

DECEMBER 2017



DISPENSING OPTICS

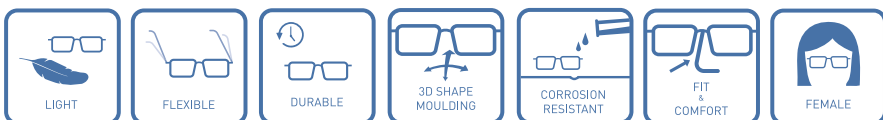
NEWS, INFORMATION and
EDUCATION for OPTICIANS

Saskia wears STS 10077



S is MORE

Born of STEPPER
nurtured by the character of Saskia Stepper



Contents



10.



19.



14.



16.



36.

Features

- 19. Product Spotlight
'Tis the season
- 22. Continuing Education & Training
Avoiding a wrong turn: Part 1
by Andrew Keirl
- 26. Multiple Choice Answers
Cultural awareness in optical practice
by Paula Stevens
- 28. Lenses
Part 3: Plus lenses
by Professor Mo Jalie
- 30. Topical eye therapy
Understanding dry eye part 2
by Andrew Price

- 32. Sight loss
Stereotypes, sight loss and stories
by Antonia Chitty
- 34. ABDO @ 100%
Education at ExCel
- 35. Opti 2018
Shopping for the future
- 36. NCD report
"A great time to be in optics"

Regulars

- 5. DO Dispatches
- 6. The Anderson Files
- 8. News
- 37. FAQs
- 40. Through the pinhole
with Sue Edwards
- 42. Jobs & Notices



FRONT COVER
Image from stock

SHAMIR UK AT 100% OPTICAL 2018

- ✓ SPARK Mi™ demo's
- ✓ Latest lens product updates
- ✓ Equipment purchases through lens spend
- ✓ F1 simulator
- ✓ Chances to win a real-life track day
- ✓ And much more...

100%**optical**®

tand L110

Next to the bar!



SHAMIR

www.shamirlens.co.uk

01954 785 100

info@shamirlens.co.uk

DISPENSING OPTICS

The Professional Journal of the Association
of British Dispensing Opticians

VOLUME 32 NO 12

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 Veti
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



ENDING ON A HIGH NOTE

This year is ending on a real high note as we are able to launch the new minor eye conditions service (MECS) accreditation scheme for contact lens opticians (see *News page 8*). This is the most exciting and far-reaching development for the profession for many years, and is the culmination of a great deal of work by members of the ABDO board and senior executive team. It is a start to, and not the end of, a process to enhance the professional standing of all our members in the months and years ahead.

This month I am also delighted to share the news that the board has approved the appointment of Barry Duncan as the new deputy chief executive of the Association (see *News page 10*). Barry's drive and enthusiasm have been clear for all to see since he joined the ABDO staff in 2012. I really look forward to his greater input to the Association's work and I know all members will wish Barry well in his new appointment.

2018 will see yet further significant changes within ABDO, and how we deliver high quality support and services to members. This will include having a qualified dispensing optician on the Membership Services Department team (see *Jobs & Notices page 42*).

May I take this opportunity, on behalf of the ABDO board and all of the staff, to wish you a very happy and enjoyable festive season and a particularly happy new year.

Sir Anthony Garrett

ABDO general secretary





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

The Anderson Files

I am surely not alone in being absolutely astonished that here we are already in December and thinking about Christmas and all that the festivities bring. I am also aware that time seems to speed up the older (and hopefully wiser) you become, but 'Wow!' – where has 2017 gone?

For ABDO, 2017 has been especially busy with many milestones achieved for the Association and ABDO College and the wider world of optics. We have seen an increase in numbers of fully qualified dispensing opticians; earlier this year, we passed the 6,000-member milestone, and we continue to grow. This is an amazing success as every year we see more and more students qualify, but at the other end of the spectrum we also say goodbye to many DOs who have served their patients and ABDO well for many years as they retire. This truly is a sign of a vibrant profession that achieves growth and does not stagnate.

If ever proof was required as to what a vibrant profession dispensing optics is, one only needs to cast an eye around Canterbury Cathedral at the annual ABDO Graduation and Prizegiving Ceremony. Each year we see so many jubilant students, proud family members and friends who trained together graduate together. It is always a truly magical occasion and, at the time of writing, I was very much looking forward to congratulating each and every graduate in person.

In 2017, we also welcomed our new regional structure, which has been a resounding success. We stepped into the unknown and embraced our new roles within the newly created regions and changed our direction of travel. Gone are the days when some Area meetings were attended by only a handful of people. More recently, the ranks have been swelled by the advent of interactive CET, and now each regional event has a more political slant as interested DOs can become more involved locally by joining LOCs. CET still plays a big part in local events, but it is now not the sole focus.

Our newly installed National Clinical Committee (NCC), chaired by ABDO's vice president Clive Marchant, has set to work on



Fiona listening to members at October's National Consultation Day (see report on page 36)

diverse topics that will, in the fullness of time, change the way we practise day-to-day. MECS for CLOs is only the first part of the way eyecare services will be delivered by optical practitioners – we will no longer say 'optometrists' – any suitably trained and accredited professional will be able to deliver services in the not-too-distant future.

It goes without saying that huge thanks is due to all those involved in the roll-out of the new regional structure and the NCC. There are far too many individuals to mention by name, nevertheless, your tireless work and dedication to the Association stand us in good stead for the years to come.

ABDO College has also had a busy year. Record numbers of students passing through the College bodes well for the profession as we see more and more committed optical professionals enter the workplace. Increases in numbers bring challenges to College principal, Jo Underwood, and her team at Godmersham, but these have all been met 'head on' and overcome.

In addition to the existing high number of students on dispensing programmes, ABDO College has also seen a rise in CLO students. This will only continue as more CLOs move into MECS and companies see the benefit of CLOs being engaged in these expanding roles. I have no doubt that we will see an increase in CLO students in the coming years.

The Worshipful Company of Spectacle Makers courses also continue to evolve and expand – all managed and delivered by ABDO College. The introduction of a Virtual Online Learning Platform (VLP) was a huge undertaking – but things are going from strength to strength. This project, which was not without a few hiccups, was delivered and students were able to carry on their learning with the minimum of disruption.

Optics in general has also seen some milestones too this year. Consultations were many and various and the outcomes of these will be seen as we move forward into 2018 and beyond. The GOC's Strategic Education Review is one of the largest consultations undertaken and its impact will be felt throughout the sector as our regulator seeks to register professionals who are fit to deliver eyecare services – not just today but in the next decade. We all know we are living with an ageing population and their eyecare needs will become more complex and so we, as optical professionals, need to be able and equipped to meet their needs.

So, all in all, 2017 has been a hugely busy, challenging and rewarding year. I wish you all some well-earned rest over the holiday season; enjoy your time with your family and friends and get ready to greet 2018. It is already shaping up to be even busier than 2017...



Frame: MZ047 c1

Mai-Zee®

For more information
call our sales office: **01452 510321**

Email: **sales@norville.co.uk**

www.norville.co.uk

**Norville**
eyewear



HAVE YOUR SAY

Email ncollinson@abdo.uk.com or write to *Dispensing Optics*, PO Box 233, Crowborough TN27 3AB

Letters

MIXED SIGNALS AT CROSSINGS

Dear editor

For the last nine years until I retired in July, I was the resource officer at Eastbourne Blind Society and part of my job was to do some of the training that Peter Black underwent (*'How inclusive is your practice'*, *Dispensing Optics* November 2017).

