish to give the information (ABDO Advice and Guidelines website Appendix H).

This problem was not so simple. Was it, in fact, legal to give the PD of a child to enable the parent to order spectacles illegally? I don’t think it is. You would be encouraging an illegal act from a position of knowledge.

But, there is always a ‘but’; what is in the patient’s best interest? The father would simply go ahead and order online, guessing the PD and lying about the age of the wearer. If the resulting spectacles were poorly fitted and centred, that would be poor professional care.

At the end of the discussion with this member, we agreed that she wouldn’t give the PD to the parent but would explain as calmly and carefully as possible that the law is to protect children and why ordering online, even with the correct PD, is a bad idea.

The irony is that within a few months, the young man may order his own cycling specs online without the correct information but quite legally.

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

Past FAQs are available for reference on the ABDO website at http://www.abdo.org.uk/frequently-asked-questions
Racing pro, Sabine Schmitz, wears Ostuni from the Serengeti Slim Collection

The new Maui Jim Orchid in tortoise with peacock

Model Christie named after actress Julie Christie

Model P’8620 – Porsche Design Iconic from Rodenstock

RACING PRO DRIVES NEW SUN COLLECTION

The new Slim Collection from Serengeti features as Brand Ambassador top German racing driver, Sabine Schmitz, also known as the Queen of Nurburgring. The only female host of the all-new Top Gear line-up, Sabine became the first female to win the 24 Hours Nurburgring race in 1996.

Serengeti’s Slim Collection features durable, lightweight, chemically resistant grilamid frames and polarised, photochromic mineral lenses with a patented spectral control filter. There are two styles – Positano for men and Ostuni for ladies as worn by Sabine.

“Extremely thin and lightweight, the Slim Collection stands out thanks to its minimalist classic style and maximum comfort,” said Dawne Warren, business and communications director for Bushnell Performance Optics. “With its rounded lens shape, Ostuni offers a glamorous look with Serengeti style and is available to prescription via our easy-to-use webshop in +6.00 to -8.00D.”

BLOOMING WITH COLOUR AND VIBRANCY

Orchid is a stunning addition to Maui Jim’s growing collection of fashion forward styles.

Designed with a feminine, oversized nylon frame, the Orchid sunglasses are one of nine styles in the Maui Jim Fashion collection. They are available in three vibrant colour schemes – including a dark tortoise and raspberry combination surrounding a Maui Rose lens. Fully glazeable, the Orchid is inspired by the eponymous vibrant flower and is best suited to square or oblong face shapes.

Created on the Hawaiian Islands, Maui Jim sunglasses feature patented PolarizedPlus2 lens technology for brilliant colour so every detail is crisper and cleaner and without glare or harmful UV.

MADE AND CREATED IN ENGLAND

The stylish Made in England brand, Walter & Herbert, brings 70 years of home-grown expertise to its first 11-piece sunglass range. Remaining true to its quintessentially English archetype, the styles are named after iconic British figures including Florence Nightingale, Enid Blyton, Audrey Hepburn and Julie Christie.

Each frame was conceived in the company’s design studio just outside London, before being crafted in its factory in Liverpool by specialist technicians and tested in the company’s own UKAS-accredited laboratory.

The models are available in two colourways – apart from the women’s Nightingale frame which comes in three. Christie (pictured) offers a modern twist on a 1950s classic. The leather detailing on the temple and the smooth contours give a glamorous Hollywood feel to this iconic cat-eye shape.

ICONIC AND FUTURISTIC DESIGN SIGNATURES

Futuristic design meets innovative technology with the new P’8620 – Porsche Design Iconic style, which showcases sporty elegance and ultralight, robust materials.

Let the sun shine

Anything goes for the spring/summer 2016 sunwear season as exemplified by this select array of eclectic shapes and styles for both men and women.
The temples are made of titanium and fit into the unique shield front, by way of a ball hinge function. Inspired by the field of aerodynamics, the hinge solution is reminiscent of the complex rotor mount of a helicopter for the highest flexibility. In addition, it has an almost weightless feel due to the use of very light materials combined with titanium.

The feminine curved or masculine angular fronts come with a fashionable graduated tint or mirror coating. The iconic frames are available in three shapes, including a men’s and ladies’ model each with four colour variations, as well as a strictly limited version with an 18 carat gold frame.

**LOW KEY LUXE FROM IRISH DESIGNER**

Irish designer Paul Costelloe has launched a new 10-piece sunglasses range in partnership with Dunelm Optical.

The collection of timeless classic sunglasses is an elegant addition to the Paul Costelloe eyewear range featuring everything from chunky masculine designs to slim and classic metal frames.

Commenting on sunwear trends for this season, Paul said: “Sunglasses are as diverse as usual for 2016, catering for a whole range of interests, styles and face shapes. Trends are mainly continuations of what’s been going on in 2015 and before. There are the staple shapes of cat-eyes, oversized rounds, squares, aviators and wayfarers. My sun collection has low-key luxe styles that stick to my contemporary classic dictum, and makes them accessible for many.”

**CAMPAIGN PAYS HOMAGE TO 80S NEW WAVE**

Danish eyewear designers at Ørgreen have captured a mysterious midnight drive to a major metropolis for their spring/summer 2016 campaign for a retro jet set style with futuristic fantasy.

In a tribute to 80s New Wave, the setting features a white Lamborghini Countach – an iconic accessory from the era which pioneered the extreme wedge shape in high performance sports cars. Conceived by photographer Søren Solkær and styled by the renowned Simon Rasmussen, the campaign stars model Maja Krag and Nikolaj Hübbe, artistic director of the Royal Danish Ballet.

Founded in Copenhagen in 1997, Ørgreen is rooted in the Danish design tradition offering excellent quality and craftsmanship combined with a minimalist aesthetic.

**SNAPPY MAGNETIC FEATURE ON ADJUSTABLE SUNSpecs**

Lacoste has launched a new range of magnetic sunwear styles featuring patented technology with extendable temples with magnets inside them.

Available from Marchon, the frames are available in four colours (black, Havana, matt grey and matt blue) and have plastic-covered metal core wire sleeves with five stop positions to ensure the right fitting. The tone-on-tone Lacoste extended logo and famous croc also appear on the temples. Geared towards men, the frames feature a double-bridge and the lenses are glazeable.

**EYE-CATCHING STYLES FOR URBAN EXPLORERS**

The new Elle Eyewear sunglass profiles are a melange of soft angles and flowing lines sculpted in metal and acetate. Selected styles from the collection, produced by Charmant, offer greater wearing comfort thanks to the use of the light and flexible material, ultem.

This season’s colour focus is on shades of cyan, mint green and strong pink complementing eye-catching temples featuring urban graphic elements, jungle-inspired patterns and bold naval stripes.

Model EL 14824 is a bold translucent acetate frame. The classic black model features temples with a modern tortoise execution in black and glittery silver. The purple (pictured) and turquoise versions feature a colourful arrangement of geometric stripes, while the brown model sports an abstract pattern.

*Next month’s Product Spotlight will be on contact lenses and related products.*
The learning disabled patient in practice

By Andrew Millington BSc MRes MCOptom

Patients with learning disabilities can provide some of the biggest challenges of a professional career but also some of the biggest rewards.

The Foundation for People with Learning Disabilities estimates that there are 1.5 million people in the UK who have a learning disability.1 There is no precise definition of what a learning disability is, and it is often not a specific condition. For instance, someone with cerebral palsy, whilst having a physical disability, may or may not have a learning disability.

Emerson and Heslop2 categorise a learning disability (LD) as “a significantly reduced ability to understand new or complex information (and) learn new skills’ combined with ‘a reduced ability to cope independently’, and starting before adulthood and having a lasting impact on development. The learning disability can be classified by cause, or by severity: profound, severe, moderate or mild. The most common cause of LDs is Down’s syndrome (26 per cent) but for many individuals the cause is non-specific or unknown.

One area that can cause confusion is that a LD is different from a specific learning difficulty (SLD), which is a term used to refer to conditions such as dyslexia, although the UK is the only country to make this distinction2. However, the terms have been used synonymously in the past. This is not to belittle people who struggle with dyslexia but it is an important distinction. SLDs can, however, be so severe as to cause an individual LD.

The number of people with a LD in the UK is increasing. This is partly due to better healthcare and increasing life expectancy but also to better survival rates for disabled children3. Successive governments have committed to improvements in healthcare provision for individuals and the latest report, Health Action Planning and Health Facilitation for people with learning disabilities: good practice guidance (2009)4 has recommended “providing personalised care and support for people with a learning disability”. It recommends that this is delivered in a person centred manner and facilitated by use of a Health Action Plan. The gold standard of the action plan is to have annual health reviews in a primary care setting. This means that we are all more likely to see increasing numbers of people with a LD in our practices.

