

AUGUST 2017



# DISPENSING OPTICS

NEWS, INFORMATION and  
EDUCATION for OPTICIANS



**Transitions®**  
**DRIVEWEAR®**  
Sunglass Collection

*"Arguably the world's best all weather driving lens"*

Available exclusively from

**Norville**  
*group*

The Norville Group,  
Magdala Road,  
Gloucester GL1 4DG

Tel: 01452 510321 Fax: 01452 510331

Email: [sales@norville.co.uk](mailto:sales@norville.co.uk)

[www.norville.co.uk](http://www.norville.co.uk)

# Contents



8.



27.



37.



13.



15.

## Features

- 17. Product Spotlight  
Contact lenses: powered by innovation
- 20. Continuing Education & Training  
Short-sighted about myopia?  
by Andrew Keirl
- 26. Multiple Choice Answers  
Low add boost, occupational or degressive lenses:  
what are they all about?  
by Andy Sanders
- 28. In practice  
Getting in control of myopia  
by Antonia Chitty
- 30. BCLA 2017  
Taking on myopia

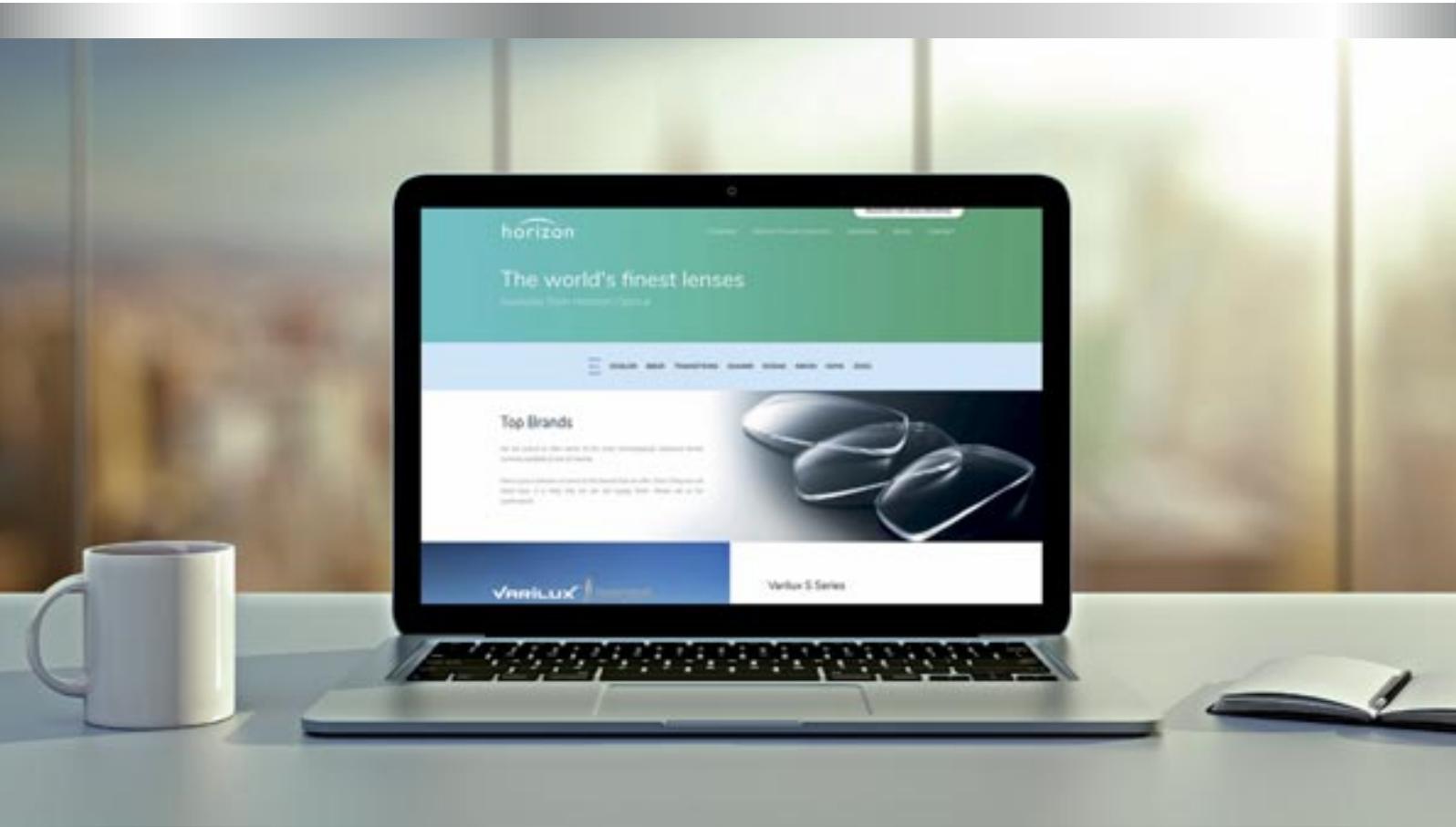
- 32. BCLA 2017  
Tuning in to drop-outs
- 35. Interview  
50th party in Paris
- 38. NEHW  
Top tips for Eye Week

## Regulars

- 5. DO Dispatches
- 6. The Anderson Files
- 8. News
- 39. Black Arts
- 40. Jottings
- 41. FAQs
- 42. Jobs & Notices



**FRONT COVER**  
Photo from stock



REMOTE EDGING IS NOW AVAILABLE THROUGH THE NEW ONLINE ORDERING SYSTEM ON ESSILOR LAB WEBSITES

**CONTACT CUSTOMER SERVICES TO ARRANGE AN APPOINTMENT WITH YOUR LOCAL ACCOUNT MANAGER**

# ESSILOR

LABS

**Horizon Optical**  
T. 01582 472 733

info@horizonoptical.co.uk  
www.horizonoptical.co.uk

**Sinclair Optical Services**  
T. 01452 840 771

sales@sinclairoptical.co.uk  
www.sinclairoptical.co.uk

**Leicester Optical**  
T. 0116 237 5646

mike@leicesteroptical.co.uk  
www.leicesteroptical.co.uk

**United Optical**  
T. 028 9024 1351

info@unitedoptical.co.uk  
www.unitedoptical.co.uk

**Essential Optics**  
T. 090 6474162

info@essentialoptics.ie  
www.essentialoptics.ie

## DISPENSING OPTICS

The Professional Journal of the Association  
of British Dispensing Opticians

VOLUME 32 NO 8

### EDITORIAL STAFF

**Editor** Sir Anthony Garrett CBE HonFBDO  
**Assistant Editor** Jane Burnand  
**Managing Editor** Nicky Collinson BA (Hons)  
**Email** ncollinson@abdo.org.uk  
**Design and Production** Rosslyn Argent BA (Hons)  
**Email** rargent@abdo.org.uk  
**Admin. Manager** Deanne Gray HonFBDO  
**Email** dgray@abdo.org.uk

### EDITORIAL/ADVERTISING

**Telephone** 0781 2734717  
**Email** ncollinson@abdo.org.uk  
**Website** www.abdo.org.uk

### SUBSCRIPTIONS

**UK** £150  
**Overseas** £175, including postage  
**Apply to** Tom Vetri  
**Association of British Dispensing Opticians**  
**Godmersham Park, Godmersham, Kent CT4 7DT**

**Telephone** 01227 733922  
**Email** tomv@abdo.org.uk  
**Website** www.abdo.org.uk

### ABDO CET

**Head of CET** Paula Stevens MA ODE BSc(Hons)  
MCOptom FBDO CL (Hons)AD SMC(Tech)

**ABDO CET, 5 Kingsford Business Centre, Layer Road,  
Kingsford, Colchester CO2 0HT**

**Telephone** 01206 734155  
**Email** abdocet@abdo.org.uk

### CONTINUING EDUCATION REVIEW PANEL

Joanne Abbott BSc(Hons) FBDO SMC(Tech)  
Keith Cavaye FBDO(Hons)CL FBCLA  
Andrew Cripps FBDO(Hons) PG Cert HE FHEA  
Kim Devlin FBDO(Hons)CL  
Stephen Freeman BSc(Hons) MCOptom FBDO(Hons) FHEA Cert Ed  
Abilene Macdonald Grute BSc(Hons) MCOptom BSc(Hons) FBDO(Hons)  
SLD(Hons)LVA Dip Dist Ed Cert Ed  
Richard Harsant FBDO(Hons)CL(Hons)LVA  
Andrew Keirl BOptom(Hons) MCOptom FBDO  
Angela McNamee BSc(Hons) MCOptom FBDO(Hons)CL FBCLA Cert Ed  
Linda Rapley BSc(Hons) FCOptom PGDip PGCE  
Andrew Stokes FBDO SMC(Tech)

### JOURNAL ADVISORY COMMITTEE

Richard Crook FBDO  
Kim Devlin FBDO(Hons)CL  
Kevin Gutsell FBDO(Hons) SLD  
Ros Kirk FBDO  
Angela McNamee BSc(Hons) MCOptom FBDO(Hons)CL FBCLA Cert Ed

### DISPENSING OPTICS IS PUBLISHED BY

ABDO, 199 Gloucester Terrace, London W2 6LD

### DISPENSING OPTICS IS PRINTED BY

P&P Litho Ltd, Ashford, Middlesex TW15 1AB

© ABDO: No part of this publication may be reproduced, stored  
in a retrieval system, or transmitted in any form or by any means  
whatever without the written prior permission of the publishers

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

ISSN 0954 3201

AVERAGE CIRCULATION: 9,255 Jan-Dec 2016

ABDO Board certification

# DO Dispatches



## A GREAT CAREER CHOICE

Returning from holiday this year, having gathered my thoughts on activities over the past six to 12 months, it struck me that being a dispensing optician is not a good career choice – it's a great career choice.

Despite technological threats that lie ahead, I believe there are no limits to what we can achieve as a profession. There are, of course, caveats and professional boundaries – but above all else there is freedom to choose the path best suited to the individual and their aspirations.

Taking a glance at the 'ABDO charm bracelet' that was produced on the back of discussions at the National Clinical Committee and regional leads and sub-regional leads event in September last year, the word 'underutilised' springs to mind. By virtue of qualification, the opportunities to branch off are plentiful. It's clearly an individual's preference as to what they do or don't do, but the variety is certainly achievable when you look at all the options.

Only recently the news from the Scottish government, outlining their intent to have a national list of both optometrists and dispensing opticians, offers assurance that our skills and professionalism are being recognised. Whilst the implications and implementation process is unclear at this stage, it is most definitely a massive step forward.

At the time of writing, there has been significant progress in terms of contact lens opticians (CLOs) performing minor eye conditions services (MECS) in England. Throughout the process, which has been underway for some 18 to 24 months, the support from organisations within optics has been positive and extremely supportive.

Most will recognise that, through appropriate accreditation and demonstration of competence, an individual can carry out specific extended services in the practice environment. Working with colleagues at LOCSU and WOPEC, we will ensure a robust system is in place that will see CLOs be in a position to manage MECS patients safely and competently.

More information will follow in the coming months about the process and requirements.

## Barry Duncan FBDO

Head of policy and development





**FIONA ANDERSON BSC(HONS) FBDO R SMC(TECH) FEAOO**  
Our monthly column from the ABDO president

# The Anderson Files

It is often said that as you get older you acquire new skills. One I have grappled with and have been very slow to adopt is the skill of 'reflecting'. I have always been a 'do-er' – a real hands-on, 100mph person, but with age I have realised that whilst organisations like ABDO need people to 'do' it's no good blithely carrying on regardless. We need to take stock, reflect and sometimes refine what we do.

So, with this newly acquired skill I attended the British Contact Lens Association's (BCLA) clinical conference in June for the first time. And yes, I am a little ashamed to admit that it was my first time attending. As ABDO president, I am called upon to represent the Association at many and various events, but not being a CLO I believed I had little need or reason to attend. However, I had a very enjoyable and productive two days with my CLO, optometrist and industry colleagues. I was honoured to be at the BCLA's 40th anniversary awards dinner and sit beside the new BCLA president, Keith Tempny. I was made to feel very welcome.

On my journey to Birmingham the next day for the ABDO FQE Practical Exams, I reflected upon that – and the time I had spent in the company of fellow ABDO members and others engaged in the contact lens profession and industry. I confess I had never really mixed with that many people with a specific interest and specialty in contact lenses before, other than at events such as the ABDO conference or Optrafair.

What I came to realise is that there is huge diversity within the optical sector and each of us, as individuals, can pursue the area that best suits us. I had, of course, done this myself but without the realisation that I had segmented myself into a specific area of optics at different times throughout my career.

## SCHOOL'S NEVER OUT

You may have heard me say that I truly believe that 'every day is a school-day' and



*Fiona with Rosemary Bailey and Jane Veys at the BCLA awards dinner*

I am a huge advocate of lifelong learning. I have developed my own career in optics over many years, including doing a Business Administration Degree, which equipped me with the confidence to leave a secure job, work as a locum and finally become a partner in a practice.

I also trained to become an ABDO examiner – again challenging me and making me revisit areas of theory I never thought I would use again. But it's not all about me. If I can develop my career then so can you. There has never been a better time to reskill or upskill if you decide to do so.

ABDO College has been promoting its post qualification courses heavily over the past few months. There are courses in contact lenses, low vision and the new BSc (Hons) in Vision Science available to all FBDO qualified members (*see feature on page 27*). There's also the Fast Track to SMC Tech, which gives greater insight into lenses and glazing. Widely accepted as the Gold Standard qualification in manufacturing optics, I can highly recommend this course. By enrolling on, and working through, one of these courses, you will not only develop your own career, but you will gain confidence in your own ability to do things right and deliver outstanding service to your patients in practice.

One thing I overhear on far too many occasions is DOs saying: "I'm just the DO".

That is me you are talking about and I do not see myself as 'just a DO'. I know that in my practice I am seen as an equal by my optometrist partner – we 'just' have different areas of expertise. My optometrist has expertise within the consulting room, while I have mine in the dispensing area.

At a meeting recently with optometrists, DOs and people involved in optics but not registrants, the conclusion reached was that the most successful practices – whether they were corporate or independent – were the ones in which the optometrist and DO had a mutual respect for each other's skills and talents. It is this kind of environment that breeds success.

So, what do I really want to say in all of this? I suppose it boils down to this: I want every DO, every ABDO member, to be fulfilled; to work in an area of optics that excites them and to not 'just' see it as a job. I see people every day in optics who have fulfilled their true vocation, they go above and beyond to deliver excellent service and products to their patients, whether they are DOs, CLOs or LVOs, or working in industry, teaching or providing CET.

Everyone has a part to play so go on – challenge yourself. Reflect on what you do day-in-day-out or enrol on a course. You never know, you might find out something about yourself and it might 'just' be a really nice surprise.



# HOW DO YOU CHOOSE YOUR LENS PROVIDER?

## **SHAMIR QUALITY:**

In 2016, 98% of industry experts participating in wearer trials preferred Shamir lenses over other branded designs.

## **SHAMIR SERVICE:**

“We feel our core values match fully with Shamir in that we want to “get it right first time” for patient satisfaction.” Independent Optician, Scotland

## **SHAMIR VALUE:**

Challenge shamir for a cost comparison and see how much you can save. Contact us now for more information!



**SHAMIR**

[www.shamirlens.co.uk](http://www.shamirlens.co.uk) | 01954 785 100 | [info@shamirlens.co.uk](mailto:info@shamirlens.co.uk)



Virtual learning with CCCU

## TOP-UP DEGREE FOR FBDOs LAUNCHED

ABDO College has launched a new BSc (Hons) in Vision Science in conjunction with Canterbury Christ Church University (CCCU).

Designed for fully qualified dispensing opticians who wish to gain a degree specific to the profession, the course is open to anyone holding an FBDO diploma. It has been designed particularly with working DOs in mind as it can be undertaken by online distance learning through CCCU's Virtual Learning Environment.

*Turn to page 36 to find out more.*

## DOS JOIN GOC COMMITTEES

Three dispensing opticians have been appointed to the advisory committees of the General Optical Council (GOC) to provide expert advice on key areas of the GOC's work.

Alicia Thompson and Geraldine McBride have joined the Education Committee and Philip Bird has joined the Registration Committee.

ABDO director of professional examinations, Alicia began her career in optics 30 years ago as an optical technician. After qualifying and managing a successful practice, Alicia was a clinic manager at Aston University for more than 10 years, and in 2008 was appointed to her ABDO current role. She is studying part-time at Aston University, researching paediatric facial anthropometry in relation to spectacle frame design (see feature on page 37).

DO Geraldine McBride has a special interest in low vision. She is also an orthoptist and works as the senior clinician managing clinical services attached to the Ophthalmology Department at University Hospital Galway, Ireland. She is actively involved in undergraduate education and research and has been a committee member on both the education and professional development committees of the British and Irish Orthoptic Society.

Philip Bird has worked in optics since 2001, joining Dollond & Aitchison as a trainee optical advisor. He qualified as a DO in 2007 before moving into practice management and then regional management. He is studying at Aston Business School for an MBA, due to finish in 2018.

## GREEN GLASSES

The Green eyewear collection, created by Thomas Trauth of Germany in partnership with Free Form Eyewear, is now available in the UK from Norville.

The Free Form Green collection, which focuses on sustainable production through innovative design, is manufactured using the least consumables possible. It is said to be the first eyewear designed to minimise carbon footprint and releases no toxic



Eco-friendly eyewear

materials during production. The collection features designs in metal, nylon supra, full

rim and acetate. Download a catalogue at [www.norville.co.uk](http://www.norville.co.uk)



Prize draw entries invited

## PASSPORT TO PARIS

There's still plenty of time to enter ABDO's exclusive prize draw with Silmo offering ABDO members the chance to win a two-person trip to the show this October.

The prize includes two economy flights from a UK airport to Paris and two nights' accommodation in a double room, including breakfast, at Le Collectionneur on 6 and 7 October. Prize winners will also gain VIP access to the Silmo d'Or evening gala being held at the stunning Grand Palais off the Champs Elysee on Saturday 7 October. The evening will celebrate Silmo's 50th anniversary and reward the best products of 2017.