There was one point, however, I feel should be brought to your readers' attention – and that is the lack of audible signals at complex junctions. Traffic regulations prevent the use of audible signals where there are more than one set of signals less than 20 metres apart. To assist visually-impaired people, all new installations have a small cone on the underside of the push button panel, which rotates when the lights turn green.

Here in Eastbourne, just outside the railway station, there is a set of traffic lights. There is a refuge island on the corner nearest the station and when you are on that island, you would be within two metres of three different pedestrian crossings, which are not coordinated.

I am glad to say that by careful canvassing by both Eastbourne Blind Society and the local disability group, all the pedestrian-controlled crossings now have the cones. Where applicable, audible signalling is also available.

I would like to thank you for a very interesting and thought-provoking magazine. My wife, a retired optometrist, also finds it very interesting and much better than the one she receives.

David Dick
Retired ABDO member
Eastbourne

We kindly reserve the right to edit contributions prior to publication. Follow us on Twitter @ABDOCollege, @MembershipABDO and @ABDONews

ABDO events and booking information can be found at www.abdo.org.uk/events

NEWS

MECS FOR CLOS GOES LIVE

Following previous reports in *Dispensing Optics* regarding contact lens opticians (CLOs) and extended services in England, ABDO has announced that the programme is now available to enrol onto via the Wales Postgraduate Optometry Education Centre's (WOPEC) online learning platform.

ABDO said it had worked extensively with colleagues at both WOPEC and the Local Optical Committee Support Unit (LOCSU) over a lengthy period to make this possible. It is envisaged that ABDO Extended Services Days will take place in the spring of 2018 with Objective Structured Clinical Examinations (OSCEs) following shortly after.

Commenting on the launch, ABDO head of policy and development, Barry Duncan, said: "Clearly this represents an excellent opportunity for contact lens opticians to extend their scope of practice and utilise existing and new skills. For those who are keen to progress, the opportunity to be diverse and take on a more pronounced healthcare role will be rewarding in many ways."

Barry continued: "Over the past two years, many colleagues within ABDO have committed to the project and I would like to go on record and thank them for their invaluable support. I hope members recognise the point we have now reached and embrace the opportunities presenting."

Full details of the minor eye conditions services (MECS) programme can be found on the ABDO website.

KERATOCONUS EXPLAINED

Coming up this month on Eyecare FAQ, you will find the annual focus on eye-related charities. We are also looking back on stories from 2017 of opticians making a difference and saving sight. The focus on lenses is lens coatings, with images that explain the different types of spectacle lens available and a jargon buster demystifying macular degeneration.

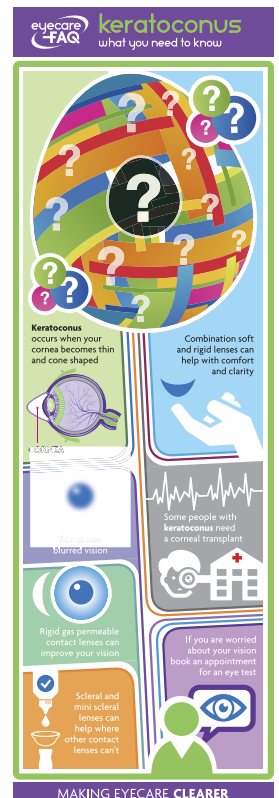
If you missed last month's content, check back on the EyecareFAQ Facebook page and you will find an infographic and FAQ on keratoconus, information about protective eyewear and a revisit of congenital eye diseases with images to share on your own social media.

Why not use this information as the basis for a blog post, or share on your practice website and social media channels? Find questions and answers on more eyecare and eyewear topics at www.abdo.org.uk/information-for-the-public/eyecarefaq

Eyecare FAQ is at:

- www.facebook.com/eyecarefaq
- www.twitter.com/eyecarefaq
- plus.google.com/+eyecarefaq
- 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.



NEW

Style Colours Collection



own your
colour.
own your
look.

4 NEW exciting lens colours to choose from:

Sapphire



Amethyst



Emerald



Amber



www.stylecolours.co.uk

Transitions®
ADAPTIVE LENSES®

Transitions, the swirl and Transitions Adaptive Lenses are registered trademarks of Transitions Optical, Inc., used under license by Transitions Optical Ltd.
© 2017 Transitions Optical Ltd. Photochromic performance is influenced by temperature, UV exposure, and lens material.



The late Ian Squire

TRIBUTES PAID TO IAN SQUIRE

ABDO president, Fiona Anderson, has paid tribute to long-standing member, Ian Squire, who died after being kidnapped from the eye clinic he had set up in a village in Nigeria.

Ian died after being held hostage, along with fellow missionaries Alanna Carson, David Donovan and Shirley Donovan, for three weeks. The group was in Nigeria as part of an annual trip organised through the Mission for Vision charity, which Ian had founded in 2003, to provide eyecare programmes in the developing world. The other three hostages were released.

In a statement released by the Foreign Office, Ian's family said: "We are all deeply

saddened by the loss of Ian, a loving father, husband, and devout Christian, who dedicated much of his life in the service of others. It's clear that Ian had touched many hearts with his kindness and grace. The extent of his impact is only made more apparent by the overwhelming response from the community in the wake of his death.

"He was a man constantly pushing the boundaries of generosity with his charity work, the scope of which knew no borders, taking him all the way to developing countries that needed it the most. Whilst the pain of this loss will be felt for many years to come, we are heartened by the incredible show of support and love from those that his life touched. The family at this time appreciates your support and privacy as we deal with this unimaginable loss."

Ian joined ABDO in April 1985 and qualified as a dispensing optician in 1988. He had been a full member since then, with his own practice in Shepperton, Surrey.

Fiona Anderson said: "Ian was known for his compassion and desire to help others, and at the time of his death, he had been working with other healthcare professionals providing much needed care to those in need.

"We are all greatly saddened by Ian's premature death. Our thoughts are with his family at this very sad time. Ian clearly believed in helping others and we at ABDO will honour his memory by continuing to encourage and support members who take part in such worthy ventures."



Sue receives her award from Felicity Harding

SPECIAL DAY IN LONDON

ABDO CET administrator, Sue Bennett, visited Apothecaries Hall in London in October to receive her Level 2 Certificate in Optical Support from the Worshipful Company of Spectacle Makers (WCSM) Master, Felicity Harding.

Delighted to receive her award, Sue said: "Obtaining this has given me a better understanding of the optical profession and an insight into the terminology used on a daily basis. I also became a Freeman of the WCSM via their new Journeyman scheme. It was a very special day."

100% SUPPORT FOR BLIND WALK

100% Optical has pledged its support for the Big Blind Walk 2018, in collaboration with VisionBridge, the social enterprise launched in 2016 by former Fight for Sight director Julian Jackson.

Julian said: "Sadly, eye research is one of the best kept secrets in the UK, despite all the impressive breakthroughs and developments over the last 50 years, but with the help of 100% Optical, we hope to change this."

Supported by 100% Optical and Second Sight, which developed and manufactures the Argus II Retinal Prosthesis System, the 1,000-mile walk from Land's End to John O'Groats commences on 29 April for seven weeks and aims to raise awareness and understanding of sight loss, promote eye research and create a new fund for translational research.

Visit www.bigblindwalk.com to join the walk or make a donation.