PREPARING FOR PATIENTS WITH LDS

Some of the anxiety that is felt, the ‘Will I be able to help?’ and ‘What do I need to do?’, whilst coming from wanting to do the best for our patients, can be likened to a culture shock. We normally have a great deal in common with our patients, such as similar lifestyles and hobbies, and it is fair to say that in this day and age most people drive, read, watch TV and use a computer of one sort or another.

Yet patients with LDs are perceived as having very different lifestyles and pastimes and hence different visual needs, which can lead to us feeling out of our depth. In reality, each person that we see in the practice has a unique set of needs and abilities and a unique set of problems to be solved, which we must identify regardless of the presence of a LD.

The most common causes of anxiety about seeing patients with LD amongst healthcare professionals is the perceived problems of communication with the person and problems with challenging behaviour5. Statistics that up to 16 per cent, or one in six people, have challenging behaviour only serve to compund this worry.

However, in 20 years of practice with patients with LDs I can only recall a couple of incidents where the behaviour has been so challenging as to risk injury – and even then I was culpable by getting too close to a patient who was distressed. Many ‘disruptive behaviours’ are simply a way of communicating that someone is unhappy with a situation. By responding to the implied message, the behaviour trait will often stop.

This article has been approved for 1 CET point by the GOC. It is open to all FBDO members, and associate member optometrists. The multiple-choice questions (MCQs) for this month’s CET are available online only, to comply with the GOC’s Good Practice Guidance for this type of CET. Insert your answers to the six MCQs online at www.abdo.org.uk. After log-in, go to ‘CET Online’. Questions will be presented in random order. 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 September 2016 issue of Dispensing Optics. The closing date is 9 August 2016.
Small changes to normal routines can reap large rewards and the most common challenge that behaviour poses, in my experience, has been patients who refuse to get out of the car to attend the practice. However, this can be countered with the right response.

Patient preparation is useful. This may involve sending information before the appointment, which can be as simple as photos and the names of the people who will see the patient. Experience has shown how much carers and patients value knowing who they are going to see. Other patients may respond to a visual timetable. This will usually consist of pictures of where and what will happen. Typically, this may be the outside of the practice, then the waiting area, the consulting room and the dispensing area and the dispensing optician and then home.

Other patients may wish to visit the practice before the appointment. In primary care, it is not uncommon for young children to accompany an older sibling to an appointment so they can see what happens before they have their own eye examination – and this is simply an extension of that practice. It is ideal to pick a time when the practice is quiet so that the patient can familiarise themselves with the practice, and meet the people involved in calm surroundings.

HOW TO BE DISABILITY-FRIENDLY
Talking about alterations to the practice and normal routines can sound daunting but they are really just good practice for any patient. All practices should be disability friendly; there is an obligation to provide access for all so there should already be room for wheelchairs but making sure that there is room for wheelchairs to manoeuvre within the practice is often overlooked when displaying products.

Allow carers to sit with wheelchair users or have the facility to move a waiting room chair to allow it. It is also best practice for wheelchairs to enter and leave rooms facing forwards. If this is not possible, ask the patient’s preferences. The carer may want to accompany a patient with a head tilt and tremor and is in a wheelchair with a head support, a frame with a head down, a shuffling walk or on crutches. It is necessary to establish how patients fill their time. A typical weekly daily routine may include exercise; swimming is very common, it is low impact and a safe environment. It may sound counterintuitive to say that swimming is a safe environment but when you have one-on-one or one-on-two support, it is quite difficult to get into trouble. Other exercise can include cycling, usually side by side bikes or trikes, and rebound or trampoline.

UNDERSTANDING LD PATIENTS’ NEEDS
It may sound surprising but many LD patients work; this is often voluntary but can be paid and is a great source of pride to many of the patients. Typical examples are café work or volunteering in a charity shop. There are often day centre sessions, which can include various therapies such as sensory rooms and music sessions as well as craft work (Figure 1), and tea and biscuits is very popular.

School age children will often be learning life skills. These can be structured within the national curriculum requirements. An awareness of money is important and preparing a shopping list, going shopping, paying and checking change and then baking a cake will fulfil numeracy and literacy requirements.

Obviously all these activities are important and all have large visual requirements, and a range of tool such as the Seeability pre-test questionnaire and functional vision assessment have been developed. These tools can give some insight into an individual’s behaviours and what their needs are. The tools are based on observations of the patient and give us an insight into their lifestyle as well as any problems they may be experiencing.

This highlights the fact that observation is a very important skill, which we all use. However, being conscious of observing the patient with LD can pay dividends. How do they react while sitting and waiting? Are they visually exploring the room? Do they interact with those next to them? Are they using an iPad? Watching them as they move, are they confident walkers or do they have a head down, shuffling walk? Are they hesitant with a change of surface such as laminate to carpet? What about steps, and a change of ambient lighting for instance from a bright waiting area to a more relaxed dispensing area?

All of these observations give clues to the way that someone uses their vision and also to how we can best help. For example, when dispensing, there are considerations of the patient’s dexterity. For the average dispensing, it may be obvious that a patient would benefit from a PPL but if someone has a head tilt and tremor and is in a wheelchair with a head support, a frame may constantly move or sit at an angle rendering a PPL inappropriate. The obvious next choice on paper might then be two separate pairs but if a patient is unable to handle their own frames and change the glasses, is this appropriate?

There are anecdotal tales of patients being prescribed two pairs and returning two years later having broken both pairs. The carers very proudly tell you that he wore the glasses all the time. The first pair were stronger, as he wore those all the time. The second pair were stronger, as he wore those all the time. The first pair were stronger, as he wore those all the time. The second pair were stronger, as he wore those all the time. The first pair were stronger, as he wore those all the time. The second pair were stronger, as he wore those all the time.
Continuing Education and Training

put the brown (reading) ones on for TV and then changed to the black (distance) ones whenever he was doing close work.

This illustrates that it is not just the numbers in the prescription that influences our prescribing, we need to think about how the glasses will be used. It is often more useful to prescribe low adds for constant wear. If someone is a non-driver, do they need 6/12 to 6/9? How far away do we regularly look and how blurred is the distance anyway?

USEFUL TESTS AND TOOLS

Obviously there will be modifications to the eye examination. A traditional letter chart may be of little use with someone who is non-literate. Many of us will be familiar with picture tests such as Kay Pictures (Figure 2). It was developed by Hazel Kay, an orthoptist, and is generally used at three metres\(^8\).\(^9\). It consists of a set of picture symbols of decreasing sizes arranged in blocks of four symbols per acuity surrounded by a crowding box. The measurable acuity is in the range of 3/30 to 3/2.4. It also has a matching card and a near acuity test card. The great advantage for use in a LD clinic is that it can be named signed or matched as the symbols all have simple Makaton signs.

Makaton is a modification of British Sign Language that was developed by a group of speech and language therapists. It is a language system that is designed to integrate speech, symbols and signs (Figure 3), although many individuals will only sign to communicate, many of us will inadvertently be familiar with some of the signs as it is used by Mr Tumble on CBeebies\(^10\).

One advantage of the Kay test is that it has a good correlation with Snellen. This means that we can explain to carers the implications of reduced acuity or uncorrected prescription by simulating it on a letter chart.

Some individuals may be unable or unwilling to participate with naming, signing or matching and for them, a preferential looking test can be used such as the Cardiff Cards. This relies on the principle of vanishing optotypes, where the detail of an object is made smaller and smaller until it is indistinguishable from the background and the fact that people will look at a more interesting scene rather than a plain one\(^6\).

Patients are shown a card with a picture either at the top or the bottom without the examiner knowing where the target is. If they can see the target, they will look towards it. The test relies on the skill of the examiner to judge the eye movement and also to engage the patient to continue the test, as after the first couple of presentations it can become quite dull.

Often only a binocular acuity is measured as we are interested primarily on how the patient is going to manage ‘out in the real world’ and that is their habitual state. Ideally, monocular and binocular corrected and uncorrected acuities would be measured but with some patients that is just not possible.

Some patients are just not able to participate in a formal acuity test but are still obviously very visual, investigating the room when they walk in, making and maintaining eye contact, seeing and taking the toys in the toy box. We would record these patients as being Visually Curious (VC) as recording no vision measurable implies very reduced acuity or even lack of light perception.

Anecdotal reports tell of carers who have been told patients are blind so fail to provide any visual stimulation, even to the...
extent of not turning the lights on in a room as it is not necessary. This serves to highlight another very important function of the eyecare team: to educate the carers about the implications of the individual’s vision.

MAKING A DIFFERENCE

Other aspects of vision can be affected with LD. This might be visual field, contrast sensitivity or processing such as face recognition. Various studies have shown that the incidence of prescription and the degree of the correction required is higher in LD than the general population and that the use of correction is below average.