To enter the draw, email your name, ABDO membership number and mobile phone number to [silmoprizedraw@abdo.org.uk](mailto:silmoprizedraw@abdo.org.uk) by 23:59 on Friday 25 August. The winner will be notified by Friday 1 September, and full terms and conditions can be found on the ABDO website at [www.abdo.org.uk/win-a-trip-to-silmo-paris](http://www.abdo.org.uk/win-a-trip-to-silmo-paris)

Silmo Paris takes place from 6-9 October. Read our interview with Silmo director, Eric Lenoir, on page 35.

# STEPPER

## EYEWEAR



**STEPPER (UK) Limited**  
11 Tannery Road  
Tonbridge  
Kent  
TN9 1RF  
01732 375975  
[www.stepper.co.uk](http://www.stepper.co.uk)



It's a feeling

**TX5/Titanium**



Frame style shown: **SI-30094**



*Phil Quinby at the celebration*

## IN THE 50 YEAR CLUB

ABDO member and 2007 recipient of the Hamblin Memorial Prize, Phil Quinby, was guest of honour at a special Boots Opticians event recently to mark 50 years of "helping people feel good".

The event, held at the Boot family home in Nottingham, officially launched the Boots 50 Year Club for the company's most long-serving colleagues. Phil joined the company on 1 August 1966 at Hudson Verity Opticians, before it was acquired by Dollond & Aitchison in 1968, and trained to become a DO. He currently works at Boots Opticians in the Hull Prospect Centre as a CLO.

Phil said: "Over the last 50 years, as far as the optics profession is concerned, it's seen massive and amazing changes. Technology, certainly as far as the supply of spectacles and contact lenses, has improved massively for our patients, and it's so much more accepted to be a spectacle wearer. Looking back though, I still find meeting patients one of the most enjoyable parts of my work."

## GUIDANCE FOR EXTENDED PECS PUBLISHED

New continuing education advice for extended primary eyecare services (PECs) has been issued by LOCSU and endorsed by ABDO, the Association of Optometrists, the Federation of Ophthalmic and Dispensing Opticians and the College of Optometrists.

The new guidance recommends that following initial accreditation, participating practitioners should obtain three CET points for minor eye conditions services (MECS) and one CET point for cataract post-operative review as part of the 36-point total required every three years by the GOC.

The guidance, 'Continuing education for extended primary eye care services', recommends governance arrangements for service providers, such as PECs, should include sharing data with practitioners to shape learning needs from performance results. PECs are advised to hold an annual meeting of all sub-contractors to update them on service performance and peer review or discussion events so that practitioners can share learning.

The guidance also sets out the learning objectives that CET specifically aimed at extended PECs needs to meet.

LOCSU's clinical director, Katrina Venerus, said: "We are pleased to launch this guidance, which will support LOC Companies to demonstrate robust governance as providers of extended primary eyecare services, and very grateful to colleagues from across the sector for their help in developing it. We hope that it will encourage practitioners involved in extended services to reflect on their case mix and target their continuing education accordingly."



*Hands-on CET courses*

## OCT TRAINING DATES

Three CET points are available to DOs who attend one of Heidelberg Engineering's upcoming training courses.

'Spectralis OCT hands-on operation' will take place on 30 August, 4 October, and 15 November. 'OCT in acute services operation and interpretation' is on 29 September, and 'Multimodal imaging in the evaluation of glaucoma' is on 13 September.

"Our training courses are developed by our director of clinical affairs. His experience and knowledge together with feedback from past course enable us to deliver informative courses supported by live OCT capture ensure the delegates' learning experience is a positive one," said Emily Malbon, Heidelberg Engineering marketing manager.

Book at <https://academy.heidelbergengineering.com>



*Glacier coating promotion*

## GET SCRATCHING TO WIN

Smart TVs worth £500 and Fortnum & Mason hampers are up for grabs in Shamir's new Scratch Card Campaign, running until 31 October.

To enter, simply scratch off the grey layer on the scratch card received with every order of Shamir's Glacier lens coating.

Talking about the anti-reflection coating, which offers UV protection, repels dust, and resists water and stains, Tanya Storey, Shamir head of sales and professional services, said: "Our belief is to maximise visual acuity for every individual regardless of prescription, age or lifestyle. Our Glacier coatings are no exception."

# SILMO

*Paris*

---

THE OPTICAL FAIR



**#XTRASHOW**  
**6-9 October 2017**

[silmoparis.com](http://silmoparis.com)



Learning about the WCSM

## LUNCH AT THE APOTHECARIES'

Two Worshipful Company of Spectacle Makers (WCSM) Education Trust bursary winners were invited to a special lunch at Apothecaries' Hall in June to meet leading members of the optical professions and find out more about the different career paths taken by WCSM Liverymen.

Karla Mackenzie and Chioma Ezenwoye, pictured with WCSM Education Trust chairman, Professor Chris Hull, put their £1,000 bursary award towards their studies; Karla for her dispensing course at ABDO College and Chioma towards her BMedSci (Hons) in orthoptics at Sheffield University.

Karla, who used her bursary to help with travel costs from her home in the North of Scotland to ABDO College in Kent, said: "Being awarded the bursary has opened so many doors for me. I have just recently celebrated 15 years in practice and I am eager to learn and do even more.

"Over the next five years I would like to qualify as a dispensing optician and then I would really like to specialise in low vision. Living in the remote Highlands, I see the problems faced by elderly patients and I really aspire to be able to help patients like these live safer lives. I strive to improve in practice every day and I am so grateful for the help this bursary has given me."

More than 240 applications were received on the launch of the scheme in July 2016, and 25 applicants were selected to receive a bursary. The next WCSM Education Trust Bursary Scheme will be open to applications from late August.

## URGENT APPEAL LAUNCHED

Vision Aid Overseas (VAO) has launched an urgent appeal to help train and support 20 final-year optometry students at Hawassa University College of Health and Medical Sciences in Ethiopia.

With fewer than three qualified optometrists per million in Ethiopia, the charity is seeking to raise a minimum of £9,950 to help provide essential practical training.

Nicola Chevis, VAO CEO, said: "If a

country is to have sustainable eyecare services, it must have skilled staff to do the job. That's why Vision Aid Overseas puts so much emphasis on training local eyecare workers and optometry students, future eye care workers, in the countries where we work. The Hawassa students will get the opportunity to learn from and work alongside UK professional volunteers on outreach programmes to get the vital experience they need to work with patients once employed in government health services."

Support the appeal via [www.visionaidoverseas.org](http://www.visionaidoverseas.org)

## WINNING TRACK

Stephen Donald Eyewear based in Nottingham was the lucky winning practice

of a track day experience after entering Hoya's prize draw for practices ordering five pairs of EnRoute driving lenses.

All Hoya VSE Loyalty Club members were



Basebox capsule style

## STONE-WASH REVIVAL

A new Basebox capsule collection from Eyespace features vintage styling and a 90s-influenced stone-wash finish.

Comprising four retro eyeshapes in lightweight stainless steel, the collection is finished using a distressed stone-wash effect for a raw industrial look. Men's model BB6619 (pictured in C2) has a stone-washed stainless steel front and temples. Available in size 54-17-140, C1 is a distressed navy with muted dark blue matt acetate tips, while C2 comprises of a gun patina eyefront and brushed tips.



VAO trained eyecare worker, Mulugeta Oemissie

eligible to take part in the promotion to win the prize. The practice will be able to take up to 10 team members with a pair of EnRoute lenses for every driver taking part.

## CELEBRATIONS ON THE SOUTHBANK

As last month's heatwave gave way to torrential rain, the great and the good of the optical profession and industry made their broolly-armed way to the Weston Pavilion of London's Southbank Centre to celebrate the 100th anniversary of the Federation of Manufacturing Opticians (FMO).

As guests, the CEO, current chairman and chairmen from years gone by came together to celebrate in style, enjoying views from the sixth-floor venue towards the Thames, Big Ben and the London Eye, a party atmosphere prevailed to the tunes of London-based Daisy and the Chameleons.

Although the first general meeting of the Association of Wholesale and Manufacturing Opticians, FMO's predecessor body, was held on 17 March 1917, it was almost exactly 100 years ago to the day that the constitution was signed, on 17 July 1917.



*Ian Crowther, FMO chairman from 1994-95, with newest FMO member, Joann Bickle from Royal Mail*



*FMO CEO, Bryony Pawinska, with former chairmen and the current chairman*

John Street, chairman of FMO from 1984 to 1986, spoke movingly about the challenges facing the sector in the past, with protracted haggling with 'the ministry' over what was known as 'the schedule' – which listed the prices FMO members would charge opticians for NHS lenses that the opticians could recover from the NHS.

The FMO is a founder member of the Optical Confederation, and John welcomed Lynda Oliver, chair of the Confederation, who explained what she called the "breathtakingly simple" reasons why the FMO was such an important part of the Confederation. "FMO members' technology drives what we do today, FMO members' R&D shapes what we do tomorrow, and the

FMO's survival is key to the Confederation's survival," she said.

Before the party got properly underway, the formal part of the evening was concluded by FMO chair, Andy Yorke, who spoke of the challenges facing optics in the future, not just through technological change and innovation, but also as a result of the economic uncertainty for FMO members and their customers as the UK goes through Brexit.

Andy concluded his speech with an announcement about 2020 Vision, a joint education event involving as many optical education providers as possible, to be held alongside Optrafair 2020 at the NEC from 4-6 April 2020.



*Daisy and the Chameleons entertain guests*

**integrate. automate. accelerate.**  
free up your time & be more optician



fast, powerful practice management software ✓

online booking, direct debits & xero integration ✓

work anytime, anywhere PC, Mac, iPad + Tablet ✓

multiple users, devices and branches at no extra cost ✓

upgrades, support & backup FREE forever ✓

call us on 01698 209609 and visit us at [www.xeyex.co.uk](http://www.xeyex.co.uk)

**xeyex**   
software for opticians



Professor Donald Hood

## HOOD TO HEADLINE

The third National OCT Conference, hosted by Topcon University, will take place at the Hilton London Paddington on 19 and 20 November, and will be opened by Professor Donald Hood of Columbia University, New York.

The 3D Wide Glaucoma Report with Visual Field test points, or the 'Hood Report', was developed by Professor Hood in conjunction with Topcon's Advanced Biomedical Imaging Laboratory.

Find out more about the conference at [www.nationaloctconference.co.uk](http://www.nationaloctconference.co.uk)

## MECS SHOWN TO EASE BURDEN

New research funded by the College of Optometrists has found that introducing an intermediate-tier service (ITS) for eyecare services could reduce the volume of patients referred to hospitals by GPs and provide replacement services at lower costs.

The research, published by *BMJ Open*, although not applicable across all parts of the UK, investigated the changes in volume of hospital ophthalmology patients and the related costs, before and after minor eye conditions services (MECS) were introduced in two London boroughs, Lambeth and Lewisham, using neighbouring Southwark as a control.

One finding was that the majority of Lambeth and Lewisham MECS patients presented with minor anterior eye disease, and more than 80 per cent of these patients were managed by their community optometrist.

Michael Bowen, director of research for the College of Optometrists, said; "This is important research, both for the optical sector and beyond; there is very little previous research on the wider effects of introducing schemes such as MECS and the existing pool of data had recommended further investigation into the cost and benefit of these services. The results are encouraging, and suggest that MECS can reduce the volume of patients referred to hospital, and potentially reduce costs."

## MAUI MAKES CHARITY PLEDGE

At its annual Wimbledon tennis clinic last month, with Swiss tennis pro Martina Hingis, Maui Jim announced an extended relationship with Optometry Giving Sight (OGS).

For each pair of sunglasses sold at Maui Jim's sporting events, the brand will help provide access to vision care for children in need. The campaign will run for the next 12 months, and kicked off at the Maui Jim Wimbledon Pop Up Shop, with the goal to provide access to vision care for 6,000 children by the end of the term.

Last month the company launched a limited-edition frame, Hula Blues, in partnership with Vinalize. Hand-crafted from a vinyl record and detailed with artwork of the album label on the interior, the frames feature Maui Jim's Polarized Plus 2 lens technology.



Martina Hingis puts guests through their paces



New Hula Blues

## FAMILY EYECARE IN FOCUS

The SPECS network's latest eye health campaign for independent practices will support National Eye Health Week (NEHW) in September.

NEHW will take place from 18-24 September (see feature on page 38) and the SPECS network is launching a supporting campaign focusing on family eyecare and 'why vision matters'.

As with previous campaigns, SPECS network will provide a package of themed PR and marketing materials, including posters, flyers and press release templates, social media content, including videos, and competitions.

"After the success of our campaign to support World Book Day in March and National Glaucoma Awareness Week in June, we are full steam ahead with preparing content and marketing collateral to support practices in the run-up to National Eye Health Week," said Richard Hollings, commercial manager at Seiko Optical UK, the company behind SPECS network.

Patients will be able to win £20 Go Ape vouchers and an iPad, all via the SPECS network website, [www.specsnetwork.co.uk](http://www.specsnetwork.co.uk). To find out how to become part of the SPECS network, email [info@specsnetwork.co.uk](mailto:info@specsnetwork.co.uk)



Go Ape vouchers for patients to win



Jason Kirk

## SPEAKER LINE-UP REVEALED

Independents Day (iDay) and the National Eyecare Group (NEG) have revealed further details of the speaker line-ups for their conferences on 5 and 6 November at the Ricoh Arena, Coventry.

Supporting JoJo Maman Bebe MD, Laura Tenison MBE, on the 6 November iDay programme will be Jason Kirk, Ryan Leighton and Lynne Fernandes, while Professor Mo Jalie and Ian Cameron will open and close, respectively, the NEG conference on 5 November. The NEG programme will also include hands-on CET workshops on subjects including dispensing problems, OCT and scleral and toric contact lens fitting.

iDay programme coordinator, Nick Atkins, said: "I'm delighted at the quality of the speakers we've secured at this year's event. Following the success of last year's 'Retail champion' theme, delegate feedback was to delve a bit deeper into some of the subjects covered."

Early bird pricing for iDay ends on 28 August, while NEG members may attend the NEG conference free of charge. Visit [www.independentsday.co.uk](http://www.independentsday.co.uk) to book for both events.

## LENS REFERENCE

Zeiss's latest lens catalogue features new products introduced during the past year, including Zeiss DriveSafe Individual, Digital Individual and EnergizeMe Lenses.

It is available in print, online and as an eBook; the printed version is available on request, while both the online and iPad version are available through the Zeiss portal or Zeiss account managers.



## DAWN TO DUSK PROTECTION

Julbo Zebra Light and Zebra Light Red photochromic lenses have been developed so that the wearer can see the terrain they're moving through and protect their eyes even if it's cloudy or shady.

Zebra Light lenses are ideal for races or training sessions that start in the dark and finish midday in the full sun, says Lenstec Optical Group, exclusive supplier of Julbo frames and lenses in the UK. They are manufactured using a mass casting method that produces "high-quality, flawless lenses" and they have a lifetime guarantee.

## 20-YEAR VISION SUSTAINED

Mainline Instruments is celebrating its 20th anniversary milestone, with plans to expand its Birmingham base.

Simon Hawkins, founder and director, said: "The advances in technology and automation in the optical industry over the years have been astonishing; there is now a digital version of almost every single product I've worked with since the start of my optical career at the age of 17.

"Mainline is all about the products and its people. With the team I have, and the emphasis we place on the relationships we build with suppliers, we've managed to sustain my vision of providing high quality products with the best personal service and I believe this has set us apart over the years.

"As a testament to this vision both the first member of staff employed in 1998, Garry Clarke, and Tomey, our first supplier, are still with Mainline Instruments today," Simon added.



Mainline at Optrafair: in the 1990s and in 2017



*Ortho-k "brings in younger patients"*

## ORTHO-K BUSINESS DAYS

No7 Contact Lenses is holding two CET-accredited orthokeratology introduction days designed to ensure "green shoots of new business growth".

They will take place on 28 September at Birmingham's Botanical Gardens, and on 16 November at Kew Gardens, West London.

Katie Harrop, No7 professional services manager, said: "Ortho-k brings in young patients who are keen to be free of their specs, and parents who have read about the success reported in international myopia control studies. Active people in their 20s and 30s enjoy the liberating benefits for a sporty lifestyle, and older wearers find being free of daytime lenses is a major factor in relieving dry eye symptoms. With the increased accuracy of topography in prescribing lenses, we are seeing patients treated successfully up to -5.00D."

Call 01424 850820 for more information.



*Lyle & Scott Groats 3 in classic Havana and blue*

## BRIT BRAND HEADS TO SILMO

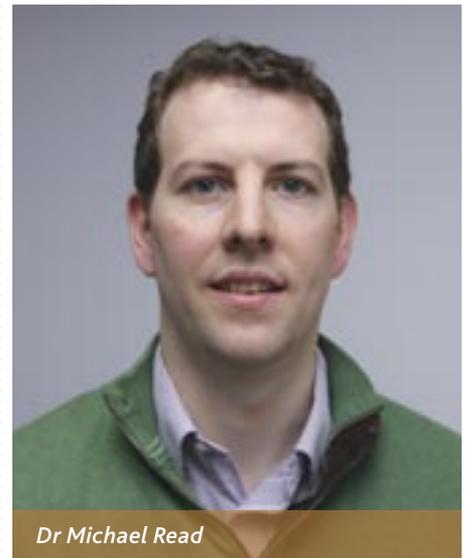
Dunelm Optical will be making its annual appearance at Silmo in October, with its full 2017/18 eyewear collection including 50 new styles for autumn.

Dunelm is keen to showcase its Lyle & Scott British heritage collection. Pictured is the Groats 3 model, combining metal with acetate. The metal bevelled sides incorporate a raised 3D golden eagle logo embellishment and duo laminate tip.

## HELPING LEEDS' HOMELESS

Vision Care for Homeless people (VCHP) has opened its eighth clinic in Leeds city centre's St George's Crypt.