ABDO DEPUTY CHIEF EXECUTIVE APPOINTED



Barry Duncan

Barry Duncan, ABDO head of policy and development, will become deputy chief executive of the Association on 1 January 2018.

Barry qualified as a dispensing optician in 1999, served on the ABDO board and was subsequently president from 2008 to 2010. Since joining the ABDO executive team in 2012, Barry has overseen the reform of the Association's organisation, the appointment of the new National Clinical Committee and spearheaded the drive for MECS accreditation for contact lens opticians.

ABDO general secretary and chief executive, Tony Garrett, said: "I am delighted that Barry has agreed to take on this enhanced role at what is an incredibly busy time for the Association and when we face considerable change in the months and years ahead."

Barry will retain his overall responsibility for policy and development, but will take on a wider responsibility across the organisation to deliver the objectives of the ABDO board.

Barry commented: "I am delighted to have this opportunity to take on extra responsibility within ABDO. This is an exciting time for the profession and our members, and I look forward to contributing towards our continued success."

LifeStyle 3
Easy as
1, 2, 3



LIFESTYLE

3

Simply outstanding progressive lenses

Hoya's new and improved progressive lenses provide you with clear, natural vision at all distances and are tuned to your lifestyle and day-to-day activities. Easy to choose, fit to your needs and adapt to.

Available to order now!

Find out more at www.hoya.co.uk or email supportingyou@hoya.co.uk

HOYA
Eye for detail



The late David Wilson

IOA ANNOUNCES NEW AWARD

The International Opticians Association (IOA) has announced a new biennial award in memory of Dr David Wilson, who passed away in July 2016 (*Dispensing Optics September 2016*).

Born in Glasgow, David later moved to Sydney, Australia, where he became a leading educator and avid supporter of the IOA, becoming president from 1998 to 2001. His book, *Practical Optical Dispensing*, was published by ABDO in 1999.

On announcing the award, the Wilson family and Ros and David Kirk, stated: "David was a humble man, a dispensing optician and teacher whose enthusiasm for optics, the wellbeing of past and present students and all patients, knew no bounds. In his memory, we are proud to announce this award, which we hope will become one of the most prestigious prizes in the world of international optics/opticianary."

The inaugural Wilson-Kirk Award for Exceptional Service will be announced at the IOA's 32nd biennial convention to be held in the UK from 13-20 April 2018. The winner will receive a financial prize, a commemorative medal and a copy of David Wilson's first book. For a copy of the criteria and/or to submit a nomination, email the PA to the ABDO general secretary, Jane Burnand, at jburnand@abdolondon.org.uk

* A forum for optician practitioners, industry partners and educators, the IOA is dedicated to the enhancement and development of the optical profession around the world. Further information about the Association and the convention can be found at www.ioassn.org, with a special preview feature to appear in *Dispensing Optics* in the New Year.



The Duchess meeting guests

ROYAL RECEPTION FOR STRATEGY LAUNCH

Learning disability, autism and sight loss charity SeeAbility held a special reception at St James's Palace in London last month hosted by its royal patron, HRH the Duchess of Gloucester.

The 'Extraordinary every day' event celebrated the launch of the 200-year-old charity's new five-year strategy, and enabled the Duchess to meet guests including Sadick Muyingo, who is supported by the charity in Surbiton. Sadick has cerebral palsy and is non-verbal, but welcomed guests to the event using eye-gaze technology.

The charity's vice president and patron, the Rt Hon Sir John Major KG CH, gave the keynote speech thanking guests for attending and urging them to think about how they could support the charity.

Lisa Hopkins, SeeAbility's chief executive, said: "We were delighted that our royal patron hosted this evening for us in the awe-inspiring surroundings of St James's Palace. We have an ambitious new strategy but we believe that with the help of so many fantastic supporters, colleagues and volunteers we will be able to build on our heritage, ensuring SeeAbility is in good stead to face an exciting future."

The Duchess is pictured meeting Philip Prowse, with Paula Spinks-Chamberlain looking on. Visit www.seeability.org to learn more about the charity's work.

BESPOKE BUSINESS INITIATIVE



The Essilor Bespoke team

Some 70 practices across the UK have signed up to a new bespoke business programme launched by Essilor to support independent practices looking to use new technology to improve the patient experience.

Essilor Bespoke is described as "a business transformation programme", backed by a team of consultants who will work with existing account managers and the practice team to implement growth driving strategies. Bespoke partners will

also have their own marketing consultant.

Randeep Gill, Essilor commercial director, said: "The bespoke experience is not just about the patient having the best visual solution, but the most remarkable experience of their eye examination. By becoming an Essilor Bespoke practice, opticians will be able to complement their current care with enhanced commercial training and highly innovative technology. This will help them to dispense the best in class bespoke lenses."



Andrew Bridges

PART OF THE BIGGER PICTURE

Leightons Opticians and Hearing Care is planning a major business expansion in 2018, the year it celebrates its 90th anniversary, with DOs and CLOs forming part of the picture.

As well as looking for new partnership and joint venture opportunities with other independent opticians, the company has instigated a recruitment drive to attract "passionate and progressive" DOs and optometrists.

Andrew Bridges, director of professional services, said: "Our long-standing policy as regards our DOs is to always have a qualified DO on site, at all times, so that all dispenses are carried out by a highly skilled and experienced professional with no exceptions – and we want to build on our reputation for clinical excellence in the future with a number of initiatives.

"One of them is to expand our offer in myopia control....Some of the services will be delivered by optometrists but also by contact lens opticians. Not only do we have qualified and registered dispensing opticians dispensing spectacles across the Leightons group, we actively encourage them all to be members of ABDO, to continually drive the standards of professional practice," Andrew added.



Ethical, empowering eyewear



Food for thought at the NOC 2017

PEC CONSOLIDATION THE NEXT PRIORITY, NOC DELEGATES HEAR

Developing the primary eyecare company (PEC) model to improve consistency is a major objective for the sector in the coming year, delegates heard at last month's National Optical Conference (NOC) in Warwickshire.

Consolidating and reducing the number of PECs to mirror the NHS commissioning landscape of sustainable transformation partnerships (STPs) was vital to evolve the model, Richard Whittington of the Local Optical Committee Support Unit (LOCSU) told delegates; the idea being that the current commissioning landscape of around 200 clinical commissioning groups (CCGs), which LOCs have to negotiate with to introduce primary eyecare services, would work more comfortably through 44 STPs.

LOCs are being urged to embrace the consolidation of PECs around STP and multiple STP footprints. The successful establishment of the Southern PEC covering 10 LOCs already offered a template for fewer PECs, said Richard, who added: "This will improve PEC professionalism, improve consistency of delivery and drive down costs. A long-term rationalisation towards a single national eyecare company could help the sector address challenges coming down the track; for example, the NHS standard contract and potential interaction with the Care Quality Commission."

More than 200 delegates, a quarter of whom were first-time attendees, gathered in Kenilworth for the new-look one-day conference. *Turn to page 38 for an overview.*

EXPERT ADVISERS APPOINTED

The General Optical Council (GOC) has appointed 10 new lay members to four of its statutory advisory committees.

The committee members will provide expert advice on key areas of the GOC's work, ensuring that it continues to take account of issues that affect registrants and the public and puts patient safety at the heart of its decisions.

GOC chair, Gareth Hadley, said "Our committees play a vital role, not only in advising council on matters that affect both registrants and the public, but in key projects such as our Education Strategic Review."