An understanding of what a patient fills their time with informs any prescribing decision. Glasses are supplied to fulfil a need. While this need may be obvious in the average patient, such as needing to meet the driving standard with a patient who has LD, it may be less obvious.

One of the issues surrounding prescribing spectacles for someone with a LD is that they are a vulnerable adult or child and we are seen by some as being ‘glasses shops’. The need for glasses can often be demonstrated by showing carers the difference that prescription makes by getting them to look through trial lenses – or better still having a range of glazed frames that someone can try and watching for changes. It is rewarding to see the changes in someone when they first wear a glazed prescription.

There are obvious challenges when helping patients who have learning disabilities but the rewards are also huge. The look of delight on a child’s face when they first realise what they can see with their new specs, or meeting someone who now has a voice through using a communication device and knowing that you played a part in them being able to do that are priceless.

Not everyone will have a practice that sees large numbers of patients with LDs but as we become a more integrated society, we will all see more of these patients and a few simple changes and a willingness to help and to learn are all that are needed to provide life-changing opportunities.

REFERENCES


FURTHER READING


ANDREW MILLINGTON is a part-time clinical tutor in the Cardiff School of Optometry & Vision Sciences and principal tutor on two current post-graduate modules. Andy is one of the three optometrists working regularly in the Special Assessment Clinic, runs the lecture programme in Special Needs for the undergraduate module, and also runs the Professional Awareness practicals specialising in communication skills. He also has his own independent practice in Chepstow. Andy’s work with people with autism earned the Special Assessment Clinic the inaugural award for clinical excellence by the National Autistic Society in 2013.

TWIGGY LENDS STAR APPEAL

Twiggy took part in a BBC Radio 4 appeal last month in support of Vision Aid Overseas (VAO).

During the short broadcast, which aired three times, Twiggy told an estimated one million listeners the story of Yisimash, a 28-year-old nurse from Amba Giorgis in Ethiopia and how a simple sight test and spectacles enabled Yisimash to continue to care for her patients.

The fashion icon, who has her own range of frames in partnership with Specsavers, said: “I can’t imagine what it must be like for people in poor countries who can’t get glasses and can’t read or do their work.”

Voice of VAO appeal

PLEASE NOTE THE CET OFFICE HAS CHANGED ITS EMAIL ADDRESS WITH IMMEDIATE EFFECT TO: abdocet@abdo.org.uk
Multiple choice answers:
Making the practice disability-friendly by Kim Devlin FBDO(Hons) CL
(Dispensing Optics January 2016)

Six of the following questions were presented online to entrants to comply with the GOC’s best practice specifications for this type of CET

Which statement best explains the term ‘disability’?
a. Multiple cognitive deficiencies together with special educational needs
b. Inability to function without assistance
c. Having mental or physical issues affecting the ability to carry out everyday activities
d. Lacking mobility due to congenital or acquired impairment

\textbf{c is the correct answer.} It is a restriction on activity due to the malfunction of physical or mental capabilities, or both.

As part of a refit, a practitioner intends to re-design the entrance of his premises. To ensure maximum emphasis is placed on accessibility for the disabled...
a. automatic doors are essential
b. the number of steps must be kept to a minimum
c. the dimensions of portable mobility aids should be taken into account
d. the practice must have double front-opening doors

\textbf{c is the correct answer.} The redesigned entrance should have a doorway fit for purpose so that wheelchairs and walking frames can easily be moved through.

Signs within the practice or store should have:
a. black letters on a white background
b. white letters on a coloured background
c. red letters on a black background
d. coloured letters on a white background

\textbf{a is the correct answer.} Although in some eye conditions a certain combination of background and lettering colour can be easier to read, the font chosen should be clear and well-defined and the letters provide maximum contrast.

Which statement is true?
a. The Equality Act 2010 only applies to those who are registered disabled
b. Low vision aids can be dispensed by any dedicated and knowledgeable members of the practice team
c. There are justifiable reasons why a registered dispensing optician may refuse to see a patient
d. It is essential to speak more loudly to a patient with obvious hearing loss

\textbf{c is the correct answer.} Although the dispensing optician must not discriminate on grounds of disability according to the law and professional guidance, if the patient appears to be under the influence of drink or drugs, or if they have demands inconsistent with their prescription, refusal may be justified.

The Accessible Information Standard applies specifically to the following:
a. GP practices in England and Wales
b. all organisations that provide NHS care
c. professions that are subject to statutory regulation
d. adults with learning difficulties

\textbf{b is the correct answer.} All organisations that provide NHS or adult social care.

Fill in the sentence with the most appropriate words: ‘A person would be guilty of discrimination against a disabled person if he [....] as directed by primary legislation and subsequent amendments and Orders.
a. ...or his staff do not implement a duty to take care of patients...
b. ...could not produce evidence of a duty to remove all potential hazards...
c. ...is unable to satisfy a duty to remedy all provisions...
d. ...fails to comply with a duty to effect reasonable adjustments...

\textbf{d is the correct answer.} As in many legal documents, the key word is ‘reasonable’.

Which statement is incorrect?
a. The Disability Discrimination Act 1995 states that anyone with a disability has the right to expect fairness from all
b. It is possible to be responsible for confidentiality and to make judgements on mental capacity

c. Ideally, disabled patients entering a practice should be allowed to browse without the attention of members of staff
d. The T setting on a hearing aid is required in order to use the loop system

\textbf{c is the correct answer.} Every effort should be made to welcome all patients and offer assistance.

Complete the sentence correctly. For optometrists and dispensing opticians the GOC Standards of Practice will take the place of:
a. the ABDO Advice and Guidelines
b. the Code of Conduct
c. the Disability Discrimination Act
d. the Equality Act

\textbf{b is the correct answer.} The other options remain current.

FOR THE MOST UP-TO-DATE ABDO EVENT DETAILS keep an eye out for the eNews landing in your in box, and the events section of the website, visit www.abdo.org.uk/events.

To download, print or save your CET result letter, go to www.abdo.org.uk. Log-in and go to ‘View your CET record’.
Dispensing opticians who elect to embark on a contact lens career are choosing to participate in a post-graduate qualification – studying subjects in greater detail and depth, gaining practical skills and experience in a new field and learning new clinical decision-making techniques. At the same time, they are usually performing as a qualified dispensing optician in practice – and probably other duties too.

As a result of these demands, the Association endeavours to give trainee contact lens opticians (TCLOs) specific support in the form of certain requirements and timelines regarding supervision and personal practical experience.

To date, the registration of the supervisor and the practice is confirmed following the practice visit, which takes place between 12 and six months prior to the practical examination. During the visit, possible expansion of the TCLO’s practical experience by the involvement of a secondary supervisor is discussed. It is well reported that there may be variations in clinicians’ opinions and, as such, this may be confusing for an inexperienced TCLO. Therefore, there is a need for consistency of supervision in the early stages of their training.

However, for clarification, it has been decided to formalise certain aspects of the support, resulting in some changes to the documentation and timelines with effect from 1 August 2016.

There are no changes to the following requirements:

- One (principal) supervisor remaining responsible for all the support and practical experience for the TCLO.
- One main practice.
- Success in the in-practice GOC Competency (5.2) prior to acceptance for the CL practical examination, which takes place during the practice visit.

- A practice visit in the 12 to six-month period prior to the practical examination.
- Deadline dates for applications for the in-practice assessment and practice visit:
  - 31 January for the summer examinations
  - 31 July for the winter examinations

**NEW REQUIREMENTS**

With effect from 1 August, the new requirements will be:

- The TCLO will be responsible for the completion and submission to the ABDO Examinations and Registration Department, of the registration application for the (principal) supervisor and the practice as soon as the TCLO’s personal practical experience with patients begins.
- The requirements for minimum hours of personal practical experience with patients will not commence until the principal supervisor has received registration confirmation from the ABDO Examinations and Registration Department.
- At the time of submission, the TCLO must either be commencing an approved formal contact lens training course or have completed such a course.
- The TCLO will be responsible for the submission to the ABDO Examinations and Registration Department, of the request for the in-practice assessment and practice visit within the deadlines of:
  - 31 January for the summer examinations
  - 31 July for the winter examinations

With effect from 1 August, if the TCLO has completed six months’ personal practical experience and a minimum of 150 hours under their principal supervisor registered with the ABDO Examinations and Registration Department, they may have access to a secondary supervisor if one is available. In that event:

- The TCLO will be responsible for the completion and submission to the ABDO Examinations and Registration Department, of the registration application for the secondary supervisor.

It should be noted that:

- The secondary supervisor’s involvement may only begin after six months and if the TCLO has, during that period, achieved 150 hours or more of personal practical experience with patients.
- A secondary supervisor must meet the same criteria as the principal supervisor and must be willing to undertake the task.
- The TCLO may spend no more than 33 per cent of their practical experience hours under the secondary supervisor.
- The principal supervisor retains overall responsibility for the TCLO’s support and practical experience until they achieve the ABDO Certificate in Contact Lens Practice and so may gain CL Specialty registration with the General Optical Council (GOC).