A team of supporters includes volunteer optometrists and DOs to run the clinic with donated spectacles from Specsavers, glazing and lenses by Leeds lab Rawdon Optical, cases and cloths from Optoplast, eye medications from Three Sixty, and funding from the Charles and Elsie Sykes Foundation. The suite of eye examination equipment has been provided by leading names in UK optics.



*Dr Michael Read*

## NEW BCLA CONSULTANT

Dr Michael Read, new technologies manager at Eurolens Research at the University of Manchester, has been appointed as Fellowship Consultant for the British Contact Lens Association.

Dr Read said: "I am delighted to be taking on this exciting role supporting the BCLA Fellowship scheme. I am keen to build on the successful work of Professor James Wolffsohn, who has overseen the Fellowship scheme from its inception to its current position, making it one of the most respected accreditations in the eyecare profession."

## TAKING GLASGOW BY STORM

Eyecare has announced a new business stream at the Eyecare Conference and Exhibition to be held in Glasgow on Sunday 21 and Monday 22 January 2018. The business stream will run on Sunday and will be delivered in conjunction with Storm, a business support service for independent opticians.

"More than two thirds of the 400 visitors to Eyecare work in independent practice," said Eyecare MD, Peter Charlesworth. "About half either manage or own an independent practice. We want to support those visitors by providing content that will help them improve their own practices."

The directors and business experts at Storm will deliver lectures on topics including practice marketing, building customer loyalty, improving profitability, building a winning practice team, and creating a competitive advantage.

Book at [www.cetpoints.com/events](http://www.cetpoints.com/events)



*Harnessing the opportunities of e-commerce*



# Powered by innovation

The global contact lens profession and industry gathered in Liverpool last month to talk research, product innovation and business strategies. Here are just some of the latest advances in product and service designed to help you develop your contact lens practice, whatever your speciality



*The new Zenlens Dx set*



*Keeping monthly lens wearers hydrated*

## EYES ON E-COMMERCE FOR CONTACT LENS PRACTICE

As well showcasing its award-winning Dailies Total1 contact lenses at the recent British Contact Lens Association (BCLA) conference in Liverpool, partner sponsor Alcon was keen to highlight the increasing opportunities that e-commerce offers to drive new contact lens fits with InContact.

A digital service powered by Alcon, InContact connects Alcon's professional website for its optical customers to local contact lens portals where patients can order contact lenses. Available in 14 markets across Europe, Alcon believes InContact has the potential to address the needs of eyecare practitioners looking to expand their digital footprint while bringing enhanced customer care and services for contact lens wearers.

The website enables the independent optical practice to set-up a personalised, digital 'storefront' and offer online ordering, home delivery, subscription service as well as opening new communication channels with patients for, say, promotional offers.

## ZEN AND THE ART OF SCLERAL LENS FITTING

Bausch + Lomb's new 28-lens Zenlens Dx set is designed to meet the growing demand for gas permeable lenses to correct vision problems associated with corneal irregularities such as keratoconus and keratoglobus, or following corneal transplant, traumatic injury and refractive surgery.

The pack provides lens diameters of 16mm and 17mm, prolate and oblate designs and a 28-lens diagnostic set. For particularly complex corneal issues, Zenlens also features SmartCurve technology, which allows the modification of specific parameters to create a bespoke lens. Toric peripheral curves, customised centre thickness, flexure controlling profiles, and front toric Rx's can also be ordered if needed.

The launch includes an educational forum, supported by Richard Smith, Bausch + Lomb technical and scientific manager, which primarily focuses on the issues around corneal irregularities and includes a demonstration. Richard said: "It can be extremely challenging to provide comfortable corrective lenses for people with corneal irregularities. However, the range of options afforded by Zenlens, and the opportunities for bespoke adjustments which are made possible with SmartCurve technology, makes it much simpler to find a solution."

## NEW LENSES IN BRAND PORTFOLIO SHOWCASE

There was much activity from platinum sponsor, Johnson & Johnson Vision, at BCLA 2017, including a profile of new innovations in Acuvue brand contact lenses, highlights from its R&D pipeline, and practice resources.

Among the innovations on show was the new Acuvue Oasys 1-Day for Astigmatism, which Johnson & Johnson Vision says has the largest parameter range of any daily disposable toric lens. Also in the spotlight were Acuvue Vita, and the company's device-responsive website for practitioners.

Launched in April, Acuvue Vita addresses the problem of monthly contact lens wearers 'suffering in silence' by featuring HydraMax Technology to maximise and maintain hydration all month long.

Meanwhile, Acuvue Oasys for Astigmatism features HydraLuxe Technology, which includes tear-like molecules and breathable, hydrated silicone that integrate with the tear film to avoid the feeling of tired eyes. Its Eyelid Stabilised Design is said to harness the natural power of the eyelids to keep the contact lens consistently in position. It also provides Class 1 UV blocking.



*New packaging for UV-blocking lens*

### KEEPING YOUNGER PATIENTS ENGAGED

Blu:kidz, part of the silicone hydrogel family from mark'ennovy containing a Class 1 UV and selective blue light blocking filter, has updated its packaging to appeal more to the younger contact lens wearer.

"Blu:kidz continues to be a successful innovation from mark'ennovy," said Chris Carter, mark'ennovy group marketing director. "And with mark'ennovy going even further in customisation, offering diameters from 11.50 through to 16.50, the eyecare professional can tailor the lens to fit even the smallest of eyes, so no need to force fit a standard one-size fits all contact lens.

"In a market dominated by homogeneity and ever increasing commoditisation, mark'ennovy constantly looks to go the other way," Chris continued. "We believe that the little things can make a difference to the patient experience, and bringing simple innovation in packaging design keeps Blu:kidz exciting and fresh for children every time they receive a new box. And a happy patient is almost certainly a loyal patient."

### SPECIALIST LENSES FOR SPECIALIST PRACTICES

No7 Contact Lenses has two new contact lenses on the market: its new scleral lens for irregular corneas, ICD FlexFit 16.3mm; and Elements, its 'no fit, no fee' hybrid lens launched at the BCLA conference in Liverpool.

Designed for patients with keratoconus, pellucid marginal degeneration, post-refractive surgery issues, ocular surface disease and corneal transplants, ICD FlexFit 16.3mm is the fourth-generation ICD lens, from international licensee Paragon Vision Sciences, and is available in diameters from 14.5-17mm in 0.1mm increments.

Introducing the lens at a launch event in the Shard in London, co-designer Randy Kojima, said: "In an ocular surface disease environment, the healing power of sclerals is nothing short of miraculous for some patients, creating a fluid bath over the eye. This new scleral is at the top of the comfort and vision scale."

New Elements is for practices keen to take on more previously hospital-based irregular cornea work. The RGP portion of the lens is available in two diameters: 10mm and 8.5mm; the latter is designed for keratoconic eyes and can be fitted using any standard KC fitting set.

Katie Harrop, No7 professional services manager, said: "As we see more post-refractive, post-graft corneas these [hybrid] lenses will become a valuable tool in differentiation. By adding this to our specialist lens portfolio, we now have the complete solution to fitting irregular corneas, whether your preference is for light corneal touch, or full clearance."

### POSTER PLUGS EFFECTIVENESS OF PUNCTAL OCCLUSION

A poster presented at BCLA 2017 reported the results of a clinical study evaluating the effectiveness of punctal occlusion in contact lens-induced dry eye (CLIDE); it showed a 50 per cent reduction in symptoms for all subjects who completed the trial and was statistically significant.

The study used the CLDEQ-8 questionnaire to score symptom frequency and severity for symptoms including discomfort, dryness and blurry vision. Average frequency and intensity scores were improved for all symptoms. The subjects also reported a 50 per cent reduction in their drop usage.

Andrew Price, who conducted the study, said: "These data are encouraging in supporting the use of punctal occlusion for contact lens patients developing significant dryness symptoms with their contact lenses. The results of our study suggest that plugging the lower puncta in order to maintain greater tear volume on the ocular surface, may help some of these patients."

Nick Atkins of Positive Impact, the distributor of the Parasol punctal occluder, added: "As these patients are ageing, it is far more likely that many of them are now dry eye sufferers who wear contact lenses and so we believe that it can be better to manage the underlying problem before changing the lens material."



*Randy Kojima and guests at the Shard launch event*



*Close-up of a Parasol punctal occluder insertion*

**DIRECT SUPPLY FOR PRACTICE DIFFERENTIATION**

Earlier this year, SynergEyes announced a strategic decision to supply lenses directly to the UK giving more competitive prices with a guaranteed fit.

SynergEyes, widely known for its hybrid lenses for irregular corneas, also produce the Duette and Duette Progressive lenses for regular astigmatic and presbyopic prescriptions.

The Duette family of lenses has a high 130DK aspheric RGP centre and a silicone hydrogel 84Dk skirt. This combination is said to give the 'best of both worlds' for the astigmatic patient with high levels of clarity and stable visual acuity provided by the RGP portion combined with the comfort of soft lenses.

At BCLA 2017, Dr Trinh Doan and colleagues displayed a poster evaluating the strength of the Hyperbond between the RGP and the silicone hydrogel skirt of the Duette lens; they showed that it could be elongated to 300 per cent of its original length with a zero per cent failure of the bond.

The lenses can be fitted using an online empirical calculator, correcting astigmatism up to 6.00D, "providing guaranteed comfort, ocular health and superior vision" to the toric soft lenses and toric multifocal soft lenses available.

CLO and BCLA president, Keith Tempany, took delivery of a new replacement Duette hybrid fitting set at the conference. He said: "Duette Multifocal has proved be a great differentiator for my practice and I'm particularly looking forward to successfully fitting even more of my astigmatic presbyopes."



*Keith with SynergEyes vice president international, Tina Sharp, and Phil Thompson, SynergEyes UK professional services lead*

**RAPID STABILISATION FOR CRISP, CLEAR VISION**

UltraVision CLPL says its "fast focus and fine-tuned" Avanti contact lens design allows for rapid stabilisation ensuring crisp, clear vision throughout the day.

Gaze excursions and tilting your head is no longer a problem as Avanti's Peripheral Balancing Zones prevent the lenses from mis-locating, the company explained. The flexible multifocal system combines centre near and centre distance designs with additional options to optimise vision for the dominant eye.

"The superb stability of Avanti, its comprehensive visual options and wide parameter range ensures your patients never miss the action," said a company spokesperson.



*Advantages on offer with monthly lens*

**TACKLING GLOBAL ISSUES THROUGH LENS INNOVATION**

Highlighting its latest lenses at BCLA 2017 was CooperVision, with a focus on "the evolving needs of today's wearers and how these can be addressed through tomorrow's innovations, today".

Tackling myopia management and the impact of the global transformation to a digital lifestyle, whilst highlighting its latest lenses, Biofinity Energys, MiSight 1 day and MyDay toric, the company invited visitors to its stand to immerse themselves inside a 360° virtual reality Biofinity Energys laboratory. This enabled them to learn more about the lens designed specifically to alleviate the tiredness associated with digital eye fatigue.

CooperVision's European president, Mark Harty, said: "These products truly demonstrate the innovations of tomorrow. From the world's first soft contact lens proven to reduce the progression of myopia in children to the lens specifically designed for today's digital lives, CooperVision is focused on meeting the changing needs of patients in an ever-changing world."

**Not a CLO but interested in becoming one? Visit the ABDO College website at [www.abdocollege.org.uk](http://www.abdocollege.org.uk) to see what courses are on offer.**



*MiSight 1 day: proven to significantly reduce the progression of myopia in children*



*VR immersion on the CooperVision stand at BCLA 2017*

## COMPETENCIES COVERED

**Dispensing opticians:** Refractive Management, Standards of Practice, Optical Appliances, Contact Lenses, Paediatric Dispensing

**Optometrists:** Assessment of Visual Function, Optical Appliances, Contact Lenses, Standards of Practice



# Short-sighted about myopia?

by Andrew Keirl MCOptom, BOptom, FBDO

**O**ptometrists examine and prescribe for myopic patients every day. Dispensing opticians provide optical appliances for those patients every day. But how much do we really know about myopia?

Myopia control is no longer a fringe aspect of optometry and ophthalmic dispensing but one that is being discussed at length in academia, optical manufacturing and by eyecare professionals working in community practices. During the 2017 Optometry Tomorrow conference, Ian Filtcroft, consultant ophthalmologist at the Temple Street Hospital, Dublin, stated that: "This current generation will be the most myopic ever." He went on to say that: "In 2000 1.4 billion people were myopes, but by 2050 we expect that to be four billion."

Around the globe, a myopia epidemic appears to be developing with a seemingly ever increasing number of the world's population affected. We do not know why, or how. However, the most worrying consequence of an increase in the number of myopic patients is myopic visual impairment, where diseases such as glaucoma (**Figure 1**), retinal detachment (**Figure 2**) and myopic degeneration (**Figure 3**) cause sight loss despite optical correction.

Near-work activities, such as reading, writing, computer use, and playing video



*Figure 1: A glaucomatous optic disc in a myopic patient*

games, have been implicated as possible causes of the significant increase in the prevalence of myopia. However, some studies have reported a weak or absent association between a heavier load of near work and the prevalence or incidence of myopia. Outdoor activity has aroused much interest, although it is still not clear whether outdoor activity can help prevent the onset and progression of myopia. In this CET article, we will review recent papers from the literature concerning myopia, and discuss

methods of myopia control along with advice that we may consider giving to our patients.

### THE NICER STUDY

The Northern Ireland Childhood Errors of Refraction (NICER) study, is the largest ever study in the UK to examine changes in children's vision and cycloplegic refractive error over time. Conducted by researchers at Ulster University, this is a population-based longitudinal study of refractive error, ocular biometry and visual status.

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](http://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 December 2017 issue of *Dispensing Optics*. The closing date is 13 November 2017.



C-56503



Figure 2: A superior retinal detachment

The latest findings from this ongoing study are providing vital information on how children's eyes grow and change in the 21st century and the results may influence prescribing decisions and also the advice given to patients. The fact that the study is longitudinal makes it entirely relevant to community eyecare. The term 'longitudinal' means that the children taking part in the study (over 1,000 children selected to be

representative of the population as a whole) were selected first and then tested thoroughly at ages six to seven through to 12 to 13 years, or 12 to 13 through to 18 to 20 years.

Using questionnaires, the researchers assessed the children's experiences, which included lifestyle, diet, home and school environment as well as their family's ocular history. The researchers needed to know if



Figure 3: A montage of myopic degeneration

these factors were related to changes in the child's vision and refractive error.

The fact that children were selected before any investigations took place made this study *prospective*, which meant that it was not possible to choose children with different levels of myopia to take part in the study. On the other hand, retrospective studies look at existing ametropes and try to find out what made them, for example, myopic. *Retrospective* studies are known to be more prone to 'confusing factors' than prospective ones; however, longitudinal studies can be adversely affected if participants move away or withdraw from the study for whatever reason.

The NICER study has, and is, providing evidence of what is actually happening in a population and, based on an individual's background, lifestyle or environment (or all three), predicting who is more likely to become myopic. This is crucial in understanding what might actually be causing a myopic increase, and what can be done to address it.

#### CURRENT RESEARCH FINDINGS

So, what does the literature tell us about the prevalence of myopia? Nearly one in five teenagers in the UK are myopic<sup>1,2</sup> and myopia is more than twice as prevalent among UK children now than in the 1960s (16.4 vs. 7.2 per cent)<sup>3,9</sup>. The prevalence of myopia in white children in the UK is similar to white children in other countries<sup>1,4,5</sup>. However, it is well known that the prevalence of myopia is much higher in Asian countries. In South Korea, for example, 96.5 per cent of 19-year-old males are myopic<sup>6</sup>.

Family history has always been an important risk factor for myopia and other ocular and visual abnormalities, and the early teenage years have always been considered the classic time when children become myopic. Children with one myopic parent are almost three times more likely to be myopic by the age of 13 than a child without a myopic parent – and this increases to over seven times when both parents are myopes<sup>7</sup>.

A knowledge of age-related normal values for both refractive error and visual acuity are important when prescribing and dispensing spectacles to children, and a low to moderate hypermetropic correction for young children is considered to be normal. The NICER study has found that a cycloplegic spherical equivalent refractive error of +0.75D or lower at six to seven years is a good predictor of myopia<sup>8</sup>. In other words, the longer a child displays a low to moderate

degree of hypermetropia, the better as the risk of future myopia is reduced.

Recently, there has been speculation about a link between myopia and the amount of time that a child spends out of doors, specifically the role of sunlight and dopamine levels in the brain. Epidemiological evidence suggests that children who spend more time outdoors are less likely to become myopic. However, this has not, to date, been endorsed by the NICER study. The author is aware of a school in China where one of the classrooms was constructed of clear and light-diffusing glass, with a user-controlled shade canopy which could be deployed in very sunny conditions.

With regard to the onset and progression of myopia, the literature suggests that myopia is most likely to occur between six and 13 years of age and children are becoming myopic at a younger age in the UK than in Australia<sup>5,9</sup>. Do Australian children spend more time out of doors? However, at ages 18 to 19 years, the prevalence of myopia in Australia and the UK is similar<sup>9</sup>.

The progression of myopia appears to be more aggressive between the ages of six and 13 years when children become more myopic by, on average,  $-0.23\text{D}$  per year, as compared to an average change in myopia of  $-0.10\text{D}$  per year between the ages of 12 to 20 years<sup>9</sup>.

Interestingly, current evidence suggests that more time spent on near vision tasks, including time spent using digital devices, does not have a strong influence on myopia development.

## MYOPIA, NEAR WORK AND OUTDOOR ACTIVITIES

In a paper published in 2013, Wu and co-workers investigated the effect of outdoor activity during class recess on myopic changes among elementary school children in a suburban area of Taiwan<sup>10</sup>. Two schools were involved in the study and the participants were children aged seven to 11. Of the two schools, one participated in interventions and one acted as the control.