COMPANY ON A MISSION

Not-for-profit company Bambooka has pledged to donate to Vision Aid Overseas (VAO) for every pair of sunglasses it sells.

Bambooka eyewear is made of a species of giant bamboo that as well as being very strong, grows so fast that its carbon dioxide absorption out-performs wood.

The sunglasses are sold by Eyewear Africa with proceeds going to People Empowered Preserved Proceeds, a charity which seeks to help people identify and meet their own needs. Find out more at www.bambooka.org

DRY EYE DISEASE IN THE HOT SEAT



Professor Teifi James

A multi-disciplinary discussion will take place at the British Contact Lens Association's (BCLA) Visionaries Conference in London on 13 December as part of a drive to formulate a strategy to better manage dry eye disease (DED).

Consultant ophthalmologist and BCLA council member, Professor Teifi James, who will chair the debate, said: "The past 10 years have seen a considerable rise in awareness of DED across the UK and the rest of the world, with clinical care provided by a wide range of health professionals.

"While greater awareness is to be welcomed, it brings with it a new set of potential problems, with many

individuals now in a position to self-diagnose and use supermarkets, pharmacies, opticians and online outlets to purchase products with little or no clinical guidance.

"As eyecare health professionals, we all need to understand the different mechanisms and treatment options for this common disease. We need to provide evidence-based definitions and a contemporary classification for DED. We are getting there and I am confident this debate will be a milestone on our journey."

Details of the full programme can be found at www.bcla.org.uk

"BEST-EVER" NEG/IDAY EVENT

A new venue and a change in programme made the National Eyecare Group (NEG) and Independents Day (iDay) conferences an even bigger success than the inaugural joint events last year, reported the organisers.

Held last month at the Ricoh Arena in Coventry, the two conferences attracted more than 200 delegates to listen to keynote speakers such as Professor Mo Jalie, Jojo Maman Bebe founder, Laura Tension, eyewear expert Jason Kirk, and Ryan Leighton. The iShow exhibition featured 45 exhibitors, while guests at the iNight dinner were entertained by comedian Simon Evans.

NEG's director of business development, Phil Mullins, said: "We received great comments about the programme, the delegates engaged with the exhibitors and the new venue proved highly successful and offers great potential for the future. Although the optical calendar is very full, this year proved that the NEG/ iDay conferences are really unmissable events."

Programme organiser of iDay, Nick Atkins, added: "A combination of our continued alliance with NEG, a more professional conference venue, a great speaker line-up and more practical advice and support in our interactive break-out sessions resulted in what I think was the best iDay we've ever run."

ADVISERS SOUGHT

The ABDO Advice and Guidelines Working Group is seeking to recruit members to contribute to the growing area of advice in the field of professional conduct.

"There is a particular demand for individuals with in-depth knowledge of modern dispensing in practice," said ABDO head of policy and development, Barry Duncan. "It would be of particular interest to hear from those who have qualified more recently to bring to the working group the perspective of the coming generations of dispensing opticians."

Throughout 2018, the working group will review current advice and guidance with a view to updating and making the facility more accessible for ABDO members. Applications can be emailed to Jane Burnand, PA to the general secretary, at jburnand@abdolondon.org.uk



Visual merchandising workshop at iDay

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

xeyex 
software for opticians



Essex national service veteran, Ken Towsey

CAMPAIGN FOR NATIONAL SERVICE VETERANS

Research conducted on behalf of Blind Veterans UK has found that more than half of the British public do not consider those who completed national service to be veterans, and a further 57 per cent did not consider those who served in the armed forces, but who had never seen active conflict, to be veterans.

Blind Veterans UK's chief executive, Major General (Rtd) Nick Caplin CB, said: "This research reveals that public awareness of different types of veterans is not as high as we would hope, and more worryingly, it could dissuade vision-impaired ex-service men and women coming forward to seek support. At Blind Veterans UK, we want to send out the message loud and clear that whenever you served and however you lost your sight, you're a veteran to us and deserving of our support."

The charity launched a new campaign to coincide with Remembrance Day last month to reach out to veterans who could be receiving its free services and help, backed by TV presenter and RAF veteran Johnny Ball.

Practitioners with patients who served in the armed forces or did national service, and who are now battling sight loss, can signpost them to Blind Veterans UK on 0800 389 7979 or via www.blindveterans.org.uk

THERE'S NO PLACE LIKE HOME



Tom with party guests

Bespoken eyewear entrepreneur, Tom Davies, celebrated 15 years in the business and the opening of a new £800,000 eyewear factory in Brentford recently with a spectacular party that featured trapeze artists, live music and flowing champagne.

Having decided to move his eyewear production from China to the UK, Tom held the party inside the new factory, where production has already begun. By the end of the year, 30 per cent of Tom Davies frames will be made in Britain, rising to 50 per cent next year and then to 70 per cent over the next three years. The new facility has the capacity to produce 10,000 frames per month.

Explaining the move, Tom said: "I have a young family and travelling to China nine times a year was really taking its toll. I want to focus here and it's more efficient to develop and design product at home rather than abroad," adding that in the near future he sees Chinese and British costs of production reaching parity.

"China has been fantastic for the business and the brand, but as we're expanding I really wanted to do it in the UK," Tom continued. "I'm really looking forward to training a new generation of craftspeople in our unique production methodology, which combines traditional handcrafted skills with state-of-the-art technology."



All ears for Guide Dogs

WAGGIEST TAIL COLLECTION

Glasklar from Positive Impact collected £86 for the Guide Dogs for the Blind Association in its competition, 'Who's got the waggiest tail?'

The competition was part of the charity's Move it for Money Week; the winner, who received a bottle of champagne, was Hill McManus, which chose Willow as the Guide Dog with the waggiest tail.

Delegates at last month's iDay and NEG conference in Coventry also took pictures with dog ears on to show their support of the charity.

Pictured is Ellie Jarman, Positive Impact's marketing and customer service executive.

RESOURCE BOOST

The Association of Optometrists' (AOP) range of patient resources, including a suite of 17 patient leaflets and a series of 60-second advice videos, will be available in the next release of Optix software.

Trevor Rowley, Optix MD, said: "As one of the leading providers of business management software, with 30 per cent of independent practices running our system, we're thrilled to be further supporting our independent practice-owning customers, and the AOP in their drive to make sure patients have full access to this high-quality and invaluable resource."

FIRST-EVER BRAND TAKEOVER



Fashion front row

To create maximum visibility and impact for the launch of Balmain frames, Specsavers chose its Tottenham Court Road London store to launch the collection with its first-ever store exterior brand take-over.

The 40ft high Balmain artwork and livery will feature at the store until the end of December, maximising the footfall from central London Christmas shopping.

Sirjit Sanghera, store director, said: "The whole team is thrilled about the Balmain launch, and we're excited to see the impact the fantastic new window artwork will

have on footfall for the store. To be picked out as the flagship store for this launch is an honour indeed."

The fashion house is the latest designer collection to be unveiled at Specsavers and features 17 exclusive styles, including 13 glasses and four prescription sunglasses. The frames are the most expensive ever sold at Specsavers.

€ 4M SECURED FOR 3D VIRTUAL EYEWEAR

Luxexcel has received an equity investment of €4m from Innovation Industries, a Netherlands-based venture capital fund, which will enable it to accelerate the next-generation development of its 3D printing platform for prescription lenses for use in augmented reality and virtual reality applications.

This follows an announced €8.5m investment for its core activities in the ophthalmic industry. The first industrial grade 3D-printing platforms are being installed this year in the USA and Europe (*Dispensing Optics* October 2017).