Please note: these changes do not affect any currently registered supervisors or any TCLOs undertaking examinations in the summer 2016 sitting.

Any queries with respect to the above changes should be addressed in writing to the Examinations and Registration Department. Email examination@abdo.org.uk

ROSEMARY BAILEY FBDO(HONS) CL is ABDO chief examiner in Contact Lens Practice.
When small niggles in your practice blow up into a row between staff members, do you think: “This could easily have been prevented?” Fortunately for most practices, conflict between staff happens rarely but it can have damaging effects if it does. In this article, read tips on how to improve communication, prevent problems and develop positive HR practices.

“It’s not fair!” Does that cry go up in your practice? It might not be in quite the same words: see also “She always has Fridays off”; “He never puts the bins out”; “She doesn’t pull her weight”, etc. Whatever the complaint, managing staff isn’t the same as being a parent, but sometimes it can feel like you are continually dealing with petty squabbles.

If you think, “Everything in my practice is lovely”, don’t stop reading. All too often conflict can be triggered by something apparently tiny that only becomes an issue slowly and over time. Read on for tips and steps to nip issues in the bud, and positive practices to develop a great working relationship with the whole team.

NIPPING ISSUES IN THE BUD

To start, be clear about what you expect each member of staff to do, and to what standard. This might mean that you need to review your current job descriptions. Each member of staff will benefit from a personalised staff handbook. This can outline things that apply to everyone, like health and safety or details of the pension scheme, but it can also be customised to include individual roles and responsibilities.

If you haven’t got a staff handbook, you can get ideas for what it should include by browsing online, or by calling in a consultant to develop one for you. A good exercise for everyone is to note down the jobs in practice and assess who does what. That way you can see if the best person for the job is doing it. Some tasks may be able to be moved, freeing up time for those who are busy, and liberating more time to deal with customers.

Once you know that everyone is clear about their duties, book in scheduled times to meet with members of staff. Take this as a chance to set targets for each person, listen to any issues that have arisen, and keep everyone motivated. Each member of staff should have their own personal goals. For a receptionist this might be as simple as ‘greet everyone within the first minute of them entering the practice’, with a longer term goal of starting to get her first qualification. You and the staff member need to have a clear record of the goals and refer back to them at each meeting.

If a staff member seems overwhelmed or isn’t making progress, work with them to break a large goal down into small steps, breaking things up until it is achievable to that person. The annual culmination to regular individual meetings may be a performance review. If this is the case in your practice, be clear about this from the start, and explain how the short and medium goals will feed into the review. Be clear about how this might relate to salary increases, bonuses or other staff incentives.

FOSTERING OPEN DISCUSSION

David Samuel of Eyesite is an independent practice owner. He has been in practice for 31 years and is passionate about good leadership customer and delight. He explains about the positive things that he and his team do to ensure everyone works together well: “We have ‘teamship’ rules in the business, and a section of an appraisal system where people score themselves on good behaviour in this arena.

“For example, ‘I always treat my colleagues with respect’, ‘I always help colleagues in need’. Staff score themselves out of five. Their manager talks to them about how they have scored, and how it can be improved. It reinforces our company ethic of teamwork and working together.

“Another section of the appraisal document looks at working with your manager. It asks, ‘What could you do to help your manager, what could they do to help you?’ This creates an open discussion within the appraisal where people can share constructive criticism, and it works very well. The teamship rules form part of our ethics and mirror the way we treat customers and patients so there is consistency,” David adds.

As well as individual meetings, hold regular staff meetings. Don’t just rely on group sessions, however, because quieter members of staff may hold back, and it means that any conflicts have to be resolved in public. Use the staff meeting to work on goals for the whole team. Consider each individual’s needs when working on a training strategy for staff meetings.
Try to use each person’s strengths and ask different individuals to lead training sessions on topics where they are strong. Topics covered don’t always have to be about technical and clinical matters; add in training on achieving your goals and communications to help staff develop all round skills.

From time to time, it can help you to review the way different members of staff are developing and being developed, both within a single practice and across the group as a whole if you manage more than one practice. This can help you avoid conflict due to disparities in salary, for example, or some people getting training opportunities while others don’t. It can also help you identify areas where few people have a particular skill, so you can plan for further training or recruitment as needed.

UNDERSTANDING THE ISSUES
Problems will occasionally arise, and it can help to be prepared. Have you thought about how to deal with the person who won’t carry their load? Or what you might do with a team member who is always late, or a receptionist who lingers in the tea room, letting others staff the desk?

Particularly if you are new to management it can be good to explore some of these scenarios and consider what might be appropriate actions. For a start, you may want to find out if there is a reason for a change in behaviour. Is there a problem at home that is causing lateness? Does the receptionist lack confidence or skills? Create plans for improvement, breaking actions down into baby steps.

David continues: “We have a very open system where people can speak to managers or their peers. We aim that everyone has someone to go to if they are struggling or need to offload. I believe it is important to look at the issue not the personalities – try to take the personalities out of the question, and it can cool any heat.”

David has another suggestion to head off personality clashes at an early stage. He advises: “We’ve done Insight personality profiling for all of the team. Everyone has shared their profile – the way that an individual behaves on a good day, how they might behave on a bad day. I’m a mix of sunshiny yellow and firey red. It works well in practice. I was being grouchy, and someone said to me, ‘Are you being a bit red on purpose?’ I realised how I was behaving, walked out of the room, and came back in to start the meeting again.

“The great thing about it is that everyone has good points and bad points and everyone behaves differently under stress. You don’t know if someone’s dog is at the vets, for example. I like to assume that everyone is a great human being and try to help them. If someone is behaving strangely there are often other conflicts going on, and it helps if you try to understand that. Sharing our profiles has been massive for us. It gives us all an understanding of the strength in a team made up of different types of people.”

So, if you have a good system of appraisals and meetings, and are getting to understand your different staff personalities, what else can you do? Positive incentives offered across the practice or group can help to reinforce good behaviour and make staff keen to achieve goals. This could range from buying the staff their favourite biscuits or cakes at the end of each week where you achieve targets, to a meal or experience at the end of a set period where goals are met.

Ask the staff what incentives work for them. If you don’t currently work to targets, it is worth exploring the pros and cons. By nature, people like to feel that they are making progress – and small, clear achievable targets can help staff feel that they are making a difference, just as much as it might help your bottom line.
As reported in the April issue of *Dispensing Optics*, the Foresight Project is predicting large-scale technology-led upheavals for the profession and industry over the next 15 years that will affect not just retail optics, eyecare services and manufacturing – but patient and consumer behaviours too.

Technologies such as in-house digital dispensing, online self-dispensing and checkout, self-education websites and apps all raise questions about the traditional function of the dispensing optician. Indeed, changes are already afoot with more interactive measuring and assessment devices, miniaturised electronics for patient-led refraction, mobile vision testing and telehealth – all with an eye firmly fixed on the burgeoning numbers of people requiring vision correction and/or treatment and monitoring for age-related eye disease.

As a forward-thinking dispensing optician, you may have already moved into a more digital mode of practice, and have a keen interest in developments such as wearable optical devices and ‘smart’ contact lenses and eyewear. Perhaps you are working collaboratively within your local community and learning new skills in niche areas, such as in the treatment of minor eye conditions or optical coherence tomography (OCT).

But what of the future generations? How should trainee dispensing and contact lens opticians be preparing for a future where the automation of examination and dispensing processes may well sound the death knell for traditional skills in eyewear and contact lens prescribing?

How should DO practice owners be ‘future proofing’ their businesses to lock in existing patients and attract not just the Millennials but the post-Millennials (Generation Z) who are digitally adept and technology driven? How can older, more experienced DOs adapt to better understand the Millennial/post-Millennial mindset, and how will younger DOs develop soft skills to instil confidence in older generations who are living healthier and longer lives?

The fundamental question raised is: will the registered dispensing optician still exist by 2030?
EMBRACING NEW CHALLENGES

Barry Duncan, ABDO head of policy and development, says: “It is clear that the Foresight Project report raises some important questions and concerns about the long-term future of dispensing opticians. However, members must not become disillusioned by the forecasts about our role in the provision of eyecare – but consider it as another challenge, which we must collectively tackle.

“If we go back 30 years, everyone expected that our profession would be ‘killed off’ as a result of deregulation. That has most definitely not been the case. In fact, our membership at ABDO has more than doubled since then and DOs are more sought after than ever before,” Barry continues.

“Over the past year, ABDO has considered the future and how we must adapt to fit into the changing landscape. Most will be aware that within ABDO, we are changing the structure of committees and commencing with regions as of 1 January 2017. In doing so, we will achieve more of a voice at local level and with some hard work and good fortune, DOs will hopefully become more involved in eyecare services than ever before.