The interventions consisted of carrying out a recess outside the classroom (ROC) programme in which the classroom lights were turned off, classrooms emptied and all children were encouraged to go outside of the classroom for outdoor activities during the recess time. The total daily recess time in school was 80 minutes and the total weekly recess time was approximately 6.7 hours. The control school did not have any special programme during recess. Both

schools had two hours for outdoor physical education per week. A total of 571 children were enrolled in this prospective study. There were 333 children in the ROC interventional group and 238 in the control group.

There were two interventional aspects to the ROC programme regarding the behaviour of the children. Firstly, it interrupted near and mid-range work during the time in the classroom. Ip *et al*<sup>11</sup> showed that continued reading is associated with myopia and that the intensity of near-range visual work is a more important factor for myopic progression compared with the total duration. The ROC programme provided a break from continued near-range work and reduced its intensity.

Secondly, the ROC programme gave the children more time to spend outdoors during the school day. Several studies indicate that outdoor activity can be considered a protective factor against myopia<sup>12-15</sup> although the exact mechanism is still under investigation. Brighter light may be one possible mechanism to protect against myopia. Two recent animal studies have shown that high ambient lighting retards the development of form-deprivation myopia in chicks and monkeys<sup>16,17</sup>. Brighter light potentially reduces the development of myopia through pupil constriction, resulting in less visual blur, or through stimulation of dopamine release (an eye growth inhibitor) from the retina.

Data was obtained by means of a parent questionnaire and ocular evaluations that included axial length and cycloplegic auto-refraction at the beginning and after one year. At the beginning of the study, there were no significant differences between the two schools with regard to age, gender, baseline refraction, and myopia prevalence (47.75 vs. 49.16 per cent).

After one year, new onset of myopia was significantly lower in the ROC group than in the control group (8.41 vs. 17.65 per cent). There was also significantly lower myopic shift in the ROC group compared with the control group (0.25 D/year vs. 0.38 D/year).

So, increased time spent outdoors appears to have a protective effect against myopia development and progression. It is not yet clear why outdoor activity has this effect but as outlined above, it is postulated that bright light triggers the release of dopamine, a retinal transmitter which is believed to prevent eye growth. Other theories suggest that the sunlight itself could play a role, increasing exposure to

vitamin D, which has been shown to reduce eye growth. Finally, the increased viewing distances and the high luminance levels afforded by outdoor activities diminish accommodative demand and reduce pupil diameter/increase depth of focus, thereby increasing retinal image quality.

The study by Wu *et al*<sup>10</sup> concluded that outdoor activities during class recess have a significant effect on the control of myopia onset and myopic shift in non-myopic children, but not in myopic children. This may point to possible future considerations for the prevention of myopia.

Another study published by Low and co-workers in 2010<sup>18</sup> set out to investigate the risk factors for myopia, including near work and outdoor activity, in Singapore Chinese pre-school children. This study concluded that a family history of myopia was the strongest factor associated with pre-school myopia. In contrast, neither near work nor outdoor activity was found to be associated with early myopia. The results suggested that genetic factors may play a more substantial role in the development of early-onset myopia than key environmental factors.

## MYOPIA CONTROL

Logan<sup>19</sup> provides an excellent review of myopia prevalence and development along with a discussion of intervention using spectacles contact lenses and pharmacological methods.

Traditionally, most of the methods that have been used clinically and/or tested in research studies to prevent or reduce myopia are based on the view that accommodation is at least a part of the cause. These methods include the use of spectacle lenses (or contact lenses) to under-correct the myopia, the prescribing of bifocals or progressive lenses, visual training and the use of pharmaceutical agents. The use of contact lenses to control myopia by influencing the curvature of the cornea is the one approach that is not directly related to the assumption that myopia has an accommodative cause.

A long-standing method used by clinicians to slow down the progression of myopia is to under-correct the myopic eye by as much as a dioptre, in an attempt to avoid excessive accommodation. The theory is that under-correction of myopia reduces the accommodative demand for near work and the accommodative lag associated with development of myopia. Evidence from animal studies supports the under-correction as a means of arresting myopia

progression; however, studies on humans have produced conflicting results.

Ong and colleagues<sup>20</sup> showed that spectacle intervention, in terms of whether young myopes wore their corrections full-time, part-time or not at all, had no effect on the progression of myopia, while Chung, Mohidin and O'Leary<sup>21</sup> found that an under-correction of 0.75D resulted in a more rapid progression of myopia.

Similar findings were observed in a separate study where children were under-corrected by 0.50D<sup>22</sup>. If it is the case that accelerated myopic progression occurs with binocular under-correction, then optometrists should prescribe the full myopic prescription for children.

### TREATMENT MODELS

Based on the theory of near work and lag of accommodation, several treatment models for slowing myopia progression have been evaluated in intervention studies involving bifocal and progressive addition spectacle lenses as a means to decrease accommodative lag during near work. A review of the literature will show that the results of these studies are both variable and contradictory, with some studies showing a significant reduction in the progression of myopia<sup>23</sup> while others showed no significant difference<sup>24</sup>.

Smith and colleagues<sup>25</sup> suggested that peripheral image quality may be used as a treatment strategy to control eye growth and the subsequent refractive development of the eye. Clinical trials involving children do, in fact, indicate that myopic progression, in terms of change in both refractive state and axial length, can be slowed by wearing lenses that provide relatively more peripheral positive power.

A spectacle lens designed to manipulate the curvature of the so-called 'peripheral image shell' while maintaining clear central vision is available in the Far East (Zeiss *MyoVision*). Work in animal studies which indicates that retinal defocus (and in particular, hyperopic defocus where the image shell falls behind the retina) has a role to play in the development of myopia.

In young chicks fitted with two-zone concentric lenses, each combining plano power with either +5.00DS or -5.00DS in the other zone, significant differences in eye growth have been reported. The lens which was plano in the centre but with +5.00DS in its periphery inhibited eye growth, whereas the other power combinations caused changes to eye growth<sup>26</sup>. This supports the notion that

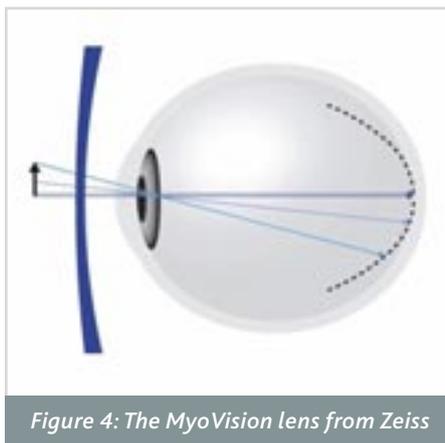


Figure 4: The MyoVision lens from Zeiss

myopic defocus in the periphery (where the image shell is suspended within the eye) is associated with the reduced progression of myopia compared to hyperopic defocus.

In relation to axial length, it is thought that this myopic defocus sends a 'stop signal' to the eye. Techniques that reduce this peripheral hyperopic defocus and potentially slow myopia progression have been trialled in children<sup>27</sup> the hypothesis being that these lenses would reduce peripheral hyperopic defocus to slow myopia progression. The efficacy of three designs was assessed, with an asymmetrical lens type showing a slowing of myopia progression in younger children with a family history of myopia.

Figure 4<sup>28</sup> shows a myopic eye corrected with *MyoVision*. Note that the image is projected on the retina centrally, but in front of the retina peripherally. Trials with *MyoVision* lenses conducted in Asia have shown that 40 per cent of pre-teenagers with a family history of myopia taking part in the study demonstrated a reduction in myopia of up to 0.75D.

One potential problem with this approach using spectacle lenses is that of centration. Eyes of course rotate behind a spectacle lens and it is likely that wearers of such lenses would become head movers



Figure 5: An on-eye ortho-k lens

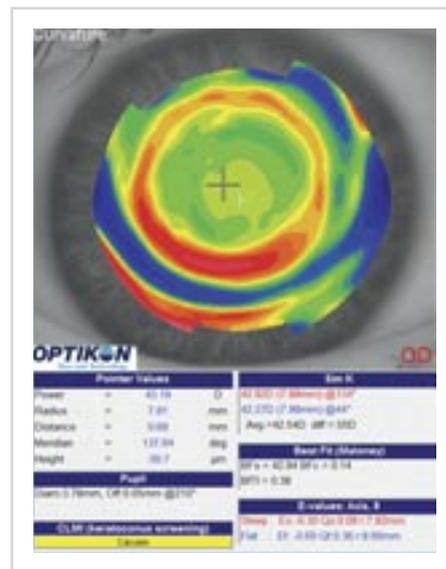


Figure 6: Ortho-k post-wear topography

as opposed to eye movers as vision would be optimal in the central region of the lens. Contact lenses are well suited to this approach as they are usually centred on the visual axis and move with the eye. This may well provide a more satisfactory optical correction when compared with spectacles.

Orthokeratology (ortho-k) (Figure 5) is a technique that uses reverse geometry RGP contact lenses to remodel the anterior corneal surface in order to provide a temporary reduction in refractive error particularly in low to moderate myopes (Figure 6). However, a number of studies reported slower progression of myopia in children wearing overnight ortho-k compared with other methods of optical correction.

It is important to emphasise that this method of contact lens correction was designed to correct myopia as opposed to control or treat it. The slowing of myopia progression with ortho-k may be a result of the conversion of relative peripheral hyperopia to relative peripheral myopia, resulting once more in the formation of an image shell within the eye (Figure 7). This

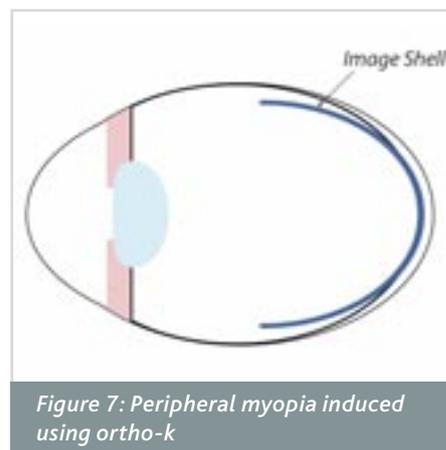


Figure 7: Peripheral myopia induced using ortho-k

occurs because of the corneal remodelling associated with ortho-k contact lenses. Over a five-year period, Hiraoka and co-workers<sup>29</sup> found that myopia control was maintained. However, further studies are required to investigate myopia progression on cessation of treatment.

Work carried out by Walline *et al*<sup>30</sup> has shown that the use of centre-distance soft bifocal contact lenses can produce a statistically significant reduction in myopia progression. A centre-distance dual-focus soft contact lens, with a central correction zone and concentric treatment zones that simultaneously create myopic retinal defocus, was used by Anstice and Phillips<sup>31</sup>. This lens design has been shown to reduce the progression of both the myopic refractive error and the corresponding axial length of the eye.

A distance centre design of dual-focus soft contact lens, with a central correction zone and concentric treatment zones that simultaneously create myopic retinal defocus is now available from CooperVision as the *MiSight* lens<sup>32</sup>. *MiSight* is a soft, daily disposable contact lens manufactured using CooperVision's Proclear material. Daily disposable contact lenses are, of course, an ideal option when considering contact lenses for children. Results of studies published by CooperVision so far show a high degree of efficacy for myopia control using the *MiSight* contact lens and further results are due to be released in 2017.

An alternative method of myopia control is that of pharmacological intervention using anti-muscarinic drugs such as atropine and pirenzepine. The reason why myopia control occurs is unclear, but the mechanism of action is thought to be retinal, choroidal or scleral as opposed to accommodative<sup>33</sup>. The use of atropine appears to be the most effective treatment for minimising an increase in axial length progression, however, the side effects of anti-muscarinic drugs which include mydriasis and cycloplegia means that its appeal is not universal. However, very low dose atropine (0.01 per cent) does appear to be effective and has fewer side effects and has little effect on accommodation.

### CONCLUDING POINTS

Myopia has been described as an 'invisible epidemic'. The prevalence of myopia varies somewhat between studies on similar populations because of different definitions, but in the adult population in the UK, continental Europe and the USA, a prevalence of at least 30 per cent is

supported by multiple studies with myopia prevalence in 19-year-old South Korean males reaching 96 per cent.

The goal of any potential treatment for myopia must be that myopes become as low a myope as possible and, therefore, have a reduced risk of developing myopia-related ocular pathology in later life. We know from the literature that the prevalence of myopia is increasing and aside from causing a reduction in uncorrected distance acuity, presents a real threat to sight.

Small reductions in myopia or a slowed myopia development can have a significant impact on the risk of retinal pathology and each dioptre less is associated with a reduced risk of severe retinal change. Although a reduction of 1.00D may not seem to have an enormous benefit for an individual patient who is -5.00DS, it is important to remember that their risk of complications increases as their myopia increases.

In summary, the literature concerning myopia control and progression validates the following:

- Under-correction of a myopic refractive error is not effective at reducing the progression of myopia
- Outside activity appears to be beneficial and should be encouraged
- Time spent on near vision tasks (studying or screen time) does not have a strong influence on myopia development
- Pharmacological agents demonstrate encouraging results and may be used in the future. Current drugs are not, of course, licensed for myopia control
- Research has consistently shown that conventional spectacle lenses and single vision contact lenses are not effective methods of myopia control
- Family history has a strong influence on myopia development. Parents who are myopic should be told to expect myopia in their children and ensure they get their children's eyes tested regularly in the early years of primary school

Perhaps it is time for UK eyecare practitioners to change their approach to the management of myopia by considering the longer-term consequences of this seemingly innocuous condition. Should myopia be considered to be a public health issue? Should eyecare practitioners become more proactive in discussing myopia control with children and parents?

In Asia, ortho-k is regarded as an effective

method of treatment for myopia and there is evidence of proactive prescribing of ortho-k in countries such as Hong Kong where myopia is much more prominent as a public health concern. The website [www.myopiaca.org](http://www.myopiaca.org) is a useful source of information for the parents of myopic children or indeed myopic parents.

Myopia control may become part of mainstream optometric and dispensing practice in the UK. As worldwide myopia rates increase, management of myopic progression could become part of the day job using low dose atropine and peripheral defocus optical appliances.

**ANDREW KEIRL MCOPTOM, BOPTOM, FBDO is the Director of Andrew Keirl Opticians in Liskeard, Cornwall. Formerly a senior lecturer at Anglia Ruskin University, Andrew also worked as a low vision practitioner at the Royal Eye Infirmary in Plymouth. He is a principal examiner for ABDO and visiting lecturer in optometry at Plymouth University.**

### ACKNOWLEDGEMENTS

Figure 3 courtesy of Kanski JJ Clinical Ophthalmology Volume 5: Retinal Disorders. Figures 5, 6 and 7 courtesy of Katie Harrop, professional services manager at No.7 Contact Lenses.

### REFERENCES

1. O'Donoghue L, McClelland JF, Logan NS, Rudnicka AR, Owen CG, Saunders KJ. Refractive error and visual impairment in school children in Northern Ireland. *Br. J. Ophthalmol.* 2010; 94(9):1155-9.
2. Logan NS, Shah P, Rudnicka AR. Childhood ethnic differences in ametropia and ocular biometry: the Aston Eye Study. *Ophthalmic Physiol. Opt.* 2011; 31(5):550-8.
3. Sorsby A, Benjamin B, Sheridan M, Stone J, Leary GA. Refraction and its components during the growth of the eye from age of three. *Memo Med. Res. Council.* 1961, 301(special):1-67.
4. Jones LA, Sinnott LT, Mutti DO, Mitchell GL, Moeschberger ML, Zadnik K. Parental history of myopia, sports and outdoor activities and future myopia. *Invest. Ophthalmol. Vis. Sci.* 2007; 48(8):3524-32.
5. French AN, Morgan IG, Burlutsky G, Mitchell P, Rose KA. Prevalence and 5- to 6- year incidence and progression of myopia and hyperopia in Australian schoolchildren. *Ophthalmology* 2013; 120(7):1482-91.