Hans Streng, Luxexcel CEO, said: "AR/VR applications have become a hot topic in the industry. We add the ability to 3D-print ophthalmic-quality prescription lenses to these applications. This enables the AR/VR headset manufacturers to offer fully personalised smart eyewear in an attractive frame design.

"The ability of our platform to 3D-print ophthalmic lenses in any shape or form, and the possibility to embed new functionalities in the lens, triggers entirely new dimensions in terms of user-experience and business opportunity," added Hans.

Hear from Luxexcel during Nick Walsh's ABDO CET presentation at 100% Optical next month (see page 34).

POCKET OCT PROTOTYPE

German R&D firm, Rowiak, unveiled a prototype pocket optical coherence tomography (OCT) device at the Medica show in Düsseldorf last month.



The Pencil OCT

The Pencil OCT consists of two parts: a docking station that fits on every desk and a handheld device for the examination. The handheld device is about the size of a digital thermometer and communicates wirelessly with the dock. Currently in the prototype phase, the Pencil OCT is expected to be launched in 2020.



AND NOW THERE'S EVEN MORE: OPTI IS GETTING BIGGER!

More innovation, more style, more flair. More wide eyes, more aaah and more oooh! More opportunities, more international business and more enjoyment: **opti 2018** is expanding to hall B4 and thus offering you more of everything that makes it much more than just a trade fair. Don't miss it!

opti THE INTERNATIONAL TRADE SHOW
FOR OPTICS & DESIGN

**FRIDAY – SUNDAY
12. – 14.01.2018**

**FAIRGROUND MUNICH
www.opti.de**



Adrian Baxter with his award

A VERY WISE MAN

The hallowed ground of Apothecaries' Hall – home of the Worshipful Company of Spectacle Makers (WCSM) – saw Adrian Baxter praised for his very high marks in the gold standard of optical manufacturing exams.

Adrian, who is also an archaeology graduate, was awarded the annual Wiseman Memorial Prize in recognition of his expertise in the two-year SMC Tech Level 4 examinations.

The Wokingham lab technician said he was keen to undertake the training – arguably the toughest in the world in spectacle manufacturing – when he heard about the course. "I just love studying and the course reignited my passion for learning," said Adrian. "I got a lot out of the training, particularly understanding about the physics and some quite abstract concepts."

During the awards ceremony the new WCSM Master, Felicity Harding, praised the dedication of all of the students who had been awarded qualifications in optical manufacturing and practice support knowledge. "You are our future, and will in turn pass on these skills to others," she said.



Dr Phil Hammond

AWARDS HOST REVEALED

Journalist, broadcaster, campaigner and comedian, Dr Phil Hammond, will take to the stage as part of a night of celebrations at the AOP Awards in London on Sunday 28 January.

A regular on shows such as *Have I Got News for You*, *The One Show* and *Countdown*, Dr Hammond will present 15 awards,

including for the first time, Health and Wellbeing Practice of the Year.

Dr Hammond said: "I am very excited to be involved with the 2018 AOP Awards. Last year's entries showed just how much ambition and passion there is within the profession, and I'm looking forward to meeting those making an important difference in this vital sector."

AOP chief executive, Henrietta Alderman, added: "Wellbeing in the profession is a key strand of work for the AOP and with this year's awards recognising the importance of wellbeing at work, Phil Hammond, who's dedicated so much of his time to improving the quality of life for others, feels like the ideal choice."

The public vote for the awards closes on 12 December, and the winners will be announced at a black-tie ceremony at ExCeL London as part of 100% Optical.

DEVELOP YOUR LOW VISION SKILLS AT ABDO COLLEGE

Have you thought about developing your low vision skills? This is a growing area of need due to the ageing population, and more LOCs/AOCs/ROCs are now recognising the need for a low vision pathway, with funded services.



Low vision skills in demand (image courtesy of Optelec)

In order to meet the needs of people with sight loss, and at the same time build your own career, why not think about the Low Vision Honours course from ABDO College?

Commencing this January, the Low Vision Honours course is your chance to develop an in-depth knowledge that can be put to practical use every day. It is open to every qualified DO, and the majority of the course is studied by distance learning.

Once you have registered, you are sent a timetable and coursework and assignment questions to answer for each part of the course. You are allocated a personal tutor to support you throughout. There are 23 units of coursework that you will work through, each taking one or two weeks. You then send your work to your personal tutor who will mark it for you and return it to you with feedback.

As the course is at Honours level, you also need to undertake additional research and read around the subject in order to gain a thorough understanding of the subject. In total, you can expect this coursework to take you approximately 20 hours per week and you will need to be disciplined to make sure you keep up.

Alongside the coursework, you also need to attend a four-day period of intensive study that will support you with your theory and practical studies and give you the chance to meet some of your fellow students. This is held at ABDO College in Godmersham, Kent, and it is a compulsory part of the course.

Applying for the ABDO College Low Vision Honours course is the ideal next step for anyone with the ABDO Level 6 Diploma in Ophthalmic Dispensing (FBDO) who wants to take their low vision practice to the next level. You can find more details, an example timetable and application forms at www.abdocollege.org.uk/course/low-vision-honours, email info@abdocollege.org.uk, or call ABDO College on 01227 738 829 for more information.



Exclusive looks from Chopard

HIGH GLAMOUR AND SPARKLE

It's never too early to start thinking about your summer sunglasses collections and for a touch of luxury and glamour, De Rigo has introduced its 2018 Chopard collection.

Chopard's Ice Cube, High Jewellery and Imperiale collections, which inspire the design of the brand's ophthalmic frames, have been given a new look. Whilst maintaining traditional features such as quality, tradition, sophistication and excellence, the new models reinterpret current trends in Chopard's signature style.

The metal frame of exclusive model SCHC24S (*pictured*), inspired by the High Jewellery collection, has a sparkling upper section embellished with coloured zircons all of which are applied by hand.



'Tis the season...



Luxury eyewear from Cocoa Mint

'Tis definitely the season to be jolly – but also to begin looking at updating your eyewear collections for the seasons ahead. Let the following pages provide some festive inspiration to mull over before you set off, order book in hand, to the next optical show in the calendar...



Two styles from Ørgreen's 20th Anniversary Mini Collection

CAPSULE COLLECTION FOR LUXURY LINE

New model CM9049 sits within a new Cocoa Mint acetate capsule collection from Eyespace.

The luxury, vintage-influenced model is defined by a soft, feminine eyeshape that has been designed to flatter all face shapes. The highly-polished acetate features striking laminate inserts to the browline, temples and tips. C1 is glossy black enhanced with fusions of teal and pink acetate, while the C2 choice (*pictured*) offers a flattering navy accent with panels of teal and azure toned marble. The frame is available in size 51-15-135 and finished with Cocoa Mint tip plates.

CELEBRATING 20 YEARS OF SCANDINAVIAN DESIGN

Ørgreen is celebrating two decades of designing fine Scandinavian eyewear with a 20th Anniversary Mini Collection.

A capsule range revisiting some of the most iconic styles from the brand's history, the collection features two unisex styles, one female and one male, named after four team members of the Ørgreen family: Gregers, Tobias, Sahra and Henrik.

The styles were first introduced in 2004 by co-founder and chief designer, Tobias Wandrup. The characteristic open temple is inspired by the wing of a vintage 1959 Cadillac DeVille's, a feature which has timeless as one of the most popular recurring Ørgreen design stables. For the re-launch, the styles have received updated fronts as well as a sharper and slimmer wing.