“It is imperative that members recognise that being a professional carries great responsibility. Altering the mindset to think about everything a dispensing optician can do within their scope of practice and beyond is fundamental to longevity. Adopting a narrow, restrictive approach where further education and development is not seen as important will not help the cause and prohibit progress in the future.

“The next few years, potentially the next three to five, will of course present many challenges but we are preparing ourselves accordingly. Time will tell how well we have prepared and act, but the desire to see dispensing opticians prosper in the years ahead is an incentive that will drive the agenda for ABDO and its members in the short and long-term,” Barry concludes.

FASHION AND LIFESTYLE INFLUENCES

As eyewear emerges with applications other than for sight correction, the Foresight Project predicts that a new portion of the population, who don’t require visual correction, may present themselves as potential customers of High Street opticians.

We asked ABDO president, Fiona Anderson, for her thoughts on this and other possible scenarios – such as the end of practices carrying large stocks of physical frames in favour of virtual dispensaries and semi-virtual, minimalist practices offering optical wearable technology and customisable 3D printed glasses.

“On initial reading of the Foresight Project report, I must admit I did hear a voice in my head saying, ‘We’re doomed!’ in the lamentable tones of Private Frazer of Dad’s Army. However, on closer inspection I don’t think we are,” says Fiona.

“The Foresight Project sets out clearly what changes and challenges the wider world of optics will face in the next 15 years. With regard to fashion, lifestyle and patient behaviour we will, of course, see changes as technology becomes more the norm in our day-to-day work. Rather than shy away from it, we should embrace it.

“Fashion has always been a major driver in the decision making process of our patients,” Fiona goes on. “How many times, as diligent dispensing opticians, have we begun our dispense by discussing the latest innovations in lenses and the merits of a particular material or coating – only to be almost ignored, because our patient can’t wait to try on the latest designer frames just out of reach from the dispensing table on the rack on the wall?

“Often the patient doesn’t care very much about what they look like, just so long as the ‘right’ brand is being worn. Never mind if it fits them or is suitable for their prescription lenses.

“Technology is here now and being used in practice. It is here to stay and will become more and more evident in years to come. Already technology is used to measure accurately for bespoke lenses and for trying on frames; a simple smartphone can be used to photograph a patient in a variety of frames to help them decide which one they like best. The advent of advances in 3D printing may bring into question whether we even need to stock frames in the future. As technology gallops on, we must embrace it or get left behind.

“So, how do we ‘future proof’ ourselves and the profession? Well, I think we have to think outside the box and if we are not already, we DOs have to become the ‘experts’ in all aspects of eyewear. We have to differentiate ourselves from our online competitors and potentially go down the route of ‘niche products’.

“What we can give, first hand, is expert advice and specialist services, such as paediatrics, low vision, sports vision, and specialist prescription sunspecs. Once we get the reputation of giving expert, relevant advice people will not be so likely to go elsewhere. It’s all about building up relationships with our patients and an environment of trust.

“The one thing we must be mindful of is that patients have more choice today than ever before. Optical practices are everywhere, online retailers are also in abundance and new technology will undoubtedly play its part. Possibly one thing we have in our favour, at this point in time, is that patients can’t get a face-to-face consultation on the internet with a DO who is skilled in all technical aspects of dispensing their spectacles to exacting standards.

“By coming in to the practice, they get to interact with a person skilled in the art of communication who will undertake to provide them with an optical appliance that is fit for purpose, satisfies all their optical needs and will be fitted to them to ensure they get the best from it. Just now, I doubt they would get that online, but in the future – who knows?”

FUTURE OF TRAINING AND EDUCATION

The Foresight Project report concludes that the impact of technology on optical practice bears considerable significance for the education and training of dispensing opticians. DOs therefore are urged to seize educational and CPD opportunities in cutting edge lens technologies, paediatrics, contact lenses and low vision work, including expert knowledge of digital mobile solutions, business communication and IT skills.

Jo Underwood, ABDO College principal and Canterbury Christ Church University

“DOs are sufficiently agile to evolve well into the future” – Jo Underwood
"Dispensing programmes are currently available via blended and distance learning and day-release and I believe that these modes will increase at the expense of traditional full time programmes," Jo adds. "There must be a greater emphasis on learning platforms that are accessible for TDOs in the practice environment via smartphones and future technology."

"Dispensing is a vibrant and rewarding profession and in my opinion will continue to be so. The Foresight Project suggests that TDOs will need to enter the profession realising that there will be a great need for CPD to ensure they remain abreast of technological and demographic changes, and I strongly concur.

"Dispensing opticians have had to evolve hugely over the years since deregulation and are sufficiently agile to do so well into the future," Jo concludes.

BUSINESS IMPACT OF TECHNOLOGY

The Foresight Project report contains a large section on the business impact of technology on both service providers and manufacturers. It forecasts technology affecting all tasks across the industry, increasing speed, efficiency and quality and decreasing the need for hands-on labour. Technology will also streamline eyecare provider services, broadening niche opportunities, and bringing new stakeholders to optics, the report authors assert. Manufacturing will become more competitive and more automated.

"For business, both opticians and their suppliers, the Foresight Report appears to say we will get more of the same – only faster," comments Peter Black, immediate past president of ABOO. "Despite the restrictions of the Opticians Act, competition amongst retailers and manufacturers has been intense for many years and it seems it is set to get even more so.

"It appears likely, however, that this competition will not emulate the 'race to the bottom' of previous decades where the whole basis of competition has been predicated on the price and promotion element of the marketing mix. Product, place and people will now come to the fore – made possible by rapidly improving technology."

While price and value are important drivers of eyewear purchasing behaviour, the report suggests time (speed and/or convenience) and health are more important to the majority of patients.

"The report sees independent practices as ever-more niched and specialist with technology playing a major part in their success," notes Peter. "It is thought that in 2025 there will likely be two distinct types of independent practice thriving into the future: those with a strong emphasis on services and eye health (NHS and private) embracing technology such as OCT, with an older demographic but still reliant on product sales; and those that are retail and recreation focused, and so in closer competition with multiples, with a strong emphasis on fashion and contact lenses, but mindful of all age groups.

"Specialist dispensing for occupational and recreational use will be an important niche, as will low vision services with ever-increasing demand in the face of an ageing population and increased prevalence of diabetes and age-related macular degeneration."

The Foresight Project report sees the multiples streamlining their approach to technology to both compete with the independent sector and differentiate from the supermarkets through an increased focus on health services and fully digital dispensing.

"Practices will likely be paperless with cloud-based patient records," Peter continues. "Multichannel retailing of spectacles and contact lenses will bring together High Street and online options for patients. Increasing numbers of presbyopes will be a huge opportunity for contact lenses. Staff will need to upskill to provide the level of service and range of services that will ensure multiples are able to compete effectively.

"Supermarkets will continue to lead on discounts, accessibility and convenience and are thought likely to develop labour saving technology such as real time appointment booking apps, in-store kiosks to take care of pre-screening and possibly refraction without staff involvement."

For entrepreneurial and forward looking dispensing opticians, "willng to take a risk and go with the flow of the future, rather..."
Andrew Bastawrous, Foresight Project author
optometrist Gillian Bruce, eye surgeon
optometry advancement Paul Morris, IP
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During his talk, ‘The future of optics’,
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Birmingham, the co-founder of Specsavers
who has been an optometrist for almost 50
years talked about the disruptive change
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situation as “a potent cocktail of
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change and changes in consumer behaviour
and financial pressures in the NHS”.
He focused on the opportunity for
optometry to provide full-scope primary
care throughout the UK, which would be
more accessible for patients and offer them
better continuity of care. However, he
warned that if the optical profession did
not step up to the challenges,
ophthalmologists and medical groups were
standing by ready to take advantage of
community eyecare. The risk, he said, was
that they would be looked on favourably by
the medically-oriented clinical
commissioning groups.
Doug went on to say that optometry
education also needed to change. Clinical
development and experience needed to be
upgraded and “a review of higher education
cannot come soon enough”. All optometry
graduates should be MECS (minor eye
conditions service) accredited. More English
universities needed to offer post-grad
support similar to that offered by WOPEC
(the Wales Optometry Postgraduate
Education Centre), and a therapeutics
qualification should become mandatory
within the next five years.
Doug called on the leaders of the
optical profession and all optical groups to
work together to make enhanced optical
services their number one aspiration. He
concluded by highlighting the General
Optical Council’s own evidence that it was
not working currently, with 54 per cent of
people saying they would visit a GP if they
had an eye problem and only 19 per cent
saying they would visit an optician.
“If we are still in this position in two
years’ time, we will have failed,” Doug added.