6. Jung SK, Lee JH, Kakizaki H, Jee D. Prevalence of myopia and its association with body stature and educational level in 19-year-old male conscripts in Seoul, South Korea. *Invest. Ophthalmol. Vis. Sci.* 2012; 53(9):5579-83.
7. O'Donoghue L, Kapetanankis VV, McClelland JF, Logan NS, Owen CG, Saunders KJ et al. Risk factors for childhood myopia: findings from the NICER study. *Invest. Ophthalmol. Vis. Sci.* 2015; 56(3):1524-30.
8. McCullough SJ, Breslin KMM, O'Donoghue L, Saunders KJ. A six-year prospective profile of refractive error status adults in Northern Ireland. The NICER Study. *Ophthalmic Physiol. Opt.* 2014; 34(6):685-6.
9. McCullough SJ, O'Donoghue L, Saunders KJ. Six-year refractive change among white children and young adults: evidence for significant increase in myopia among white UK children. *PLOS ONE* [online] 2016. Available at: <http://journals.plos.org/plosone/article?id=10.1371/journal.pone.0146332>
10. Wu PC et al. Outdoor activity during class recess reduces myopia onset and progression in school children. *Ophthalmology* 2013;120 (5):1080-1085.
11. Ip JM, Saw SM, Rose KA, et al. Role of near work in myopia: findings in a sample of Australian school children. *Invest. Ophthalmol. Vis. Sci.* 2008;49:2903-10.
12. Jones LA, Sinnott LT, Mutti DO, et al. Parental history of myopia, sports and outdoor activities, and future myopia. *Invest. Ophthalmol. Vis. Sci.* 2007;48: 3524-32.
13. Rose KA, Morgan IG, Ip J, et al. Outdoor activity reduces the prevalence of myopia in children. *Ophthalmology* 2008;115: 1279-85.
14. Wu PC, Tsai CL, Hu CH, Yang YH. Effects of outdoor activities on myopia among rural school children in Taiwan. *Ophthalmic Epidemiol.* 2010;17:338-42.
15. Rose KA, Morgan IG, Smith W, et al. Myopia, lifestyle, and schooling in students of Chinese ethnicity in Singapore and Sydney. *Arch. Ophthalmol.* 2008;126:527-30.
16. Ashby R, Ohlendorf A, Schaeffel F. The effect of ambient illuminance on the development of deprivation myopia in chicks. *Invest. Ophthalmol. Vis. Sci.* 2009;50:5348-54.
17. Smith EL 3rd, Hung LF, Huang J. Protective effects of high ambient lighting on the development of form-deprivation myopia in rhesus monkeys. *Invest. Ophthalmol. Vis. Sci.* 2012;53: 421-8.
18. Low W et al. Family history, near work, outdoor activity, and myopia in Singapore Chinese pre-school children. *Br. J. Ophthalmol.* 2010;94:1012-1016.
19. Logan N. Myopia in practice: evidence for intervention. *Optometry in Practice* 2015;16 (3): 77-84.
20. Ong E, Grice K, Held R, Thorn F, Gwiazda J. Effects of spectacle intervention on the progression of myopia in children. *Optom. Vis. Sci.* 1999; 76:363-369.
21. Chung K, Mohidin N, O'Leary DJ. Undercorrection of myopia enhances rather than inhibits myopia progression. *Vision Res.* 2002; 42: 2555-2559.
22. Adler D, Millodot M. The possible effect of undercorrection on myopic progression in children. *Clin. Exp. Optom.* 2006; 89: 315-21.
23. Leung JTM, Brown B. Progression of myopia in Hong Kong Chinese schoolchildren is slowed by wearing progressive lenses. *Optom. Vis. Sci.* 1999; 76:346-354.
24. Edwards MH, Li RW, Lam C S, Lew JK, Yu BS. The Hong Kong progressive lens myopia study: study design and main findings. *Invest. Ophthalmol. Vis. Sci.* 2002; 43: 2852-2858.
25. Smith EL 3rd, Kee CS, Ramamirtham R, Qiao-Grider Y, Hung LF. Peripheral vision can influence eye growth and refractive development in infant monkeys. *Invest. Ophthalmol. Vis. Sci.* 2005; 46: 3965-3972.
26. Liu Y, Wildsoet C. The effect of two-zone concentric bifocal spectacle lenses on refractive error development and eye growth in young chicks. *Invest. Ophthalmol. Vis. Sci.* 2011;52(2):1078-86.
27. Sankaridurg P, Holden B, Smith E 3rd et al. (2011) Decrease in rate of myopia progression with a contact lens designed to reduce relative peripheral hyperopia: one-year results. *Invest. Ophthalmol. Vis. Sci.* 2011; 52: 9362-7.
28. [https://www.zeiss.com/vision-care/en\\_de/better-vision/better-vision-with-zeiss/your-individualized-zeiss-lens/myovision-the-innovative-spectacle-lenses-for-myopia-control.html](https://www.zeiss.com/vision-care/en_de/better-vision/better-vision-with-zeiss/your-individualized-zeiss-lens/myovision-the-innovative-spectacle-lenses-for-myopia-control.html) accessed 03/05/2017
29. Hiraoka T, Kakita T, Okamoto F et al. Long-term effect of overnight orthokeratology on axial length elongation in childhood myopia: a 5-year follow-up study. *Invest. Ophthalmol. Vis. Sci.* 2012; 53, 3913-19.
30. Walline JJ, Greiner KL, McVey ME et al. Multifocal contact lens myopia control. *Optom. Vis. Sci.* 2013 90,1207-14
31. Anstice NS, Phillips JR. Effect of dual-focus soft contact lens wear on axial myopia progression in children. *Ophthalmology* 2011 118, 1152-61.
32. <https://coopervision.com.my/contact-lenses/misight/> accessed 03/05/2017.
33. McBrien NA, Stell WK, Carr B. How does atropine exert its anti-myopia effects? *Ophthalmic. Physiol. Opt.* 2013; 33, 373-8.

## APPEAL FOR VOLUNTEERS

**Vision Care for Homeless People is looking for new trustees – particularly anyone with a keen interest in IT or fundraising.**

Trustees meet several times a year in London to plan the smooth running of services at the existing clinics in London, Manchester, Birmingham, Brighton, Exeter and now Leeds (see *News page 16*).

“We have set ourselves an ambitious target of opening a number of new clinics



Can you help?

within the next 12 months and are looking for trustees with drive and commitment to help us to achieve this in some of the most deprived centres in

the UK,” said Elaine Styles, Chair of VCHP.

In addition to trustees, the 11-year-old charity, which provides a comprehensive eye examination service and spectacles, is looking for volunteer optometrists to run the Brighton clinic on Thursdays and the Birmingham clinic on Mondays.

Student ambassadors are also sought to raise the profile of the charity amongst young optometrists, particularly with fundraising initiatives.

To find out more, visit [www.visioncarecharity.org/jobs](http://www.visioncarecharity.org/jobs)

# Multiple choice answers:

## Low add boost, occupational or degressive lenses: what are they all about?

By Andy Sanders FBDO. C-55477 – published March 2017

Six of the following questions were presented online to entrants to comply with the General Optical Council's best practice specifications for this type of CET.

**The eye's ability to accommodate becomes less with age. The annual rate of decline is approximately:**

- a. 0.29D
- b. 0.17D
- c. 1.00D
- d. 0.50D

**a is the correct answer.** In general, this starts to become noticeable about the age of 40 although many factors contribute to variations.

**The Norville Pilotor RD40 lens combines an upcurve bifocal segment with a:**

- a. downcurve bifocal segment
- b. split surface degressive area
- c. lower inner surface progressive area
- d. low addition booster

**c is the correct answer.** The lower portion is a back surface progressive and the higher portion an upcurve segment (see page 30, Norville Lens Catalogue).

**Complete the sentence correctly. For the condition Computer Vision Syndrome, the average blink rate is likely to:**

- a. increase by about 50 per cent
- b. decrease by over 60 per cent
- c. fall from 20 to 16
- d. increase from 6 to 16

**b is the correct answer.** The average rate slows from about 18 to seven.

**Occupational progressive lenses can be likened to:**

- a. standard forms of flat top trifocal lenses
- b. firm design progressive lenses with a relatively narrow corridor
- c. degressive lenses of approximately 33 per cent
- d. soft design progressive lenses with a relatively long corridor

**d is the correct answer.**

**What amplitude of accommodation would be required to comfortably view an object 22cm away?**

- a. 4.54D
- b. 9.10D
- c. 6.00D
- d. 3.57D

**b is the correct answer.** The object distance of 22cm gives an incident vergence of -4.54D and if this is 50 per cent

of the amplitude the total required must be 9.10D.

**The Essilor Eyezen lens dispensed for a 38-year-old patient would provide an addition boost of:**

- a. 0.53D
- b. 0.85D
- c. 0.60D
- d. 0.40D

**c is the correct answer.** This degree of addition boost is recommended for the 35-44 age group.

**Which statement is true?**

- a. The Hoya Workstyle V+ lens is available in three forms and five corridor lengths
- b. A patient requiring a +2.25D addition dispensed with a degression lens of -1.50D would have a maximum range of 57cm
- c. For the Digitime lens the full prescribed reading addition is reached 10mm below the fitting cross
- d. On average, the eyes rotate downwards 12 degrees less to read a book than a smartphone

**d is the correct answer.** On average, 15 degrees of downward gaze is required to reach reading material and 27 degrees for a smartphone.

**Accommodative support lenses may result in:**

- a. an increase in differential prismatic effect especially in the lower corridor area
- b. previously compensated exophoria breaking down
- c. up to 75 per cent more addition power than standard progressives in the 40cm to 70cm vision range.
- d. unacceptable amounts of 'swim' effect

**b is the correct answer.** The accommodation/convergence link becomes upset by the additional power and this may be sufficient to cause diplopia.

**Which statement is correct?**

- a. Accommodation tends to occur as a type of reflex in response to a blurred retinal image
- b. Low boost additions are only suitable for hypermetropes
- c. Recession of the near point can be controlled by the individual
- d. Providing extra power at intermediate and near may help in the compensation of exophoria

**a is the correct answer.** The image may be blurred due to the object being very close, or there may be uncorrected hypermetropia.

To download, print or save your CET result letter, go to [www.abdo.org.uk](http://www.abdo.org.uk). Log-in and go to 'View your CET record'.

Participants are advised that the GOC's Enhanced CET Principles and Requirements v3.2 document states that for text article CET questions: "A proportion of the questions should require the application of existing professional knowledge to determine the answer". This can include personal research online, or following up the references at the end of the article.

Antonia Chitty looks at the ins and outs of a new top-up degree course for DOs working in practice

## Fancy a top-up?

**D**o DOs need a degree? Having a degree is not essential, but more and more new dispensing opticians (DOs) are qualifying with a BSc alongside their FBDO. A degree may give you the edge when applying for jobs, but more importantly it gives you a chance to develop critical thinking skills that can be applied to a wide range of situations. Beyond that, there is a drive for ophthalmic dispensing to become a more evidence-based discipline.

DOs studying for a degree get the chance to develop research skills and write a dissertation on a question that will advance knowledge in a specialist area. What's more, DOs with degrees are now progressing to study for masters and doctorate level qualifications, taking their research skills and knowledge to the next level and carrying out ground-breaking research. This all sounds great, but what if you have already qualified but don't have a degree?

### GRADUATE SKILLS

On a day-to-day level, thousands of DOs carry out excellent work with the FBDO diploma and acquired years of skill and experience. For many, there was no choice to pick a degree course when they were studying. A significant number of well-qualified practitioners are seeing the new wave of graduates and thinking: "I would have liked a degree too".

ABDO College, working in conjunction with Canterbury Christ Church University (CCCU), is now offering any DO with the FBDO diploma the chance to top-up to a degree. The new BSc (Hons) in Vision Science course is designed for fully qualified DOs who wish to gain a profession specific degree and acquire graduate skills that can be applied to the workplace. It offers a unique opportunity for DOs to 'top-up' to a degree whilst still working in practice.

ABDO president, Fiona Anderson, says: "A number of years ago I achieved a BSc (Hons) Business Administration with Brunel University, which I studied over three years

via blended learning. I am undeniably proud of my FBDO qualification, but not everyone knows what it is. A BSc (Hons) is instantly recognisable across the world.

"One of my proudest moments on gaining my degree, in addition to graduation, was ordering my ABDO desk nameplate showing that I was BSc (Hons) FBDO. I am a huge advocate of lifelong learning and thrilled that this 'top-up' degree is now available via ABDO College and CCCU. With advances in technology, the method of delivery and study couldn't be easier or more convenient for busy professionals who want to combine work with further study."

### PRACTICAL CONSIDERATIONS

If you are concerned about how you will attend classes, you'll be pleased to know that this course is offered entirely via online distance learning through CCCU's Virtual Learning Environment. This means that you can study at a time that suits you 24/7, and there are no travel or accommodation costs, and no books to buy.

What's more, assessment for the degree is ongoing through a mix of assessments, essays, poster, leaflet, and case study – and with the option of a workplace project on a topic that you choose according to your specific interests. This means that there are no exams to take. The course comprises three compulsory modules and three optional modules from a list, which includes contact lenses and low vision, so again, you can tailor the degree to your interests.

The compulsory modules are: Academic Skills Development, Evidence-based Practice, and Transforming Ophthalmic Practice. The optional modules include: Contact Lens Practice, Low Vision Practice, Paediatric Eyecare, Ophthalmic Public Health, Dry eye and Ocular Surface Disease, and an independent study module where you select a relevant topic.

Each module has eight to 10 lectures, and the whole degree is offered in a flexible timeframe. You can study two modules at a time and complete it within a suggested 18



months' timeframe, but you have up to three years should you wish to proceed at a slower pace.

Once you have completed the degree, it will open a gateway to career opportunities such as lecturing or research. Alicia Thompson, ABDO's director of professional examinations, says: "I did a degree top-up which gave me an insight into the world of research. It gave me the opportunity to then embark on my current part-time PhD, which is based on paediatric facial anthropometry related to spectacle frame fit. It is vital that the world of dispensing becomes more evidence-based and I would love to see more dispensing opticians have the opportunity to produce rigorous and robust research in our field."

If you are interested in topping up, you need to have the ABDO Level 6 Diploma in Ophthalmic Dispensing (FBDO) qualification and have current ABDO membership. For more information and to register your interest, call the courses team at ABDO College on 01227 738 829 (Option 1) or email [info@abdocollege.org.uk](mailto:info@abdocollege.org.uk). If you want to be part of the first group to take this new qualification, act today as applications are now due.



Antonia Chitty meets two CLOs who are leading the way in myopia control with contact lenses

# Getting in control of myopia

**A**re you excited about developments in myopia control? With new evidence for effectiveness and now a specialist product on the market, contact lenses for myopia control could be the next gamechanger in optics. Read on to find out the views of two leading CLOs.

Organisations such as the Brien Holden Vision Institute predict that half the world's population – nearly five billion people – will be myopic by 2050, with up to one-fifth of them in the high myopia category. If behavioural interventions and optical treatments are not developed and implemented, a significantly increased risk of blindness will occur amongst this population. As such, there is currently a huge drive to counter this predicted 'epidemic' of myopia.

Currently, it's estimated that more than two billion people in the world suffer from myopia. In his 2012 research paper, Ian Flitcroft states: "Detailed analysis of epidemiological data linking myopia with a range of ocular pathologies from glaucoma to retinal detachment demonstrates statistically



Putting myopia control for children on the agenda

significant disease association in the up to -6.00D range of 'physiological myopia'. The calculated risks from myopia are comparable to those between hypertension, smoking and cardiovascular disease. In the case of myopic maculopathy and retinal detachment, the risks are an order of magnitude greater." This only adds to the reasons for all dispensing and contact lens opticians to make minimising myopia a priority.

## TIME TO ACT

Keith Tempany is the new president of the British Contact Lens Association (BCLA) and has been prescribing contact lenses for more than 30 years. He says: "The first time I looked down a slit lamp I thought, 'wow!' and I've been hooked ever since." On the topic of myopia control, Keith says: "As a profession we should be doing a better job of recommending contact lenses to children. Myopia management is part of that process – and we need to be comfortable fitting children as young as six years old."

Keith has become increasingly interested in the topic in the last few years. He continues: "What really sparked my interest in myopia control was listening to the late

Professor Brien Holden closing the myopia day at the BCLA's 2015 clinical conference in Liverpool. The message I took away was that we don't know everything about myopia, but we know enough that we should act.

"Current research shows that we should talk to parents about getting their children outdoors, and cutting hours on digital device. In my practice, we are talking to myopic patients who may become parents and pre-warning them. It's like warning a pre-presbyope about what is coming," adds Keith.

Myopia control is a new subject to most parents, as Keith explains: "All the parents I mention myopia control to are intrigued and want to know more. I really see the BCLA as leading the way in terms of providing resources for practitioners interested in moving forwards with myopia control. I'm not just talking about attending the Association's conferences but also accessing the factsheets provided for members, which are useful to give to patients and/or their parents.

"The myopia control factsheet is referenced so they have the research data to hand," Keith continues, "and a lot of patients like that. It also gives credence to



Keith Tempany, BCLA president

what you are discussing. Some parents may say, 'I don't want my child to be a guinea pig', and you can show them that we are not at the guinea pig stage but myopia control treatments are backed up by clinical data. As clinicians, we need that data. As the eye grows longer, we are at higher risk of visual loss. In Ian Flitcroft's paper, it was shown that every dioptre less of myopia reduces the risk of maculopathy by a third."

#### ADAPTABLE APPROACHES

When talking about myopia control to parents and children, Keith advises a 'split conversation' approach. He explains: "We talk about the vision in the future, whilst discussing the practical freedom that contact lens wear can give their child. The child sees the immediate advantage of contact lenses, but they will get the full benefit 30 to 50 years down the line. Without exception, all the children I see are keen to try contact lenses."

Keith was involved in early study trials of the CooperVision MiSight contact lens for myopia control, and has found them "as easy to fit as an ordinary daily disposable". He believes, however, that it's important to develop child-friendly literature and information about how they work and that CLOs should rethink their approach to prescribing lenses for children.

He says: "Each child is at a different stage. You need to change your language, your fitting style, and your examination technique. I focus on the patient while keeping the parent involved. Image capture helps to show them their eyes. If the teach doesn't go well, send them away with desensitising exercises. Be patient, it is all about getting the lens on the eye in the least stressful way possible."

It is important to start the dialogue early with parents about myopia control. Keith says: "We put some information out via social media and I had a comment back from a parent saying it was irresponsible to fit children with lenses. We subsequently had a conversation online. His daughter is six and -3.00D, and after reviewing the research he changed his mind. They are now booked in to see us. We have to remember this mode of wear is a new concept and we have to put ourselves in their shoes when we start talking about health risks. It is nice when someone turns their view around."

Since starting to fit lenses for myopia control, Keith is seeing one to two new contact lens patients a week and sees this number rising. "We talk to myopic parents, grandparents, and prospective parents, and give environmental advice to 'at risk

emmetropes' to play outside more," he says. "They are receptive when you're not trying to sell anything."

#### DUTY OF CARE

CLO David Gould has been practising for 30 years and owns David Gould Opticians in Blackburn. He says: "We started doing orthokeratology about 12 years ago, but obviously weren't aware back then of the possibilities of myopia control. I always attend the BCLA conference, which keeps me up-to-date. I started using centre distance multifocals about three years ago, and we have a good patient base and are seeing good results.

"There are currently 15 practices in the UK who are offering MiSight myopia control daily disposables. I have been using them since March, and am now into double figures for the number of users. In my opinion, MiSight is a gamechanger.

"I've been fitting children with lenses for years," David continues. "Most parents don't seem to mind spending money on their children. And they find a daily disposable reassuring, not having to worry about cleaning. When we started fitting MiSight there was two years of data, and now we have three years, showing a 59 per cent reduction in myopia progression. We know that this is an average and we make a lot of effort to tell parents that."