Committed to the distinct Ørgreen trademark, all frames come in 100 per cent Japanese titanium. But for the first time ever, the frames include titanium nose pads.



Street style with the High Line collection



Model ET 17556 from the ECollection



Frame package for the Milo & Me collection



Model CK5990, inspired by nostalgia

CONCEPT EYEWEAR AS ARCHITECTURE

Eschenbach Optik recently introduced 24 new styles to its TitanFlex, Brendel and Humphrey's collections, available from International Eyewear.

Eight new models in the Humphrey's collection bring an urban 'street style' feel with lifestyle imagery to match. New High Line models are inspired by the New York City's High Line, an abandoned overhead railway line that has been transformed into a walkway and park; the concept being to make hidden structures visible. Translating architecture into eyewear the frames utilise mixes of transparent acetates and stainless steel components, screwed and riveted together.

Less is more with the new Slimline models, which concentrate on the essentials: light stainless steel frames in aviator and angular shapes, double bridges and subtle colours. Frames from the Slimline capsule collection feature tailor-made Humphrey's hinges in the shape of the iconic brand 'H'.

BIO-BASED, LIGHTWEIGHT AND PLANET-FRIENDLY

The new Esprit ECollection from Charmant is made of a bio-based plastic material that results in lightweight, flexible and durable ophthalmic frames for both men and women. The magic ingredient of ECollection frames is castor oil, which is extracted from the beans of the eco-friendly castor oil plant.

The collection comprises of four styles for both women and men in shapes ranging from a round vintage panto style with a modern bridge, to softly-squared and slightly angular shapes. Colours includes classic black, brown, red, grey and blue. Each frame is accompanied by a sustainable case, made from recycled paper. The shape and construction enables it to be shipped flat, further reducing the carbon footprint.

"The new Esprit ECollection is aimed squarely at environmentally conscious patients," said Louise Brunton, Charmant UK general manager. "As well as being made from recyclable materials, for every pair of ECollection frames sold until the end of this year, we will plant a tree to support the mission of WeForest."

DURABLE STYLES FOR ROUGH AND TUMBLE

Hilco Vision has both parents and children in mind with its new collection of eyewear for kids, called Milo & Me.

Designed to take make the process of choosing frames for parents hassle-free, the collection features more than 16 vibrant styles. The frames' durable nylon and TPE material construction means they should stand up to all the 'rough and tumble' the childhood brings. Additional features include fully adjustable sides and locking screws, and the styles range in sizes for ages six to 12 years. Each frame includes a case, sport strap and optional ear cable hook accessories.

DISTINCTIVE DESIGNS IN MIXED MATERIALS

The latest women's and men's Calvin Klein eyewear from Marchon offers distinctive new designs, mixed materials and bold colorations that exemplify the essence of this iconic brand.

Model CK5990 (pictured), inspired by nostalgia, is a deepened teacup style that reinvents a classic shape in a new configuration. Feminine yet bold, colour-blocked zyl colorations are complemented by temple tips finished in iconic Calvin Klein colours. This style is available in tortoise rose, tortoise turquoise, tortoise black and havana.

NEW DIRECTION FOR 'WILD CHILD' EYEWEAR

For 2018, Stepper is introducing several new models in its 'wild child' StepperS collection designed under the creative direction of Saskia Stepper, daughter of company founder Hans Stepper.

"New colouring techniques, faster 'concept-to-market' times and process innovations allowing for shorter production runs, mean StepperS can now be more experimental," said Peter Reeve, Stepper UK managing director. "With this freedom, StepperS reacts quickly to style trends,

appealing to an emerging modern tribe of customers who like spontaneity and are attracted to trying whatever is new.”

One of the latest StepperS frames is model STS-10080, whose TX5 material allows for flexibility in design with only a small 'S' visible on the temple tips. With skin-friendly properties and a weight of just 7.3g the frame also adheres to the company's 'comfort and fit' philosophy. The STS-10080 comes in blue and grey, both available in a matt finish with stainless steel temple highlight details.

1950S INSPIRATION FOR NEW REGER MODELS

Inspired by 1950s Hollywood glamour, new eyewear models 4170 and 4169 from the Janet Reger collection from Dunelm Optical emulate the iconic styles of this glamorous era combined with a stylish, contemporary twist.

This elegant frame has high-end appeal with twisted metal temple embellishment that exudes sophistication.

Janet Reger model 4169 (*pictured*) is a luxurious frame with a decadent feel. Available in colours of midnight blue, vivid brown mottle and onyx black. The striking blue acetate with upswept browline is complemented by a unique metal and 'leather effect' material braided embellishment, adding individuality and glamorous flair.

Peter Beaumont, CEO for Dunelm Optical, said: "Janet Reger's design talent for producing luxurious and distinctive designs is evident in this latest collection. This flattering range will appeal to women wanting a sophisticated yet decorative look."

HARDCORE TACKLE FOR CONTACT SPORTS

Prepare and protect your patients' vision during contact sports with the new Progear Tackle from Norville.

With a functional-oriented design, the frame is lightweight, tough and glazeable. One of the highlights of the sports style is an inner 'hardcore' moulded in polycarbonate for added retention of prescription lenses; TPR (rubber) precision is double injected in one piece onto this hardcore inner layer.

The Tackle's stainless steel barrel and screw system provides precision and secure lens glazing, while an adjustable head strap with velcro attachment serves as safety break-away. Designed with contact sports in mind such as rugby, ice hockey and martial arts, the frame features are designed to ensure adequate ocular area protection in hazardous situations. The Tackle comes in matte black or blue.

FRENCH FANCIES WITH BON VIVANT

Bon Vivant is a new collection of affordable luxury frames from Ogi Eyewear inspired by the art and architecture of France – led by the models Bruno and Isabelle.

Presenting progressive European flair, opulent acetate and a cosmopolitan touch, Bon Vivant is designed to exemplify fine eyewear style. The sturdy silhouette of the Bruno's handcrafted acetate and prominent hinge detailing brings forth a sense of bold confidence and practicality. Showcasing signature Bon Vivant styling in four earth tone shades, Bruno is ideal for everyday wear. Isabelle is a striking cat-eye shape with a touch of French architecture-inspired glamour.

The January 2018 Product Spotlight will feature a mix of products for the New Year.



Saskia models the STS-10080



Janet Reger model 4169 in blue



The Progear Tackle in blue



Bruno and Isabelle from the Bon Vivant collection

COMPETENCIES COVERED

Dispensing opticians: Communication, Standards of Practice
Contact Lens Opticians: Communication, Standards of Practice
Optometrists: Communication, Standards of Practice



Standards of practice

Avoiding a wrong turn: Part 1

by Andrew Keirl BOptom (Hons) MCOptom FBDO

Rules. Regulations. Advice. Guidance. It sometimes feels that it is impossible to keep up-to-date with regulatory and statutory changes that occur in our day-to-day lives as dispensing opticians and optometrists. Such changes, along with the multitude of advice provided by the various optical bodies and the various facets of the NHS, reminded the author of part of the words of a song by Sir Paul McCartney: *But if this ever-changing world in which we're living, makes you give in and cry.*

The world of optics and optometry certainly has changed and there will be times when we all wish we could give in and cry. However, change must be embraced and, in most cases, it is in the best interests of both the patient and practitioner so we just get on with it. Two interesting and important changes brought about by the General Optical Council (GOC) in recent years were the introduction of the Standards of Practice for Optometrists and Dispensing Opticians, and changes to the Fitness to Practise (FtP) rules. While these two areas can be considered to be disparate, there is in fact a relationship between the two.