Hoya’s 3D Vision Simulator, which allows
patients to ‘try before they buy’
than trying to swim back to the past”,
Peter believes there will be a great many
opportunities.
“What strikes me most about the
report, however, is that within a day or two
it was already out of date. This kind of
research is flawed by definition. For
commercial reasons, companies can’t share
the details of products they have in the
pipeline. Only a couple of days after the
report was published, Moorfields Eye
Hospital announced to the world the
development of a patient operated
interactive binocular whole eye OCT that
can also measure visual acuity, refractive
error and even colour vision. In one patient-
led click, this machine examines the lids,
cornea, anterior segment and retina of both
eyes and measures VA and refraction as
accurately as any optometrist, whilst also
taking the PD.
“With virtual try-on of frames, no files
to store and no need for pre-screening staff,
the opticians of the future might just be
the saviour of the professions. Rather than
being replaced by machines, we will be able
to work without rafts of support staff in
practices with much smaller footprints and,
correspondingly, much lower overheads.
“Cross-subsidy will be unnecessary,
clinical care will be better than ever and we
will be rewarded for the knowledge inside
our heads rather than being undervalued
and underpaid via a currently unsustainable
GOS based business model. We can’t
predict the future – but we could create it,”
Peter concludes.
The full Foresight Project report can
be downloaded from the ABDO website,
www.abdo.org.uk. We are keen to hear
members’ and others’ views on its
conclusions and solutions. Please
email your Letters to the Editor to
ncollinson@abdo.uk.com

“POTENT COCKTAIL”
THREATENING
PROFESSION
The clocks are ticking and the optometry
profession has just a couple of years to
get its act together or risk being swept
away, Doug Perkins told delegates at
Optrafair last month.

During his talk, ‘The future of optics’,
on the Main Stage at the trade fair in
Birmingham, the co-founder of Specsavers
who has been an optometrist for almost 50
years talked about the disruptive change
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QUESTIONS,
QUESTIONS…
The future of optics was also discussed
at Optrafair during an Optical Question
Time session, which focused on technology.

Chaired by broadcaster Peter White,
panellists included Specsavers director of
optometry advancement Paul Morris, IP
optometrist Gillian Bruce, eye surgeon
Andrew Bastawrous, Foresight Project author
and 2020health think tank chief executive
Julia Manning, and atomic physicist and
adaptive optics advocate Joshua Silver.
Questions from the floor included: is
technology a threat or an asset?; what
should I be investing in?; how do we keep
patients in primary care?; and how long
before patients are using their smartphones
to carry out their own eye examination?
The debate was lively with panelists
discussing the separation of the refraction
element from the clinical element of the
eye exam, and the importance of developing
communication and interpersonal skills with
patients, who should always be kept at the
centre of new developments.

There was also a call to end the
blocking of progress by those with a vested
interest in maintaining the status quo, and
for more accountability in how NHS funds
are spent. The allocation of NHS IT funding
was also a crucial factor in evolving
community eyecare, as was the need to
improve access to the great many
treatments already available for the leading
causes of sight loss.
The trustworthiness and reliability of
new technologies would be an issue going
forward, but it was time to embrace change
and not stand still.

Doug Perkins

Peter concludes.
ABDO had a strong presence at Optrafair this year with a range of CET for members and non-members alike – as well as the chance to meet the ABDO board and staff, and discover more about ABDO College.

ABDO was represented in the Association Lounge, where board members and staff were present every day to discuss ABDO’s strategies with members and to listen to members’ views.

Katie Docker, ABDO head of membership services, said: “It was lovely to meet all the members and help them with a range of queries. Over the course of the weekend, we dealt with queries from visitors about everything from membership to research programmes, and it was great to be able to link up people with the right members of the ABDO team to talk to.”

New ABDO president, Fiona Anderson, was also available on the stand. Speaking to me during the show, she said: “It’s been great to be here. I’ve spoken to optometrists who want to become associate members of ABDO, and people who have let their membership lapse and want to re-join. One lovely lady came out of her way to say thank you, because she had attended a workshop run by ABDO at the Eyecare conference in Glasgow on varifocal problem solving. She said that she had learnt more in that hour than ever before. It was great to get that feedback.”

Visitors to the fair were also able to pick up copies of Dispensing Optics from the Association Lounge, and speak to staff at the ABDO College stand and find out more about the courses on offer, including Worshipful Company of Spectacle Makers (WCSM) courses and degree programmes run in conjunction with Canterbury Christ Church University.

KIDS STUFF AND LOW VISION
A full programme of CET approved ABDO lectures and workshops on low vision and paediatric dispensing topics was available for pre-booking ahead of this year’s show, and were held in the specially designated ABDO CET Theatre.

During her lecture entitled ‘Kid stuff’ (worth one CET point), Kim Devlin explained how to work with parents and children to find a frame that keeps everyone happy. She commented: “Mums tend to choose the frame that they would like – rather than what their child prefers. Remember that as a DO, it’s up to you to choose the fit, and the parent and child can then choose the colour.”

Kim also made recommendations on choosing Trivex as the gold standard for lenses for children. She advised that practitioners should remember the clinical need for tints and coatings before ticking a box on the GOS form. She had tips for motivating children to wear their specs, from improving their performance on their favourite video game, to having the right eyewear to help with swimming, drama, and dance, to being able to see the number on the school bus.

She concluded: “No child wants to be different, but every child wants to be special. To work with children and parents you need respect, tolerance and understanding.” Finally, Kim emphasised the importance of completing safeguarding training as a priority for every practitioner.

On both the Saturday and Sunday, along with her lecture, Kim jointly ran a hands-on paediatric workshop entitled ‘Children can be sticky’ (worth three CET points) with ABDO board member, Geri Dynan, and Paula Stevens, ABDO head of CET.

Kim discussed with delegates the issues that might arise when a child is cut on the face whilst wearing a frame with toggle pads in the playground. Meanwhile, Paula gave participants a chance to understand more
about stereopsis as a DO. Geri used the ABDO paediatric heads to help workshop members troubleshoot poorly fitting specs in a six-month-old child with early onset myopia and a child with Down’s syndrome.

**BIGGER, BRIGHTER, BOLDER**

Should you wear distance or reading glasses with a stand magnifier? It depends on the height of the stand relative to the focal length of the lens, according to Dr David Adams in his low vision lecture, ‘Low vision: bigger, brighter and bolder’ (worth one CET point).

Dr Adams spoke to a full lecture theatre on the Saturday and Sunday about the basics principles behind ‘bigger, bolder, brighter’, the essential trifecta for helping anyone with low vision.

As well as the lecture, visitors to the exhibition could stay on for a low vision workshop on both days, ‘Big, bright and bold’ with Nick Black, Paula Stevens and Gaynor Whitehouse (worth three CET points) where they could learn about the basics start-up kit needed if considering offering low vision services in practice.

And on the final day, opticians could brush up their paediatric frame fitting in a skills workshop (worth three CET points) with ABDO facilitators Joanne Abbott, ABDO CET co-ordinator, Barry Duncan, ABDO head of policy and development, and John Hardman.

**TRAINING AND CELEBRATIONS**

In addition to the workshops and lectures that were open to all, ABDO College ran an introductory workshop for new tutors. With the growing numbers of students at ABDO College, there is a corresponding rise in those training to be tutors. This workshop was attended by both new tutors who had had their first batch students, and those who had just completed the course.

The workshop focused on the topic of marking, to ensure that there is consistency in marking across the tutor population. It was also a chance for new tutors to meet each other and network with senior tutors who were there to share expertise and offer support.

Issues surrounding the future launch of the first online courses via ABDO College were also discussed as part of the consultation and roll-out process, led by Simon Butterfield. All tutors will have opportunity for feedback on online courses, and the team is keen to put the right practices in place for all tutors to be confident.

At the end of the new tutors session there was a further meeting for senior tutors on monitoring and mentoring. The tutor workshop will be an annual event at Optrafair, to make it easy for tutors to meet the requirement to attend live training every two years.

The 30th ABDO annual meeting (AM), and the 28th ABDO Benevolent Fund annual meeting, also took place over the weekend.

The ABDO AM was an informal event with a presidential review of the year from Peter Black and a financial report along with a chance for members to ask questions of the board.

On the Sunday evening, more than 120 members attended the ABDO gala dinner at the Hilton Birmingham Metropole, which marked the occasion of the presidential handover, and began with a sparkling drinks reception.

ABDO head of professional services and international development, Elaine Grisdale, welcomed guests and Peter Black gave his final speech as ABDO president, asking delegates to raise their hands in the air, symbolising how he wanted the profession to stretch a little bit higher, and go a little bit further.

Peter shared a moving case study of a teenage girl with cerebral palsy who sat up straight for the first time, having been prescribed her first pair of specs, her -14.00DS prescription allowing her to see the world around her. Fiona Anderson then handed the vice presidential chain of office to Clive Marchant, after which Peter passed on the presidential chain to Fiona.