As David acknowledges, fitting children can be challenging. "You can never tell which ones are going to be great," he concedes. "A few weeks ago, I had a nine-year-old boy and a 12-year-old girl in to fit. The nine-year-old did it first time, while the girl has taken six teaches. Fitting children always involves more effort. If I look at it from a financial point of view, I won't make money on that child for a while, but there's more to it than that. I've been qualified for 30 years, I have spent 30 years chasing myopia, and now there is something we can do."

David feels that every optician and optometrist now has a duty of care to let parents know about the advances in myopia control. He says: "I think we have arrived at a point where we could be considered negligent if we don't share that knowledge with parents. There are other optometrists and dispensing opticians who feel the same way: I have been getting referrals from people who are acting in their patients' best interests. It can't be ignored, and it needs embracing. One way to do it is, do it yourself, the other is to refer onwards. There are no downsides."

There is scope for enormous growth in the popularity of contact lenses for myopia control, says David: "Once you have a few



kids going to school without glasses, conversations happen. Parents will realise that children aren't 'too young' for contact lenses. The development of daily disposables for myopia control could be the biggest thing that has happened."

Keith Tempamy concludes: "What we now have in the way of research results shows that MiSight offers a 59 per cent reduction in myopia progression, with orthokeratology at around 50 per cent. A question for future research is whether we can achieve 100 per cent. I tell patients about what I'm learning at conferences, and they expect us to move with the times. Get all your team informed and educated about myopia control too."

#### INTERNATIONAL MYOPIA CONFERENCE

If you want to find out more about the options for myopia control, why not book a place at the BCLA-facilitated Myopia Management Meeting being held at Aston University, Birmingham, on Wednesday 13 September?

Aimed at optometrists and CLOs in practice with an interest in myopia management and control in children, the day precedes the 16th International Myopia Conference (14-17 September), and will consist of introductory lectures to the topic areas followed by discussion groups facilitated by international experts. Find out more at <http://www.aston.ac.uk/lhs/research/health/org/myopia-consortium-uk/-astonmyopia-management/> and <http://internationalmyopiaconference.co.uk/>

#### REFERENCE

1. Flitcroft I. Complex interactions of retinal optical and environmental factors in myopia. *Prog. Retin. Eye Res.* 2012;31(6): 622-60. doi: 10.1016/j.preteyeres.2012.06.004. Epub 2012 Jul 4.etiology

**ANTONIA CHITTY BSC (HONS), MA, MCOPTOM, MCIPR is the author of 20 books on business, health and special needs.**

The hot topic of myopia control was addressed in a main-stage session at the BCLA conference in June. Nicky Collinson reports

# Taking on myopia

**A**s underscored elsewhere in this issue, myopia control and management is fast-becoming a 'burning issue' for everyone involved in the field of eyecare. In a special session at this year's British Contact Lens Association (BCLA) clinical conference and exhibition in Liverpool, experts in the field shared research, perspectives and tips with a focus on inspiring those ready to 'take on' myopia.

The session began with a partner presentation by Dimple Shah and Elizabeth Lumb of CooperVision, 'See the future of myopia management', in which they shared the story of MiSight 1 day: the first and only contact lens with CE approval to reduce and slow myopia progression.

According to the speakers, some 14,000 children in Europe are now benefiting from MiSight 1 day, which features ActivControl technology, with some 200 children in the UK having been prescribed the lens in the previous few months alone.

"Following feedback from practitioners, we are now beginning to understand how the lens works in practice," said Elizabeth. "Over the past three months, we have been working to better understand the fitting preferences of those involved with trialling the lens in practice."

Key insights included an average MiSight 1 day fitting age of 14.2 years; most (43 per cent) wore single vision contact lenses already; and the highest appeal (62 per cent) for both children and parents was a lower final prescription. Follow-up showed that children were wearing the lens for 10 hours a day, six days a week as per the fitting recommendation; there was no noticeable awareness of ghosting or haloes in the majority of patients; and most said they preferred MiSight 1 day to their previous lens.

"'Treat early and fit younger' is the mantra when it comes to myopia control," Elizabeth told delegates, adding that the launch of MiSight 1 day marked a "landmark moment".



*Dimple Shah looks to the future of myopia management*

## PRESENT AND FUTURE THERAPIES

In a follow-up to her 2015 BCLA presentation, Dr Nicola Logan, a senior lecturer in optometry in the School of Life and Health Sciences at Aston University, talked about advances in knowledge since then and "where we are headed". Whilst it was still unclear what caused/guided myopia, it might well be time for a revision of therapies in clinical practice, Dr Logan suggested.

Outlining the increase in prevalence, with nearly half the global population predicted to be myopic by 2050, there was "no safe level of myopia", which represented a "huge public health problem". "The concern for the individual," said Dr Logan, "was the risk of myopia leading to retinal detachment or myopia maculopathy."

The range of current interventions included low dose atropine, which had been shown to be efficacious but was not licensed for use in the UK and elsewhere. There were also issues with low doses only being effective on low myopia, as animal studies had revealed. It was hoped that a low dose atropine study would soon begin in the UK and Ireland.

Dr Logan went on to highlight promising data from other studies involving the adenosine antagonist 7-MX (methylxanthine), a metabolite of caffeine and theobromine that increases the thickness of the posterior sclera, and orthokeratology to slow down myopia progression. Dr Logan noted that the launch of three-year data for MiSight 1 day

was "exciting", and that at the recent annual meeting of the Association for Research in Vision and Ophthalmology, other soft contact lenses to manipulate higher order aberrations were being investigated. Combined interventions, such as ortho-k with atropine, also looked promising.

Discussing the mechanisms of myopia progression, Dr Logan admitted that we still didn't know why myopia developed, however, the protective effects of being outdoors,



*Dr Nicola Logan called for a tailored approach to myopia control*

particularly for children aged around eight or nine, was now established. "There are still a lot of queries in our understanding of myopia development, so the challenge remains to develop therapies," Dr Logan concluded.

In terms of the future, Dr Logan said: "We need to understand what's driving myopia, who is at risk and predict which children will become myopic. We need a tailored approach so we can provide the greatest efficacy."

### RESEARCH RESULTS

For those interested in hearing more about data on MiSight 1 day, Paul Chamberlain, senior manager of clinical research at CooperVision, was on hand next to review three-year results from the clinical trial assessing the lens in reducing the rate of progression of juvenile-onset myopia. The prospective, multi-centre, double-masked, randomised multi-year study enrolled 144 myopic children aged eight to 12 years from Singapore, Canada, England, and Portugal.

Three-year findings indicated that use of the dual-focus contact lens, which has alternating visual correction and treatment zones, was effective in slowing myopia progression: by 59 per cent as measured by mean cycloplegic spherical equivalent; and by 52 per cent as measured by mean axial elongation of the eye when compared to the children in the control group wearing a single vision one-day contact lens.

No other prospective randomised controlled study has offered conclusive data for such a high degree of continued efficacy in myopia management using a one-day soft contact lens over three years. Paul emphasised that factors influencing myopia progression included lens type, geographical location and age ("the younger, the faster"), while overall acceptance of the lens was "extremely high".

In her presentation entitled, 'Structural anterior eye mechanism for myopia development and treatment', Dr Janis Orr, optometry lecturer at Aston University, revealed that myopia prevalence was now up to 80 per cent in South East Asia: "a concerning increase". She suggested that clinicians needed a better understanding of corneal biomechanics to ascertain its influence in myopia progression in children, and how it can be altered by ortho-k.

Dr Orr stated that it had been shown that marked changes in corneal biomechanics occurred during myopia progression in children corrected with single vision spectacles, which appeared to influence refractive change; however, these changes were retarded by ortho-k therapy, suggesting an anterior eye biomechanical mechanism contribution.

"Don't rule out the cornea," was Dr Orr's message to delegates, adding that further work was needed to establish the relationship between ortho-k and myopia control.

### GETTING STARTED AND MAKING IT WORK

"Be enthusiastic and passionate" was the opening gambit of the next presentation of the session by Dr Logan and Dr Susie Jones, a research fellow and sessional lecturer in optometry at Aston University: 'Getting started in myopia control. A practitioner, parent and patient perspective'. "Have a flexible approach," Dr Logan continued, "have information to give to children and patients, keep up with research and have the right equipment."

Dr Logan also suggested that practitioners manage patient expectations from the outset: "We don't know how to prevent myopia onset or how to reverse it, but we can slow myopia progression down. Now is an exciting time to develop your own myopia management strategy."

Dr Jones continued by reminding delegates that many parents still believed their children needed to be aged 16 or over to try contact lenses. "We can allay parents' fears about the safety of contact lenses with supportive literature and then let the parents decide," Dr Jones advised. "It's better to do something than nothing."

The cost of putting more than one child in contact lenses needed to be considered, but it was important to start the contact lens conversation early, confront concerns head on, establish the parents' own feelings about contact lenses and empower the child. "Give them homework," suggested Dr Jones, "and let them practice in the mirror, touching the whites of their eye with a clean finger." Dr Jones also emphasised the importance of sharing the 'no water' and 'if in doubt, take them out' messages.

Independent clinical optometrist, Nick Dash, also had some expertise to share in his presentation, 'Making myopia management work'. "Every dioptre counts because myopia is a disease process which leads to pathologies and is very difficult to treat. There is no safe level of myopia," warned Nick, arguing for a model of prevention and cure.

"There's been a sea change in option on myopia control," Nick continued, "with experts now using soft contact lenses more than orthokeratology, followed by spectacle correction and then pharma. We now have a CE-marked daily disposable for myopia control, so we are improving our armoury."

He suggested practitioners visit the



Nick Dash

Myopia Care website, [www.myopiicare.org](http://www.myopiicare.org), to find out more about his collaborative initiative with Pascal Blaser to help patients and practitioners tackle the 'myopia epidemic'. The site invites visitors to take a quick test to gauge their child's risk of developing myopia, with an app also on its way. "What we need to do in practice is not rocket science," Nick continued. "It's pretty much normal refractive correction with contact lenses. There are some refined tests but these are not essential." Nick then divulged some clinical pearls:

- Use your hands with gestures, 'chalk and talk'
- Access online support mechanisms and resources
- Communicate the benefits of just wearing contact lenses
- Think contact lenses before spectacles, with spectacles and specially-designed lenses as a back-up

Nick urged practitioners to think about myopia control as a supplement to all the benefits of contact lenses. He said: "We have a clinical duty of care to future-proof patients' vision against disease but we also have to consider the commercial benefits." He advised contact lens practitioners to set themselves up as specialists in myopia control, adding: "I call on you to act; we now have an evolution and revolution and we must adapt to deliver the best care we can to the patient," concluded Nick.

The session concluded with a panel discussion of all the speakers in addition to Professor Pauline Cho from Hong Kong Polytechnic University, a renowned expert in ortho-k.

Fresh insights into contact lens patient drop-out and retention were shared at the BCLA conference in June. Nicky Collinson reports

# Tuning in to drop-outs

Taking place on the Sunday of the British Contact Lens Association's (BCLA) three-day clinical conference at the ACC Liverpool, 'Solving the tragedy of contact lens drop-out' was the focus of a morning session dedicated to the "lost opportunities" plaguing contact lens practices up and down the country.

Chaired by Professor Philip Morgan of the University of Manchester, the session began with a platinum sponsor presentation by David Ruston and Dr Cristina Schnider of Johnson & Johnson Vision, who discussed the company's "eye-inspired" yet "patient-focused" product innovations. David also outlined the company's plans to introduce contact lenses that delivered relief from allergies as well as adaptive contact lenses, light-enabled 3D printed lenses and accommodating lenses.

Moving on to the nitty-gritty of contact lens drop-out, Professor Morgan revealed that the penetration of contact lenses in the UK population of adults requiring vision correction had only risen by one per cent between 2012 and 2016, from 15 to 16 per



Professor Philip Morgan addressing delegates



Solving the problem of contact lens quitters

cent. The rate had, in effect, "flat-lined" despite the very many product innovations that had come onto the market in that time. "It's a conundrum," said Professor Morgan, "because we are fitting more products more widely but there is still this constant bleeding away of patients."

New statistics provided by Johnson & Johnson Vision (UK incidence study data on file) showed that in the UK in 2016, there were 0.7 million contact lens drop-outs. This compared to 20 million spectacle wearers, 5.9 million contact lens considerers, 4.1 million contact lens wearers, and 0.8 million new wearers. Professor Morgan suggested this explained why the market continued to be flat.

"It costs five times more to bring a new patient into the practice than to retain an existing one," Professor Morgan continued. "Historically, the main reason for dropping out is discomfort, but new research shows that vision is also more important as a reason – particularly with multifocal contact lenses. We need to remind ourselves about the commercial benefits of

keeping patients in contact lenses."

Despite citing an annual discontinuation rate of 17 per cent, or a "chronic retention rate" of 83 per cent, Professor Morgan suggested that there was still good news in the fact that the retention rate differed between practices. "So, it is still possible to have higher retention rates," he said, before introducing the next speakers – Ian Davies and Anne Madec-Hilly of Johnson & Johnson Vision.

## MANAGING PATIENTS' EXPECTATIONS

Looking at the 0.7 million contact lens drop-outs revealed in the company's own research, Anne Madec-Hilly revealed around a quarter of these were new wearers who dropped out within the first 12 months. She suggested that new wearers could drop-out even more quickly, within the first two months, and questioned why this was so when new products were getting better all the time.

To find out the answer, Johnson & Johnson Vision had undertaken quantitative and qualitative research with around 300

patients. The two things mentioned most by patients as reasons for discontinuation were insertion and removal of lenses, and discomfort that never improved.

"We also found that 71 per cent of these patients had high expectations," said Anne, "but 27 per cent agreed that contact lenses had had a positive effect on their life. Most patients expected that they wouldn't feel the lenses so their expectations were not being met; so we need to work on managing expectations and in a very short window."

Ian Davies went further by suggesting that contact lens practitioners underestimated the 'fear factor. He said: "Patients' basic instinct is to protect their eyes, so they often go into 'fight or flight' mode. Staff teaching new wearers should be slow and thoughtful to minimise patients' anxieties about putting something on their eyes.

"We also need to look at patient literature and materials about teaching insertion and removal, and ensure images are realistic. We need to slow down to speed up, and look at the whole teaching environment," Ian added.

Turning to the question of why around half of established wearers dropped out of contact lenses, Anne suggested that discomfort did increase naturally as time went on but many patients didn't talk to their practitioners about it. Research revealed that 38 per cent talked to their practitioner but 11 per cent turned to the internet; 32 per cent said nothing, and 28 per cent talked to random people. However, 84 per cent did try to do something about discomfort and seek help; 82 per cent said they were frustrated and 73 per cent didn't plan on telling anyone. Three in 10 patients were offered different contact lenses to try but there were better opportunities to keep patients in lenses than in attracting new ones. However, some 344,000 established wearers were continuing to drop out in the UK every year.

Ian Davies suggested that a reason why some patients didn't speak up about not getting on with their lenses was because they blamed themselves and their eyes. "A new contact lens management paradigm allows us to choose the right product, manage expectations and state that if the contact lens isn't right then there are others to try," he told delegates.

Noting that presbyopes often dropped out at around the age of 40 (at a rate of 175,000 people per annum), Anne suggested that this was probably because they simply weren't aware of the existence



*Shelly Bansal*

of multifocal contact lenses. "This age group are, however, more likely to talk to their practitioner and carry on with contact lenses even if they are starting to feel uncomfortable."

Ian added: "It's important to talk about the different multifocal lens products available before any problems arise – not just in terms of a prescription change but in terms of changes in the tear film.

"There's a world of opportunity out there for us, so the tragedy of drop-outs should not exist. Many of these patients are lapsed but not lost. They want to wear contact lenses so it's our job to help them by keeping communications channels open. We've come a long way in the past 40 years and opportunities in the contact lens world have never been better," Ian concluded.

#### **SHOW THAT YOU CARE**

The final speaker of the session was Shelly Bansal, CLO and past BCLA president, who turned to the practicalities of retaining contact lens patients. Shelly began by explaining his practice mantra of CARER: C (care and show empathy); A (ask the right questions); R (recommend the best products); E (educate patients); R (review your prescribing choices and listen to patient feedback).

For new contact lens wearer trials, Shelly's team have a set formula, as he explained: "At the first appointment we spend a lot of time with the patient, sometimes up to three hours from start to finish. Then we have them back in a week later. We also ask our new wearers to keep a diary and text, email or phone us within 48 hours to let us know if everything's going ok.

"We then see them again a week later for feedback. If there are any problems we try some different lenses, then if they're happy with those we sign them up. We make another appointment for a month later as a courtesy then have them back for six-month follow-up after then. The idea is that we are holding their hand every step of the way for the first six months."

Likening the contact lens practitioner to a forensic scientist, Shelly underlined the importance of determining the right product for the individual patient's needs. "Don't select the product based on what you think the patient can afford," declared Shelly. "Always offer the best product but make sure they understand its value – and remember that successful contact lens wear does not have to mean all day, every day. And always reinforce the message that you care."

In terms of differentiating your contact lens practice on the High Street, Shelly said that his practice always saw established wearers every six months to make sure they were still happy in their lenses. His practice also provided 24/7 access via text or email or phone; one example of the value of this service was when a young patient texted over a photo of his eye as he couldn't remember if he'd removed his lenses or not.

"Plan for the future," continued Shelly, "and what your contact lens patients might experience in the coming years. Let them know in advance that you have products for their future needs. Plan for future lifestyle changes, such as going off to university or retirement. Think outside the box."

Citing convenience as one of the biggest reasons for losing patients, Shelly told delegates how his practice offered a delivery service to patients' homes. "Compete with Amazon, utilise software systems for communications and find out how your patients like to be contacted. Personalise your service and let them pay remotely."

In a final message, Shelly urged delegates to think about the lifetime value of retaining patients: "We make a difference to people's lives every day. If you want to make a difference, just show a little care and you will achieve your goals."

Summing up and bringing the session to a close, Professor Morgan appealed to delegates to think about what could be achieved: "With small steps we could double the market every 10 years. The products now available give us great optimism for the future in terms of reducing contact lens drop-outs."