GOC REGISTERS AND FUNCTIONS

The GOC was established by the original Opticians Act 1958. It is one of 12 organisations in the UK known as Health and Social Care Regulators. These organisations

oversee the health and social care professions by regulating individual professionals. The GOC is the regulator for the optical professions in the UK and currently registers around 29,000 optometrists, dispensing opticians, student opticians and optical businesses. The statutory function of the GOC is to: *'...protect, promote and maintain the health and safety of members of the public by assuring the health and protection of those who use the services of optometrists and dispensing opticians'*. The GOC has four core functions which are:

1. Setting standards for optical education and training, performance and conduct.
2. Approving qualifications leading to registration.
3. Maintaining a register of individuals who are qualified and fit to practise, train or carry on in business as optometrists and dispensing opticians.
4. Investigating and acting where a registrant's fitness to practise, train or carry on in business is impaired.

The GOC holds registers for optometrists, dispensing opticians, student optometrists and dispensing opticians, specialty practitioners and bodies corporate. The registers are publicly available to search online. Before joining the registers, all optometrists and dispensing opticians, including students, are required to have completed, or currently be studying for, a GOC-approved training course. They must meet certain standards of education and

performance, and comply with the GOC Standards of Practice for Optometrists and Dispensing Opticians.

Registrants have to provide the GOC with a health declaration, and details of any criminal convictions, cautions or investigations, or disciplinary proceedings which have been taken against them or are currently pending. Full registrants working in practice (both full-time and part-time) must also hold professional indemnity insurance (which includes adequate cover for a period of time after the registrant has stopped working), show that they have completed the minimum required amount of continuing education and training (CET) and agree that they have read and will comply with the GOC's Standards of Practice.

With reference to criminal convictions, this does not include speeding tickets which are usually in the form of a fixed penalty notice and incur a standard fine and points. However, serial offenders be warned as 12 points is considered to be a 'totting up offence' and may result in a court appearance and a possible conviction. All convictions have to be declared to the GOC and a totting up offence has been heard by an FtP hearing. You may think that this is rather harsh but the GOC are concerned with the public perception that will accompany any conviction for whatever reason and the possibility of bringing the profession into disrepute.

This article has been approved for 1 CET point by the GOC. It is open to all FBDO members, and associate member optometrists. The multiple-choice questions (MCQs) for this month's CET are available **online only**, to comply with the GOC's Good Practice Guidance for this type of CET. Insert your answers to the six MCQs online at www.abdo.org.uk. After log-in, go to 'CET Online'. **Questions will be presented in random order.** Please ensure that your email address and GOC number are up-to-date. The pass mark is 60 per cent. The answers will appear in the April 2018 issue of Dispensing Optics. The closing date is 12 March 2018.



C-57316

STANDARDS OF PRACTICE

In recent years, the GOC has made efforts to make the FtP process more efficient. Past FtP cases have taken an inordinate amount of time to complete – often causing unreasonable stress on the registrant concerned. The GOC FtP rules were changed in 2013 and are discussed later in this article.

Complaints will always be a fact of life but the GOC does actually want to help to keep registrants out of the FtP process altogether. This is essentially the aim of the GOC's Standards of Practice as this publication is designed to help registrants be as clear as possible about the GOC's expectations in order for them to avoid complaints.

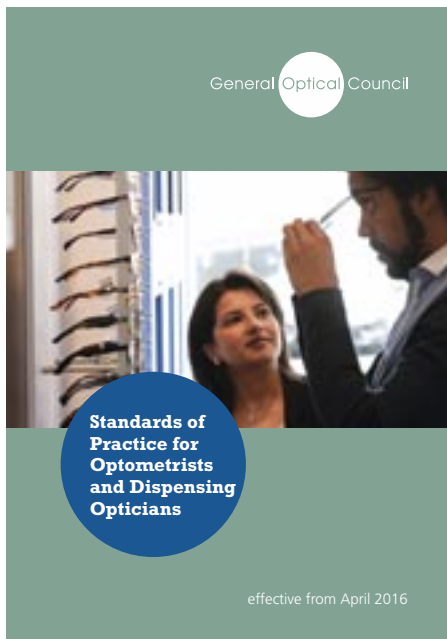
The Standards of Practice replaced the GOC's Code of Conduct for Registrants which, was simply a list of 19 statements. The Code of Conduct consisted simply of statements that registrants had to follow whereas the Standards of Practice provides much more detail about what those statements mean and, therefore, what the expectations of the GOC actually are.

For example, part of the previous Code of Conduct states that registrants must "work with colleagues in the ways that best serve patients' interests." The new Standards of Practice tweaks this slightly to say that registrants must "work collaboratively with colleagues in the best interests of patients". They also give details about what this means in practical terms. For example, this includes referring a patient only when it is clinically justified, sharing information appropriately and ensuring that registrants only work with colleagues who are appropriately qualified.

The Standards of Practice came into effect on 1 April 2016 and, as mentioned above, as part of the annual retention process, all practitioners must declare that they have read them and will abide by them.

There are also Standards for Optical Students. Previously, students had to abide by the same Code of Conduct as fully-qualified registrants. However, the Standards for Optical Students reflect that students are still developing their skills, so are more proportionate than holding students to the same standards as fully-qualified practitioners during the period of their study. The GOC is also developing Standards of Practice for optical businesses that will complement the Standards of Practice for individual registrants.

The Standards of Practice are also designed to enable developments in optical practice that would benefit patients and the public, particularly as the professions develop in the future. They also ensure consistency with developments across the



GOC standards allow for clinical judgement

healthcare sector, such as the duty of candor and with the standards expected of other healthcare professionals. This reflects the fact that practitioners are likely to be working more closely with colleagues in other parts of the health and care system.

The Standards of Practice are not a rule book, and are designed to leave room for practitioners to use their clinical judgement. However, the use of the word 'must' indicates a mandatory requirement, for example, registrants must comply with the law and must meet the GOC's standards.

The GOC has provided additional guidance on two of the 19 standards. These are Standard 3: *Obtain valid consent* and Standard 19: *Be candid when things have gone wrong*. Both of these standards will be discussed in Part 2.

FITNESS TO PRACTISE

Investigating and acting where a registrant's fitness to practise, train or carry on in business is impaired is one of the core functions of the GOC. The term *fitness to practise* (FtP) was introduced following changes to the Opticians Act that took place in 2005 when the idea of serious professional misconduct was abandoned and replaced with the broader concept of impairment of FtP.

Anyone can make a complaint about a registrant. This includes members of the public, employers and other registrants. The professions regulated by the GOC fall within the category of notifiable occupations. This means that the police will inform the GOC when a registrant is convicted of a criminal offence or receives a police caution for an offence.

The GOC is able to proceed with an investigation against a registrant if concerns

about their FtP, fitness to train or fitness to carry on in business comes to its attention – even if a complaint has not been made. The GOC does not get involved with complaints relating to the quality of optical goods and/or services, which are dealt with by the Optical Consumer Complaints Service.