There was also the chance to reward key contributors to optics. Former ABDO president, Kevin Milsom, was given Life Membership, while ABDO chief finance officer Mr Pavanakumar was made an Honorary Fellow. Paula Stevens was made a Life Member, as was the past chair of the ABDO College board of trustees, Huntly Taylor. Gil Smith was awarded the Hamblin Memorial Prize for his outstanding work in the field of low vision over many years.
Optrafair 2016 marked the end of my three years as president of ABDO and aside from preparing speeches for our annual meeting and later the awards dinner, I had plenty of time to take in the exhibition.

Compared to other shows, Optrafair seemed to have a much greater presence of spectacle and contact lens suppliers – including one or two new ones from overseas – and as usual it was the place to be if you were looking for ophthalmic equipment of any description. I found myself discussing which company will be the first to have an OCT in every practice; already around one in five UK practices have one (apparently) and business at the show certainly appeared to be brisk.

There was also a big frame presence – a large fashion quarter with some new names and a lot of new ranges and models. I did have one rather amusing moment on the Wolf Eyewear stand when I realised that of the 20 or so opticians browsing their frames, three of us were wearing the same one. Having been nagged by colleagues for decades to get a plastic frame and always found everything I’ve tried uncomfortable, I have finally found satisfaction in the Wolf 4029 C37 60x18x150, which seems to have filled a serious gap in the market.

My brief, however, was not to look at the ‘sexy’ stuff but to look out for interesting gadgets and gizmos that will make the life of the dispensing optician or lab technician a little easier.

**ESSENTIAL WORKSHOP KIT**

I started my quest at the Centrostyle stand, where I encountered a dizzying array of tools, lab and sight testing equipment plus a great range of paediatric frames. As well as high quality colour coded tool kits and varifocal marking finders, a range of light meters caught my eye.

In the days of gross negligence manslaughter, it is really important to be assured that the transmission of any sunglasses dispensed to a patient for driving are actually within the legal visible light transmission limit. Similarly, we need to ensure UV protection is also as it should be – so a light meter should be standard workshop kit.

New for the show was the B&S digital lens transmittance meter from Dibble Optical, which provides the added benefit of IR transmittance measurement as well as UV and visible light. It is suitable for use in the lab or dispensing area, where it can be used to demonstrate the protective properties of lenses to the customer.
Another way to make spring hinge screw replacement easy is to ensure you have the right screws. Using a Hilco Fast-Find Lens another way to make spring hinges less time consuming – available from Bondeye

A new kid on the block for solving the spring hinge problems is the Snap-It range of screws newly available from Bondeye. Invented by an American estate agent frustrated by the difficulty of fixing her mother’s glasses, they offer a variety of screw diameters and lengths – each of which comes with a long thin tip that seeks out the smallest gap to make insertion easy. Afterwards, the tip can be snapped off by hand without the need for tools. There is even a consumer version of these screws with ‘universal’ oversized heads sold to customers as a repair kit.

Hilco has offered a specialist range of spring hinge Thread-Seeker screws for as long as I can remember. Along with the Tap-n-Snap range, being able to snap screws to the right length cuts down on the number of sizes you require.

My only criticism is colleagues often use inappropriate tools such as nut drivers to snap the screw to length, which quickly breaks your nut drivers, or they ruin your rimless plug snips when trying (always unsuccessfully) to cut them to length. Round snipe pliers can slip when snapping these screws so my recommendation is a B&S 3mm flat snipe plier available from Dibble Optical. And if your nut drivers have been ruined, or your set is incomplete, why not invest in a Universal Nut Driver from Hilco – one tool does the job of six and fits any size of star or hex nut in current use.

In addition to lenses, frames and lab machinery, Norville had a great range of dispensing and repair tools on offer, many of which were new for Optrafair. Digital lens thickness callipers and a low cost digital lens measure that can be set for any refractive index caught my eye. Norville has also sought to address the fact that many dispensing opticians now have trouble adjusting thick sides or tough side materials. A new gadget has been developed to enable easier straightening of sides and re-bending to an easily measured length of drop. Sometimes we all feel the need for some extra strength to loosen or tighten tough screws; Norville has come up with a novel range of plastic handles that take standard screwdriver, nut driver and screw remover blades.

TIME WELL SPENT
In ABO and Optical Confederation circles, we often discuss the attraction of tradeshows to dispensing opticians and optometrists from across the sector. It is often said, for example, that registrants who work for multiples have no control over the frames or lenses they dispense and aren’t likely to be interested in the CET because their companies provide it.

Whatever your background or mode of practice, Optrafair has something to offer: the chance to meet up with former colleagues and classmates, a wide selection of CET of your choice, and a preview of what’s coming next in terms of fashion and technology. One thing all businesses can surely agree on is that investing in anything that saves time or money, or leads to improved customer satisfaction, has got to be a good thing.

Call me sad – but to me, innovative repair parts and ingenious tools are every bit as interesting as I imagine the latest scanning OCT technology is to the average optometrist. Labour-saving devices are something every practice should invest in, and is a good reason why all dispensing opticians should take a trip to Optrafair each year.
With 100% Optical taking place just two months prior to this year’s Optrafair, there was undoubtedly some cross-over in the products shown. However, there is always something new to get the pupils dilating if you know where to look. The show felt smaller than in years gone by, but there were rewards for those who ventured forth to the hallowed halls of the NEC Birmingham.

DIGITAL LENS INNOVATIONS
Digital dispensing technology has come a long way in recent years, and this was very much in evidence on the lens manufacturers’ stands.

There was interest in Essilor’s Nautilus headset, a dispensing aid that enables the patient to virtually try on different lenses and coatings whilst taking into account the patient’s PD and prescription.

Shamir’s Spark Mi measuring device, which featured on last month’s front cover, also had its first show outing. It looks like a mirror but is a camera and advanced measuring device in one, which interfaces directly with the practice computer.

Hoya debuted its Vision Simulator, which provides a 3D vision experience of different lens types and treatments via a smartphone app placed on the headset. Wearers look through the headset and see a virtual environment, while the optician applies the wearing parameters and exact prescription and adjusts for accurate pupil distance. A tablet acts as a remote control and the optician controls what the patient sees and experiences, whilst explaining the different options.

The simulator is the result of a new partnership with 3D printing company, Materialise, which will also see the introduction of the EyeGenius – described as a “complete vision examination system” with a new method to detect and correct fixation disparity.

New technology in the lenses themselves were also showcased. Essilor was promoting Eyezen, which it describes as a new category of lenses. An alternative to single vision, Eyezen lenses are designed to provide the optimal solution for digital device users and, in particular, for Generation Y (people aged between 18 and 34).

Transitions discussed its new campaign featuring Canadian actress, Laurence Leboeuf, which aims to reach a new range of consumers and encourage opticians to recommend Transitions lenses, in particular Graphite Green, to a wider range of wearers, i.e. younger wearers who only require single vision lenses.

Green was also the colour de jour on the Hoya stand as the company highlighted its new Sensity Green light reactive lenses, currently being promoted via a new Shades of Life campaign showing how Sensity lenses react to different light conditions.

New developments in sports lenses were also showcased, including Lenstec’s new protective goggle range from VerSport for children and adults, and Hoya’s Sportive high curved sports lenses and special sphere tints. Available in Nulux Sportive (single vision) and Hoyalux Sportive (progressive) designs, the lenses come in a variety of contrast enhancing tints and Hoya’s mirror coatings.

Seiko Optical introduced its Xchanger 3D printed lenses, produced in conjunction with the aforementioned Materialise. Winner of the 2015 Silmo d’Or award for excellence in optical innovation in the sport equipment category, Xchanger lenses only require a five-piece fitting set and feature
an anti-fog ventilation system, an integrated lens-change mechanism, and high-curvature lenses for wider viewing angles.

There were celebrations for the Zeiss Vision Care Business Group, when it won Lens Product of the Year at the Optician Awards for its DriveSafe Lenses. New Zeiss DriveSafe Individual lenses respond to the visual challenges faced by drivers. Both customised and standard versions reduce perceived glare by up to 64 per cent. Zeiss Digital Individual Lenses provide a customised lens solution for spectacle wearers who use digital devices.

Both lenses incorporate the company’s new FaceFit Technology, which takes into account the patient’s physiological facial anatomy, their unique position of wear parameters, personal ‘as worn’ frame and lens data within the lens design.

Visitors to the show could pick up a copy of Norville’s sixth edition Digital Lens Directory detailing a wide range of freeform progressives, bifocal, single vision and specialist HD lenses, such as up and down progressives or split bifocal and progressive combinations for users such as airline pilots, control technicians and surgeons.

NEWCOMERS AND ALLCOMERS

Frames are always a big draw at trade fairs and there were plenty of new styles on show – not just from the established industry names but from newcomers too.