Primary Eyecare Southern is a blueprint for LOC Company consolidation, insists LOCSU chief

# Merger offers prospect of 'super-PEC'

A new super-PEC (primary eyecare company), across five local optical committees (LOCs) and covering 10 million people, could be a template for the sector to match the sustainable transformation partnerships (STPs) being rolled out by the NHS as part of its reforms, believes the Local Optical Committee Support Unit (LOCSU).

Richard Whittington, LOCSU chief operating officer, insists that the optical sector will need to match the geography of STPs if it is to achieve its strategic objective to see eye health services delivered at scale. He also said that the merger offered "a blueprint for the consolidation of primary eyecare companies across LOCs and within optics".

## FOCUS ON STEP-DOWN CARE

Richard's comments follow merger talks hosted at LOCSU at the end of May. Around the table were representatives from East Sussex, West Sussex, Dorset, Wiltshire and Hampshire LOCs. At the time of writing, talks were ongoing about widening this to cover other areas in the south of England.

All five LOCs and LOCSU agreed a proposed structure for the super-PEC. Each LOC will have board representation with relationships and responsibilities. Detailed



Richard Whittington

discussion also set out the distribution of responsibilities between the LOC and the PEC.

"STPs support the primary eyecare company model," said Richard, "but there is now a need to consolidate these organisations into wider, more regional, organisations. We are seeing that a commissioning drive is coming from the acute trusts; therefore, commissioning discussions may be with different organisations. Commissioners of all types may wish to commission wider, speciality-based services rather than specific primary care-based services, so delivery models may need to be modified.

"Step-down care will become the main strategy priority in the coming year," Richard continued. "Regional PECs are best placed to deliver these community monitoring services. So, as a sector, we need to act in unity as there is much more competition in the wider market.

"Primary Eyecare Southern is a perfect template for these developments," the former NHS commissioning director revealed. "This merger, which ultimately covers the entire southern part of England, offers a blueprint for others in terms of the merger discussion process, the structure and the governance. We were able to iron out a number of misconceptions over roles, funding and responsibilities.

"The LOC remains responsible for the commissioning discussions and the detailed contract. Beyond that, the PEC is responsible for contract delivery. The memorandum of understanding outlines that the PEC will provide both annual and quarterly reports to the LOC and clinical commissioning group."

Richard added that the next part priority for the sector was the publication of a detailed, national model for step-down care services: "By doing this, we will have a unified approach in terms of our contracting model, our clinical model and our cost mope," he added.



Delegates at NOC 2016

## PRACTICAL SUPPORT AT NOC

This year's new-look National Optical Conference (NOC) will focus on a series of practical workshops that will ensure that those appointed to a PEC to deliver governance, financial, clinical and performance elements of the contract have the specific skills and support to succeed. Up to four workshop sessions can be attended across the day, with further PEC-focused events being planned for spring 2018.

Taking place on 9 November at the new venue of Chesford Grange, Kenilworth, the NOC is organised by the Association of Optometrists for LOCSU and the Optical Confederation. It provides delegates with the latest updates in community eyecare services as well as the chance to share experiences and knowledge with fellow practitioners.

For more information and to view the draft programme, visit the LOCSU website at [www.locsu.co.uk/training-and-development/national-optical-conference](http://www.locsu.co.uk/training-and-development/national-optical-conference)



Chesford Grange, this year's NOC venue

Join ABDO at Silmo in October as the Paris show celebrates its 50th anniversary

# 50th party in Paris

**T**aking place from 6-9 October at the Paris Villepinte Exhibition Centre, Silmo 2017 marks the 50th anniversary of this leading international trade show. With a focus on the spirit of sharing and socialising, the organisers are inviting all ABDO members to take part in this year's special celebratory edition.

Founded in 1967 in Oyonnax with just a handful of pioneers, today the Mondial de l'Optique plays host to some 1,000 exhibitors from across the industry. The fair has succeeded in maintaining its appeal by continuing to be the 'go-to' platform for discoveries and new developments.

In homage to this ongoing dynamic, the exhibition is inviting brands and companies to showcase an iconic product, service or collection that has left its mark on the company's history – with the winner receiving a Silmo d'Or at a special awards evening on Saturday 7 October at the prestigious Grand Palais off the Champs Elysee.

For the first time, ABDO will have a VIP presence at the show with a delegation of some 40 members and guests in attendance. ABDO has also been accorded a special space for members to meet up at the Silmo d'Or awards party on the Saturday evening. And once again, the Association is running, in partnership with Silmo, a prize draw for one member to win a trip for two to Paris for the weekend of the show (see News page 8).

We spoke with Silmo director, Eric Lenoir, to find out more about this year's anniversary event...

**DO:** ABDO is very much looking forward to being part of your 50th anniversary celebrations this year. What can our members visiting the show expect?

*EL: This anniversary edition will obviously be very festive, even more so because we have invited our exhibitors to join in the jubilee. They will also be able to celebrate the event in their own ways for four days. Moreover, we are taking a progressive approach in order for the event to meet the expectations of*



Silmo director, Eric Lenoir

*exhibitors and visitors as much as possible. That is why we have decided to modify the exhibition spaces to better emphasise the exhibitors' diversity and restore clarity to the trade fair from the visitors' point of view.*

**DO:** How has the show evolved since its early beginnings?

*EL: The trade fair is constantly evolving. While we have maintained our commitment to provide a high-performance business platform and to support the optical and eyewear industry, we have progressed along with the markets. Throughout time, Silmo has provided exhibitors with tools and spaces that best reveal their offers, and it has managed to anticipate changes. The creation of the Village, which we were the first to launch, comes to mind for example. Silmo is a 'living organism' that knows how to reinvent itself as it maintains its fundamentals.*

**DO:** What exciting new trends do you see emerging in manufacturing and industry that will drive the profession forwards?

*EL: In terms of frames, brands have a great ability to renew themselves. Tomorrow, production tools and sophisticated materials will open new creative avenues, and 3D printing will make it possible to propose*

*customised frames. As for lenses, new technologies will change the profile of vision with innovations that will further improve vision and even dramatically improve the sight of the visually impaired. I truly believe that the next 50 years will be incredibly interesting.*

**DO:** What is your focus going into the next decade?

*EL: Silmo's calling is still to remain as close to the markets as possible, maintaining everything that makes it unique, while keeping in mind that nothing is written in stone and that we must always adapt to developments. It is important to remain agile and reactive in today's world, and it will be even more so in tomorrow's. For the future editions, we will continually orient the event toward our perpetual objective – to be the reference point among great international trade fairs – while remaining adaptable in order to remain close to professionals of the entire optical and eyewear sector.*

Save the date, and help Silmo celebrate at its 50th anniversary 'Xtrashow'. Find out more and register at [www.silmoparis.com](http://www.silmoparis.com) and use the hashtags, #silmo50 and #xtrashow, on your social media channels. And if you're celebrating your 50th birthday too between 6 and 9 October, email [silmo50@silmo.fr](mailto:silmo50@silmo.fr) to find out how you could win prizes with Silmo's 25-year partner, Galeries Lafayette.



Help Silmo celebrate its 50th

This September, ABDO will be highlighting low vision services through its annual Radio Day, writes Antonia Chitty

# Low vision on the airwaves

**T**he next ABDO Radio Day in mid-September will promote the results of new low vision research across local radio – and we're inviting all ABDO members to set up a window display to highlight the help available in the practice for people with low vision. Make your display big, bold and bright to really raise the issue of low vision locally.

If you aren't doing much low vision work, August is a great time to start. Make sure that your practice is well stocked with low vision products ahead of the event." Daeron McGee of Sussex Eyecare tells *Dispensing Optics*: "It was pointed out to me that I shouldn't be the one who judges whether a device is worth paying for or not, but I should be in a position to demonstrate it."

Before you start working with someone with low vision, do check that they have had a recent eye exam and possess a well-fitting pair of up-to-date spectacles. Communication is key to low vision work so keep a thick black felt tip pen to hand and give out written guidance with any low vision equipment. While large print pre-prepared notes are ideal, hand-written notes in a thick black pen can be accessed by a greater proportion of people with low vision than those written in biro.



*Simple steps to support low vision patients*

Gemma Oldbury, a dispensing optician at Thomas Carter Opticians in Urmston, recommends using a tablet with low vision patients. "We use one in practice as a near chart," she explains. "Text size can be enlarged and menu accessibility can be simplified. You can show people how to use it to shop online, and it has a great E-reader function. I met a sight impaired lady in her 70s at a low vision clinic who swore by her tablet."

## TAKE STOCK OF PRODUCTS

As autumn approaches, why not research lamps and light bulbs? Increasing the power of light bulbs can make a person's home safer. Good task lighting can transform someone's ability to complete a task such as reading instructions on a packet or recipe. Keeping a small range of suitable lights in stock can provide an extra income stream for the practice too. If you don't have space, large print flyers with recommendations of where to source better lighting, online and locally, can be a way to provide help.

It is important to stock a range of hand magnifiers, stand magnifiers and telescope magnifiers as well as glare shields and tint demo lenses. Jenny McKenna, dispensing optician at Specsavers Peterborough, keeps a range of stock including spectacle-mounted hyperoculars 4x and 6x. "These are great to show that having that strength in glasses is vastly different from having a hand-held mag," says Jenny. A list of ABDO recommendations for low vision demonstration equipment to keep in stock can be found in Appendix C, [www.abdo.org.uk/advice-guidelines](http://www.abdo.org.uk/advice-guidelines)

Every practice needs to consider electronic vision enhancement systems. Some hand-held/pocket products are coming down in price and may be suitable to keep in stock. For more expensive equipment, ensure that you hold large print catalogues or use your computer screen/tablet to demonstrate what's on offer. Arrange with manufacturers to hold a

demonstration event every year where you can invite patients with low vision into the practice. This can be a chance to offer a chat over coffee and cake and involve local support groups as well as giving you a way to showcase the more expensive and large-scale equipment that you can't keep in practice all the time.

Vision Express team leader and DO, Lauren Kearney, has a range of magnifiers in stock and "most importantly, information on the things which don't cost a penny but can help." Jenny McKenna says: "We keep information leaflets on lighting, technology and group support, local and national."

If you don't have one, compile a folder of contacts and resources. You could type up a large print sheet of phone numbers for your local societies and eye clinic liaison officer. Large print leaflets about eye conditions, benefits, housing, leisure, shopping and technology are available from the RNIB.

Gemma adds: "Find out if there are any groups in your area. We have a Macular Society in Urmston that meets once a month and it allows newly diagnosed people and those with long-standing AMD and low vision to tell each other the things that help them in life."

The final equipment you need is something that every DO has: a good pair of listening ears. Behavioural optometrist and CEO of Central Vision Opticians, Bhavin Shah, recommends that you offer: "Empathy, and understanding of individual needs and creativity." With all those you can transform someone's visual abilities and help them get back to the active life they need.

So, during August if you have a few moments, start ordering in equipment, compiling a folder of low vision resources, and putting together material for a window display. Take a photo of your display and tag @eyecareFAQ on Facebook or Twitter and we will share it too during September's low vision campaign.

Alicia Thompson raised awareness of her own, and ABDO's, work in dispensing for children with Down's syndrome at a recent vision research conference

## Sharing research

**A**t the 2017 Children's Vision Research Society (CVRS) conference in Northern Ireland in June, ABDO director of professional examinations, Alicia Thompson, shared the preliminary results of her PhD research on spectacle frame design for children with Down's syndrome.

### COLLABORATIVE WORKING

The CVRS conference is a bi-annual event where delegates from all over the world present their research, discuss findings and work collaboratively in the area of children's vision. This year's conference was hosted by the University of Ulster at the Coleraine Campus, Northern Ireland.

There were 30 presentations based around childhood visual development, the impact of development/neurological problems on vision, neural plasticity and visual rehabilitation. Thirty-three poster abstracts were accepted, including Alicia's, and all abstracts are due to be published in *Ophthalmic and Physiological Optics*, the journal of the College of Optometrists.

Speakers and delegates came from the

USA, the Netherlands, Belgium, Australia, NZ, Finland, Canada, Germany, Italy, Slovenia and many hospitals and universities in the UK. "The roles of the speakers were very diverse, with many professors and consultants, paediatricians, ophthalmologists, neurologists, neuropsychiatrists, optometrists," Alicia told *Dispensing Optics*. "Even though I was in awe of their work and achievements in this field, I was made to feel very welcome by all."

The first part of Alicia's PhD research analysis has been on children with Down's syndrome and so this poster was entitled, 'Application of facial anthropometry to spectacle frame design in children with Down's syndrome' (see abstract below). "I was absolutely blown away with the level of interest in my work," said Alicia, "especially from ophthalmologists, orthoptists and paediatricians. Not only did it give me the chance to showcase my research but I also discussed the work we are doing at ABDO with the syllabus and the paediatric heads in order to raise standards. So many delegates took a photo of my poster and asked for my contact details.

"On the last day of the conference, a judging panel led by Professor Rowan Candy

of Indiana University gave a wonderful speech about my research and a 'Prize for Best Poster' adding that even though I may be coming from a different angle, my findings would positively impact on our common goal of improving spectacles, and therefore vision, for all children."

On receiving her award, Alicia said she

was "in total shock". She added: "It has been an amazing journey so far and I am determined, with ABDO's support, to offer such opportunities to more DOs. This



Receiving her award from Dr Rowan Candy of Indiana University

will have endless benefits for our profession in our quest to become more evidence-based."

Alicia is now heading Down Under to teach paediatric dispensing at the inaugural Specsavers (Australia and New Zealand) one-day Dispensing Conference.

## Poster abstract: Application of facial anthropometry to spectacle frame design in children with Down's syndrome

Alicia J. Thompson and Robert P Cubbidge, School of Life and Health Sciences, Aston University, Birmingham

*The majority of children's spectacle frames are scaled-down versions of frames designed for adults. Since the developing nose shape is different from the adult nose, the resultant fit tends to result in movement of the spectacle frame downwards on the face so that the child peers over the top rim; rendering the spectacles both optically ineffective and uncomfortable.*

*Children with Down's syndrome have a relatively high prevalence of both refractive error and accommodative problems which*

*result in a need to prescribe multifocal spectacles where lens positioning is crucial in obtaining optimal vision at distance and near.*

*Children with Down's syndrome tend to have a flatter, lower bridge of the nose which significantly reduces the bearing surface for the spectacles to rest upon. In addition, the head and temple width are relatively larger but the nasal angles are flatter in the transverse plane and narrower in the frontal plane.*

*The aim of this longitudinal study is to define anthropometrical data to produce a*

*range of frames which are specifically designed to fit these children and hence deliver refractive correction in both a stable and comfortable manner. Facial anthropometry was captured using a series of medical imaging cameras producing an accurate three-dimensional image; captured in less than two milliseconds which is conducive and safe for young participants. Data will be presented to illustrate differences in facial measurements compared to age-matched controls in 46 children with a mean age of 6.75 years.*

Organisers are urging ABDO members to get involved in National Eye Health Week 2017 as they unveil plans for the UK's biggest celebration of vision and eye health

# Reaching out for Eye Week



**D**avid Cartwright, chair of Eye Health UK, the charity responsible for organising the National Eye Health Week (NEHW) campaign explained: "NEHW provides a fantastic platform for inspiring the public to take positive steps to protect their sight. Last year, 16 million people said they'd been encouraged to take better care of their eyes after the week. And, it's dispensing opticians, CLOs and optometrists who all have a key role to play in making the Week a success."

This year's campaign, which takes place between 18 and 24 September, will once again focus on a different theme each day of the week, with topics including: you and your eye health; nutrition and the eye; glaucoma; children's eye health and sight after 60.

## PROMOTIONAL ACTIVITIES

Activity to support the week will include the production of a 'How to care for your eye health video' for use across digital and social media channels as well as in optometrist, pharmacy and GP waiting



Distribute Vista magazine at official events

areas. There will also be a high-profile media campaign incorporating eye health supplements in leading national newspapers as well the publication of NEHW's official magazine, Vista.

David explained: "Vista magazine is a unique publication using lifestyle themes to communicate important eye health advice, such as eyewear advice for different occupations, sporting pursuits or driving."

The magazine, which has a readership of more than 375,000, is distributed at official NEHW events and to supporters for use at their events. It's also used year-round in optician, pharmacy and GP reception areas.

Last year, during a four-week period spanning NEHW, the media campaign generated 779 pieces of coverage and 154 million opportunities for the public to read, see and hear positive eyecare advice – including features on BBC television, radio and in women's lifestyle magazines. In addition, social media activity had a reach of over 60 million. This media activity is underpinned and amplified by supporter events and activities that take place on high streets nationwide.

More than 4,500 events and activities took place during NEHW 2016 including farm shop tastings, vision screening events, coffee mornings, talks, open days and contact lens comfort demos.

## HOW TO GET INVOLVED

Taking part in NEHW is simple, easy and, best of all, free. ABDO member and dispensing optician, Ian Anderson, highlights some of the benefits of getting involved: "Taking part in NEHW can give you a chance to showcase your expertise, proactively engage with your patients and involve the whole practice team."

Ian continues: "There are lots of ways you can show your support and promote positive eye health messages to your local community. For instance, the autumn equinox falls in the middle of National Eye Health Week – on

22 September – and provides a great opportunity for dispensing opticians to profile solutions for protecting against UV damage as the low autumn sun increases the amount of UV radiation your eyes are exposed to."

Eye Health UK has also produced a seven-step check list to help you maximise the benefit of participating in NEHW:

1. Appoint someone in the practice team to lead your activity.
2. Register for a free supporter resource pack by sending your name, address and email details to [info@visionmatters.org.uk](mailto:info@visionmatters.org.uk) (packs subject to availability).
3. Set a date, plan your event or promotional activity and register it on the official NEHW calendar at [www.visionmatters.org.uk/secure/submit-an-event](http://www.visionmatters.org.uk/secure/submit-an-event). Download a copy of the NEHW Events Handbook for inspiration when planning how to mark this year's campaign.
4. Display the resource pack posters and post announcements about your plans on your website and social media channels. Use the hashtags #EyeWeek and #VisionMatters.
5. Help get eye health trending on Twitter by joining the NEHW thunderclap. Sign up with your Twitter and Facebook accounts at <http://thndr.me/0hXCXW>
6. Show your support by tying a National Eye Health Week twibbon to your Twitter, Facebook and other social media channels. For information visit <https://twibbon.com/support/national-eye-health-week>
7. Host your event or activity and promote the skills of British dispensing opticians and the importance of regular eyecare.