Independent Belgian eyewear company Netoptic (www.kinto.be) revealed its Kinto, Malt and Akarti frame collections in the Fashion Quarter. Some 300 manufacturing stages go into each pair of frames, with processes honed over 40 years since the establishment of the company in 1978. New to the UK, the collections focus on providing comfort and adaptability.

Also new to the show was the Morriz of Sweden collection (www.morrizofsweden.com), distributed by Glasgow-based One Optical. The Swedish brand was started in 2005 by designer Jonas Karlsson, whose vision was to create beautiful, comfortable and ultralight eyewear. The classic styles, with temples made of ultem, also come at a competitive price point for the optician.

Centrostyle showed its ranges for babies and young children, including the Active Viking styling by Morriz of Sweden

Continental Eyewear had new releases on display from its Jaeger collection, including the 2016 sunglass range, and more than 30 new styles made their debut on the stand, which once again offered visitors fun with the Wheel Deal competition to win prizes.

Dunelm Optical launched its new Ascari collection, billed as an accessible, affordable brand for stylish adults, which complements its new OMG teen-specific range. The new Paul Costelloe His N Hers Aluminium collection, featuring a special screwless joint, was also introduced.

Peter Beaumont, director of Dunelm, said: “We are one of the only companies in the world with the specialised technology to make aluminium eyewear. Whilst extremely strong and durable, aluminium is an exceptionally lightweight, non-allergenic material. It is so light that it allows for a thicker frame design, whilst still remaining ultra-lightweight and comfortable for the wearer.”
Eyespace unveiled its new Jensen Black sub-range for men.

**DESIGN ACCOLADES AND ACCENTS**

Eyespace had cause to celebrate when its Cocoa Mint CMS 2000 sunglass style, featured on this month’s front cover, won Frame of the Year at the Optician Awards. The company showcased more than 100 new styles, including a new Jensen Black sub-range for men. The 13 ophthalmic models feature premium memory metal, titanium and carbon fibre elements.

Norville Eyewear had more than 50 new releases on display from its great British brands Barbour, Barbour International, Duck & Cover and Cecil Gee, as well as Swiss brand Invu, its ultimate polarisation sunspec range.

As well as showcasing its shop-in-shop modular display concept, Silhouette displayed its Neubau collection, which was launched at 100% Optical, and TMA Pulse – a reincarnation of the TMA to celebrate 10 million wearers. The new Titan Accent Flora Edition featuring floral patterns on the temples in six lens shapes and colours was also highlighted.

Old school Hollywood glamour could be found on the Brulimar stand as the company introduced its new collections inspired by Marilyn Monroe and James Dean. In homage to the star’s birth year, 1926, only 926 pieces will ever be created in the Marilyn limited edition sunglasses collection – and all profits will be donated to the orphanage where Marilyn lived as a child.

With its big red London bus now a fixture on the optical trade fair circuit, William Morris London had exciting news for visitors, as it announced its partnership with the government-led Great Britain campaign. Launched in 2012 on the back of the Diamond Jubilee and London Olympics and Paralympics, the campaign provides a single brand to bring together consistent and cost-effective communications from a range of partners. These include No10 Downing Street, Visit Britain and now William Morris London. “We are proud to be an ambassador for a campaign that rings true to our own brand values,” said Nick Boys, sales director.

The company also introduced its new high gloss acetate ladies styles in a palette of summer washed colours, Young Wills, its new Black Label premium collection for men, a new classic aviator in its s/s 2016 sun collection, and the latest Charles Stone New York high-end acetates.

Sports and driver’s performance eyewear was to the fore on the Bushnell Performance Optics stand, with new releases from Serengeti, Bollé and Cébé. The new flagship model of the Bollé cycling collection is the ultralight 5th Element with Trivex lenses, which maximises the field of view in a racing position and offers an optimised fit thanks to B-Shape technology and adjustable nose pads and temples. The new Bollé One helmet with a sunglasses garage can save seconds during a triathlon crossover.

Adidas Eyewear launched three new goggles into the world of snowboarding for 2016/17. The Progressor-S, Progressor-C and Backland goggles sit alongside the ID2 Pro and ID2 in the range and there is also the option of a Progressor Pro Pack. As show visitors discovered, there is the option to mix and match any pair of goggles with a set of glasses.

The Progressor frame will fit either a spherical (S) or cylindrical (C) lenspod, which makes it easy to switch lenses while out on the slopes. Optrafair visitors also enjoyed a first glimpse of the Adidas Zonyk, a multi-sport style ideal for cycling due to launch in September.

There was plenty more besides for the visiting DO or CLO: Bausch + Lomb offered trial fittings of its Ultra contact lenses with MoistureSeal technology, which will be launched in the UK later this year; Heidelberg had the full gamut of OCT technology on display with its Spectralis Connect Investment Club offering cost savings on the Spectralis Imaging Platform; while the latest in practice management systems was demonstrated by the likes of Optinet, Ocuco, Optix and Orasis.

With several companies already having signed up for Optrafair 2017, from 1-3 April, the show will undoubtedly continue to be a firm fixture in the optical calendar – whatever happens in the wider world of optics.
Like father, like son

My long and enjoyable optical career started in 1965 in the workshop of my good friend, Bryan Allport, who was an ophthalmic optician in business with his father. I originally met Bryan through our common interest in scouting – and when I told him I was looking for a new job, he kindly offered me a position in his workshop. This move into the fascinating world of optics soon led to me completing the ADO distance learning course.

Now into his 70s, Bryan is still working – probably as hard as ever. He has a small group of practices in North Wales, an area he has worked in all his life. I wrote an article about Bryan for Dispensing Optics some years ago, and so I felt that readers might be interested in hearing about the next generation of the Allport clan...

ALL UP IN THE AIR
Geraint Allport, Bryan’s son, has just qualified as a dispensing optician at the age of 53. He was the eldest student on the Bradford College day release by a fair margin, but that certainly didn’t hold him back from his ambitions.

Geraint has flirted with optics almost all of his working life. After he left school he joined the RAF, and continued to serve until he was 24. Flying has always been one of his great loves, and he went on to achieve his private pilot’s licence during a later respite from optics.

On leaving the RAF, Geraint went to work in an optical workshop doing the glazing for Miller and Santhouse (a name some of you may remember) in St Helens. He then decided to pursue a career in Civil Engineering and began a four-year MSc course at Manchester University. At the end of the first year, however, he decided that it wasn't for him and transferred to Computing and Information Studies. He spent a year studying computing, at the end of which he realised that it too was not for him. So it was back to optics.

Geraint worked as a dispensing optician with a small local group for about a year, finally joining his Dad for a few years before gaining a place on the Optometry Course at UMIST in 1996. As they were funding the course themselves, and the VAT crisis was at its height, he had to give it up after a year.

In 1998, Geraint decided to try the Anglia Distance Learning Course in Dispensing, but as they had five practices at that time, he just couldn’t dedicate the time needed. He finally ended up on the day release course at Bradford; knowing that the qualification was needed so much in his work life, he completed the course and graduated in summer 2015.

Geraint tells me that he feels he is a much better optician for completing the course and qualifying. And to really keep it all in the family, his wife Jo has just one more year to go at Bradford as well. Geraint has a very avid interest in dyslexia and Irlen Syndrome and hopes to go on to do research into both subjects. He loves learning and intends to complete the fast-track Optometry Course at Bradford University, which may be useful when his father finally hangs up his ophthalmoscope.

SECURING A FUTURE
Having talked at length with Geraint, gleaning all of his history and thoughts about optics, there is little doubt that this small family company in optics is still fit and healthy in the 21st century. However, there are many people in our profession who have long considered that the days of the small family firm are numbered.

There is no doubt that the largest of the multiples are gobbling up the older traditional family firms. The likes of Batemans, Rayners, Conlons and many others have all disappeared over the last 20 years or so. But walk down any High Street and you will always see at least one small family practice – somewhere to give the public the option of not using a larger, optical ‘supermarket’ type practice.

When talking to friends away from our practice area, they are often appreciative of the more personal attention they get from an independent, and are aware of more time being spent discussing their visual problems and the best way of resolving their needs. It seems to me that small family practices have a secure future – providing they are willing to move with the times.

Unfortunately, one does see the occasional ostrich – a practice that has curtains at the windows, minimal frame displays inside and a distinct lack of modern equipment in the consulting room. They are the small family practices that give the rest of us a bad name; they are the practices that will be forced to close down through a lack of business caused by competition from the multiples. It is such a shame that they cannot see that times have moved on and with it, the style of the optical practice business.

It is heartening to see the likes of the Allport group still around – fit and healthy and assuring Geraint and the rest of the family a secure future.

COLIN LEE FBDO was ABO president from 1996 to 1998, and principal of a small family group in the West Midlands. Now retired, he is “still sailing and trying to play golf”.

If you would like to write a Jottings for a future issue, please email ncollinson@abdo.uk.com
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