For more information about National Eye Health Week, visit [www.visionmatters.org.uk](http://www.visionmatters.org.uk)



Our regular column from immediate past ABDO president, Peter Black

# Far from redundant

**A**s the first casualty of the most recent reorganisation at Boots Opticians, I wasn't really surprised to hear of a further 60 redundancies from their head office and field support functions last month. It isn't clear whether this is due to poor business performance or simply the Kraft-Cadbury effect.

You may remember that when US food giant Kraft acquired the UK's best loved chocolate brand there were many promises of protected jobs and manufacturing sites, most of which were broken within a few years. Similar promises were made for Boots' 5,000-strong head office facility and its 160-odd year link with the city of Nottingham. However, not long after the start of the second year of the formation of the Walgreens Boots Alliance, the axe began to fall. The cuts continue apace with more than 10 per cent of the workforce affected.

The cuts to non-store functions in the opticians' side of the business appear closer to 25 per cent so there will no doubt be a few people worried about how they're going to pay the mortgage in the next few months. And, of course, they are not alone.

Galaxy Optical, the main supplier to Tesco Opticians, will also no doubt be feeling much pain since the announcement of Vision Express acquiring Tesco's optical business – and who knows what the future holds for staff in towns where there is now to be more than one Vision Express store. Certainly, if my experience at Conlons is repeated, towns with two stores may see a rationalisation unless both stores are running close to capacity.

## WINDS OF CHANGE

The current rate of change, with mergers, acquisitions and redundancies across the sector, hasn't really been seen since the late 1980s/early 1990s when large numbers of registrants felt the winds of change and the pressure of opportunity.

Redundancy shouldn't really come as



*Be prepared if, and when, redundancy happens*

Obviously when large numbers are made redundant there is serious competition for the available jobs, and those with an up-to-date curriculum vitae and strong social media and LinkedIn profile are at a serious advantage. One thing is for sure: there is always strong demand for experienced practice staff of all types, especially if you can offer a little flexibility in location and working hours.

Redundancy should be seen as an opportunity to do new things, perhaps acquire a practice of your own, buy in to a joint venture partnership or franchise, go self-employed, or work closer to home or with more flexibility – perhaps delivering domiciliary dispensing or low vision services.

I had an interesting conversation last month with a colleague who had just been offered voluntary redundancy less than three years before he was due to retire. He was inexplicably deliberating about it, despite being offered one year's salary to go. With more than £30,000 of redundancy payment being tax free, it is likely a year's wage is worth 18 to 24 months' taxed salary in reality. This means that securing two days per week locum work until retirement will pay more than could have been earned anyway.

From talking to people who have declined voluntary redundancy in the past, the other factor is that if the organisation does not recover its financial performance, the next bout of redundancies will likely be

a shock, as it is now virtually as assured as retirement during the course of one's career, which begs the question: 'Are people prepared when it happens?'

compulsory – and at the statutory minimum amount. The message is clear: if you are ever offered voluntary redundancy with an enhanced package – snap your employer's hand off!

The redundant should not despair. There are currently hundreds of optical vacancies on the various recruitment websites. Of particular interest to DOs are a variety of account manager, training and professional services opportunities. Most pay a respectable £25,000 to £30,000 basic plus company car and expected target earnings of £40,000 or more. So if one of your favourite suppliers with products you know and love needs a new rep, why not give it a go?

Or if you're academically inclined, want to supplement your income and give something back to your profession, why not approach ABDO College or ABDO Exams and apply to join the hundreds of DOs, CLOs and optoms who, alongside over 900 practice supervisors, help train the next generation of DOs as course tutors, practice visitors/assessors, script markers and practical examiners. You'd love it.

Speaking of practice visitors: students entering their third year, and their supervisors, will be readying themselves for the new style practice visits. These still include the usual inspection of supervision requirements, tools and equipment and a case record audit, but now comprises an assessment too. Early signs are that some students are not taking it seriously. Take it from me, if you are being observed dispensing you should treat the patient as if their record is going to be one of your portfolio case records – even if it isn't. That means in addition to PD, heights and pantoscopic tilt, measuring head width and length to bend as a minimum, just like we should all be doing all of the time.

**PETER BLACK MBA FBDO is advisor to the ABDO board and a director of Orbita Black, a GOC-approved CET provider and management consultancy.**



Juggling multiples roles at both work and home isn't holding back ABDO London regional lead, Abigail Page

# Juggling it all

**C**razy is a word that gets used a lot in my household. It's usually said by my very patient husband as I'm crawling into bed at a ridiculous hour (especially for someone who will be up at 5.30am with the baby).

An evening spent supervising homework, cooking dinners, doing housework and kids' bedtimes is normally followed by a night working – either attending a meeting or sitting in front of the laptop sorting work rotas, reading board papers, replying to emails or processing the PAYE, which will often run into the early hours. I'm sure many working parents reading this will be able to empathise with the joys of juggling family life with a career.

This year marks my 20th year in optics, having joined my father's practice as a full-time receptionist in September 1997, and later qualifying as a dispensing optician (DO) in 2004. I have written before about my love and passion for optics and this has certainly driven me to become more involved in the political side of our profession to help make a difference and to help shape our future.

As a naturally introverted and shy person, completing the LOCSU/WOPEC Leadership Course in 2012 has given me the confidence to step outside my comfort zone and embrace these new roles over the past few years. I must admit, my current list of roles does look a lot, especially now I can see it written down.

As well as being a mum to a nine-year-old and a 10-month-old, I'm a dispensing optician, practice owner, LOC committee member, LOC company director, LOCSU board director and newly appointed ABDO regional lead for London. I also sit on the PFA committee of my eldest daughter's school. The hardest thing about having such varied roles is trying to do a good job of each – but especially in my most important role as a parent. I constantly feel guilty that I should be doing more, or that I could be doing better.

There are times when the work can become overwhelming (my husband has said on many occasions that I have taken on too much) but I keep doing it because I love what I do. To cope with the workload, I have been forced to become a very organised person and life is currently managed by the calendar and to-do lists. I always try to plan a week ahead and allocate time to each role. Deadlines are always met but often at the last hour, including writing this Jottings. Like any working mum, maintaining my home/work life balance is a constant juggling act.

## WORKING WITH THE LOC

I first joined my LOC in October 2011. I had been keen to join for a long time but at that point, I wasn't a contractor

or a contractor's authorised representative so was told I couldn't. In June 2011, the opportunity arose to become a director of the newly formed LOC company. I attended my first LOC meeting as an observer and it was decided I should be co-opted on to the committee. This was my first taste of life outside of practice and I was instantly hooked.

Our LOC meets about six times a year including the AGM. I always intended to be an active member and instantly volunteered for projects and meetings as they came up. I started by attending the National Optical Conference (NOC) in November 2011, writing a full report to bring back to my LOC.

I commenced the Leadership Course in 2012 and based my project work around evaluating the practical glaucoma training that the LOC company was running. This training involved a series of lectures from the local glaucoma consultants and practical workshop sessions. We also organised a programme for optometrists to spend time with consultants in the hospital.

In 2012, the parent of a year three child brought a generic letter into the practice from a local school nursing team about their child's vision. Although advising an eye examination, the letter was very poorly worded and was also sent too late (year three children are aged seven and eight). My daughter was in reception at the time and I have always had a special interest in paediatrics. I showed the letter to my LOC and, along with an LOC optometrist colleague, we arranged a meeting with the school nursing team.

The meeting went very well and we developed better ways of working together, which included rewriting the letter and the age at which it was sent. We also discussed the reception age vision screening that the nursing team were doing and the referral pathways when the screening was failed. Eventually, several meetings later, a pilot paediatric vision scheme was started in a handful of practices based on the LOCSU pathway. All failures were referred to the optical practices for an in-depth vision assessment with cyclo. Children are given spectacles if needed and are still referred on to the Hospital Eye Service if appropriate. A short follow-up appointment happens at eight and 16 weeks, which includes a spectacle fitting check (by the dispensing optician) and visual acuities check.

When launching the scheme, we ran a training programme, which included a track for DOs. To date, this remains my most satisfying LOC project as it was a subject very close to my heart.

## MOVING WITH THE TIMES

In January 2017, I officially started my new position as ABDO regional lead for London. As readers will know,

regional leads were appointed in the summer of 2016 and a two-day induction and training course was held in early September. Unfortunately, I couldn't attend the training as I was in hospital bringing my beautiful new baby girl into the world – but I have since played catch-up.

The new regional structure has been developed to ensure that the skills of DOs are utilised and not overlooked in community settings. We want to raise awareness of the vital role that we can play in eyecare provision. There are currently several DOs sitting on LOCs but unfortunately many committees still lack any DO presence. This needs to change and we need to ensure that we are integral to any future activities. Without that representation, it is difficult to have a say or be part of the plans.

From my own experience, I found it hard to get involved with my LOC initially as the constitution didn't fit my situation. Things have moved on since then and, as of this year, as LOCs adopt the new constitution at their AGMs. LOCs are encouraged to co-opt at least one DO, working locally in the area, onto the committee. We might be a way off from the ideal, but it is certainly an improvement.

Towards the end of January, Barry Duncan [ABDO head of policy and development] and I held a meeting with some interested London members at ABDO's London offices at

199 Gloucester Terrace to discuss an overview of the Association's aspirations and possible involvement in delivering objectives. From this meeting, we have now finalised a team of sub-regional leads to support the London area.

My aim for the rest of this year is to engage with, and support, all London based DOs who are already on an LOC. I also want to identify those who might be interested in joining an LOC. If you are willing to give a voice to, and represent, the skills of DOs and have some spare time to commit, I would really love to hear from you. I'm sure this is just the start and the role will develop as the landscape changes. Whatever happens, I'm looking forward to the challenge.

For now, I'm currently enjoying my last six weeks of maternity leave and have embraced the slightly slower pace of life while not having to dash to and from childcare and work. It's been nice spending more time with the family, enjoying time in the garden and for the first summer in years, I have a tan. But this is all about to change as the gears change up once more.

**ABIGAIL PAGE FBDO is director and dispensing optician at Page & Small Opticians, Charlton. She is ABDO regional lead for London, and a LOCSU board member. Get in touch via email: [apage@abdolondon.org.uk](mailto:apage@abdolondon.org.uk)**

# Frequently asked questions

answered by Kim Devlin FBDO (Hons) CL

## CAN ANYONE DISPENSE PLANO LENSES?

**A member asked if an optical assistant (OA) in the practice could supply plano lenses to a patient wishing to have a designer frame made up with plano sun spec lenses. The answer was, as always, more complicated than the simple yes or no he was expecting.**

Plano lenses are not considered an optical appliance in law so, in theory, anyone may supply them legally to anybody. But is that professional?

This patient had gone into the member's practice to purchase the designer look she wanted. Had she had a sight test? Was the result plano? Unusual not to have any prescription...

As an adult, there would be no problem if she did have a prescription but should a registered professional be advising on tints? Not a legal requirement but perhaps a sign of professionalism? Do the chosen designer frames actually fit the patient? Should an optician's practice be selling an item that may not fit correctly or be fit for purpose?

For a patient to visit a practice for sun specs rather than one of the many retail outlets, she almost certainly wanted a pair that fitted well and suited her face, rather than an 'off the peg' pair that she might not be so comfortable wearing.

Our member could quite legally leave this sale to an

OA; they are often trained well enough to know when to seek extra advice on the fitting or suitability of the frame or indeed the tint requested.

This is an opportunity for the practice to demonstrate the skill and knowledge of its staff as well as the level of care they offer patients. Care must be taken, of course, not to appear awkward or unhelpful with such an enquiry. We can all feel such patients might be time wasters and unlikely to buy anything, but it is only by demonstrating your helpfulness that your patient will return when prescription spectacles are needed and recommend family and friends.

Plano lenses have caused concern to other members. There have been enquiries as to whether a DO may dispense a plano lens to a post cataract patient without a prescription, or indeed plano lenses to a designer frame as a fashion accessory.

All perfectly legal but when a registered DO is dispensing the item, they should always show the same professionalism as when dispensing a powered lens, regardless of the legal status of the plano lens.

There is one circumstance when I think the sale should only be carried out by a registered practitioner and that is when the patient is SI or SSI. These patients are protected in law – and while the plano lens might not be an optical appliance, in the eyes of the law the care of the patient is paramount.

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>



## Seven Years Rule Important information

Read on for some important information about the Seven Years Rule – for those who have begun but not completed their Certificate in Contact Lens Practice Examinations.

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

A limit on the time for which a successful assessment is valid was introduced in the light of the ever-advancing status of contact lens practice and relates to theory examinations or sections of the practical examination.

The above does not affect those who already hold the CL Certificate or Advanced CL Diploma.

## National Consultation Day 26 October

### Birmingham

The ABDO National Consultation Day will take place on Thursday 26 October from 11am to 3pm, at the Burlington Hotel, Birmingham.

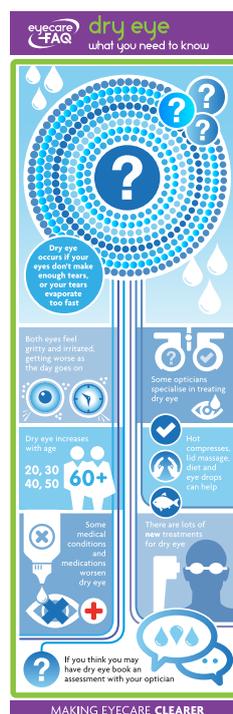
Open to all ABDO members, the day will be a chance to meet with members of the ABDO board, as well as regional and sub-regional leads, to find out what's happening within the Association and in the wider world of optics.

To register your attendance, please contact Jane Burnand at [jburnand@abdolondon.org.uk](mailto:jburnand@abdolondon.org.uk)

## SPOTLIGHT ON DRY EYE

If you missed last month's content, check back on the EyecareFAQ Facebook page and you will find information on dry eye. There is also a look at lenses for sport, plus images explaining colour vision, and jargon-busting words relating to sunglasses. Why not use this information on your practice website and social media channels? Find Q&As on more eyecare and eyewear topics at [www.abdo.org.uk/information-for-the-public/eyecarefaq](http://www.abdo.org.uk/information-for-the-public/eyecarefaq)

Coming up this month on Eyecare FAQ, you'll find a new infographic and Q&A about orthokeratology for adults and myopia management for children. You will also find a focus on lenses for high prescriptions. We revisit the clinical topic of retinal detachment with a fresh set of images, ideal for Pinterest or Instagram, and bust the jargon-related to spectacles and lenses. There will be more sport-related images too, so do check out the EyecareFAQ pages regularly for ideas for your own social media accounts.



Eyecare FAQ is at:

- [www.facebook.com/eyecarefaq](http://www.facebook.com/eyecarefaq)
- [www.twitter.com/eyecarefaq](http://www.twitter.com/eyecarefaq)
- [plus.google.com/+eyecarefaq](https://plus.google.com/+eyecarefaq)
- [www.pinterest.com/eyecarefaq](http://www.pinterest.com/eyecarefaq)
- [instagram.com/eyecarefaq/](https://www.instagram.com/eyecarefaq/)

Don't forget: ABDO and ABDO College are on Facebook, Twitter and LinkedIn. Check out the social media channels for optical news and updates. Please share photos from optical events with us and invite your colleagues to like the social media accounts too.

To place an advert, telephone 0781 273 4717 or email [ncollinson@abdo.uk.com](mailto:ncollinson@abdo.uk.com)  
Booking deadline for the September issue is Thursday 10 August. *Special rate for ABDO members*

# Become a contact lens optician

If you have recently qualified as a dispensing optician you might be wondering about your next step, or if you have been working in optics for a number of years you may want a new challenge, so why not become a contact lens optician?

The ABDO College Contact Lens Certificate course provides an ideal opportunity for opticians to further their career by specialising in contact lenses. The course leads to the ABDO Level 6 Certificate in Contact Lens Practice qualification, enabling registration on the General Optical Council specialty register for contact lens dispensing.

## Course features

- A one year course commencing in September 2017
- Two separate weeks block release at Godmersham
- Block release accommodation can be provided

## Entry requirements

- ABDO Fellowship Diploma and GOC registration, or for existing students a successful pass in the final theory examinations
- Qualified, registered optometrists and ophthalmologists are also eligible to enrol

Application deadline:

**31 July 2017**

For further information and an application form, please contact the ABDO College Courses Team on **01227 738 829 (Option 1)** or email **[info@abdocollege.org.uk](mailto:info@abdocollege.org.uk)**

ABDO College Operational Services,  
Godmersham Park, Godmersham,  
Canterbury, Kent CT4 7DT

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



# Make the most of **your** ABDO membership



**Y**our ABDO membership provides a comprehensive range of benefits and services that can assist you in both your personal and professional life. Indeed, your annual subscription fee can easily be subsidised by the savings that are on offer and available to you.

#### ABDO MEMBER BENEFITS INCLUDE:

- Professional indemnity Insurance
- Personal accident cover
- Helplines - FREE 24-hour service
- CET
- *Dispensing Optics*
- Advice and Guidelines
- Cashback on everyday purchases
- 25% saving off your current home insurance
- 10% saving off your current car insurance
- Save 20% on Columbus Direct travel insurance policies
- NUS extra - Student Discounts Card
- Savings on all your travel needs
- 17% off worldwide attraction tickets
- Save up to 40% on cinema admissions
- Access to an exclusive network of over 2,800 health clubs, gyms and leisure centres
- Get the latest Mobile phones on the best rates available from EE
- Great savings on a wide range of Apple products
- Member benefit plans with HMCA

**Take full advantage of what's on offer!**