Reasons that may result in a complaint that a GOC registrant may not be fit to practise include:

1. Poor professional performance
2. Physical or mental health problems affecting their work
3. Inappropriate behaviour
4. Being under the influence of alcohol or drugs at work
5. Fraud or dishonesty
6. A criminal conviction or caution
7. A finding by another regulatory body

If an issue regarding an optometrist or dispensing optician is brought to the attention of the GOC, it is required to investigate to protect the public. Depending upon the issue of concern, the registrant may find themselves subject to an FtP investigation, the outcome of which could lead to removal (erasure) from the GOC register.

The GOC's overall purpose is, therefore, to ensure a high standard of conduct and clinical practice and to safeguard the health and safety of the public. The FtP system is crucial to the GOC's statutory function as well as the more general need to establish and secure confidence in the professions of optometry and ophthalmic dispensing.

The GOC's guidance for FtP panel members is comprehensive to say the least and reminds FtP panel members that any decision in an FtP hearing should "adequately protect members of the public or be in the wider public interest". The concept of 'public interest' is all-encompassing and includes maintenance of public confidence as well as the GOC's statutory obligations to professional standards and public protection. The FtP system operates with all these points in mind.

Unsurprisingly, most FtP hearings involving optometrists concern allegations of a clinical nature. An allegation against a dispensing optician that results in an FtP hearing usually concerns fraud, theft, supervision issues, sexual offences or offences relating to the use of illegal substances. Numerous FtP cases have been heard after a registrant has been accused or convicted of theft and fraud.

The author, as a witness, has been involved in several cases where a dispensing optician was accused of supplying an appliance that was of an 'inferior quality' compared to the product that the patient was expecting to receive and paid for. These



cases usually involve progressive power lenses where the patient was 'dispensed' with a freeform design but supplied with a lens of a conventional design.

Other cases have involved registrants who were accused of inappropriately claiming General Ophthalmic Services (GOS) payments for example, submitting a GOS spectacle voucher when spectacles were not actually supplied or claiming an inflated voucher value. Such actions can involve large sums of money and if the allegation is proven, can often result in an erasure order. Erasure, the most severe sanction, will in theory prevent the same action happening again. Registrants who are guilty of serious criminal offences, including sexual offences, will not only be viewed as a threat to the public, but will have potentially damaged the integrity of the profession's reputation. This fact is important and will be considered during an FtP hearing.

WHAT HAPPENS IF AN ALLEGATION IS MADE?

If the GOC receives a complaint/allegation or concerns about a registrant it will take steps to investigate. These steps include:

- Obtaining further information from the person making the complaint/allegation (the complainant)
- Writing to the registrant to notify them that a complaint/allegation is being investigated
- Asking the registrant for details of their current employer (employers will be notified). Writing to the employer to inform them that the registrant is currently under investigation (a legal requirement)
- Notifying the Department of Health that a registrant is currently under investigation (another legal requirement)

- Obtaining evidence from individuals and organisations other than the complainant. This can include the procurement of copies of patients' clinical records or statements from key witnesses. If the issue relates to a criminal conviction or caution, evidence gathered by the police or court transcripts may be required

FITNESS TO PRACTISE RULES

On 1 April 2014, new FtP rules came into force (SI 2013 No. 2537 The General Optical Council (Fitness to Practise) Rules Order of Council 2013). The new rules were intended to speed up the FtP process, helping the GOC to act faster to protect the public and reduce the stress that long investigations can cause for registrants.

The main changes were:

1. Introduction of case examiners as the principal decision-makers at the current Investigation Committee stage
2. Greater ability to screen out allegations which are not FtP complaints
3. The GOC registrar will have the power to refer the most urgent cases directly to an FtP hearing
4. The GOC registrar will be able to refer some cases to an interim order hearing

The biggest change was the introduction of case examiners. Whereas previously all cases were considered by the GOC Investigation Committee, cases are now decided by pairs of case examiners (one lay and one registrant). However, cases can still go to the Investigation Committee in instances where the two case examiners do not agree, or to direct an assessment of a registrant's health or performance. The case examiners will consider the case and will determine what action needs to be taken.

Options for the case examiners include:

- Take no further action

- Provide advice to the registrant about their future conduct
- Request that further investigation is carried out
- Issue a warning to the registrant
- Refer the complaint to the FtP Committee
- Request that the FtP Committee urgently consider whether the registrant should be made subject to an interim order
- Recommend to the Investigation Committee that the registrant should undertake a performance or health assessment

FtP can be impaired by any one of the seven factors listed above. However, there is no statutory definition of 'fitness to practise' and a finding of misconduct or deficient professional practice, for example, does not necessarily mean that a practitioner's FtP is impaired.

An FtP panel will consider whether or not a registrant's conduct is remediable, whether it has already been remedied and whether it is likely to be repeated. FtP panel members will look favourably on a registrant who has already remedied clinical failings as the registrant is then considered less likely to repeat them. In other words, FtP panel members are asked to look forward, not back when making decisions about a registrant's current FtP.

As an example, consider the situation where a complaint was made against a registrant who misdiagnosed a microbial keratitis as a bacterial conjunctivitis. Even though the changes to the FtP rules were designed to speed up the process, the delay between the complaint being made and an FtP hearing taking place can be considerable – often two to three years. However, this gives the registrant ample time to address any shortcomings in their skills, knowledge and overall competency before any hearing takes place.

In this example, the registrant could undertake specific CET/CPD relating to the differential diagnosis of the red eye or spend time in a corneal/red eye clinic within the hospital eye service. Such action would be welcomed by an FtP panel and would certainly be considered to be a mitigating factor when deliberating possible sanctions against the registrant.

Other mitigating factors would include good character history and insight into the alleged failings. Conversely, aggravating factors would include a lack of insight into failings, repeated failings, and abuse of trust, premeditation and attempts to conceal wrongdoings.

If a registrant is described as 'fit to practise', it means they have reached the standard of health, character, knowledge, skill and behaviour necessary for them to undertake their job safely and effectively. Where FtP is found to be impaired, the FtP Committee may impose a sanction. The purpose of any sanction is not to punish the registrant but to protect patients and the wider public interest.

The sanctions available to the committee starting with the least severe are:

1. Financial penalty (up to maximum of £50,000)
2. Conditional registration (ordinarily to be followed by a review) for up to three years
3. Suspension (ordinarily to be followed by a review) for up to 12 months
4. Erasure

The FtP Committee would also normally direct that there be a review of a conditional order or a suspension order before they expire. This is because before a suspension or conditions are lifted, the FtP will need to be reassured that the registrant is fit to resume practise either unrestricted or with conditions or further conditions.

Also, where conditions have been imposed, the registrant must demonstrate to the committee that they have satisfied the conditions imposed at the previous hearing. The committee will also need to satisfy itself that the registrant has fully appreciated the gravity of the offence, has not re-offended and has maintained his or her skills and knowledge and that the registrant's patients will not be placed at risk by resumption of practise or by the imposition of conditional registration.

GOC registered optometrists and dispensing opticians must ensure that they do not bring the profession in to disrepute. Any conviction, even non-optically related, could lead to an FtP investigation and the registrant could be removed from the GOC register. If a registrant has received a criminal conviction which resulted in a custodial sentence (whether it is immediate or suspended), the GOC registrar can refer the case directly to the FtP Committee. This is known as 'automatic referral' and complaints and allegations which fall into this category will not be considered by the case examiners or Investigation Committee.

INTERIM ORDERS

If a case examiner, or the GOC registrar, is of the opinion that the FtP Committee should consider making an interim order, they can direct that the matter should be referred to an interim order hearing. An



interim order can either suspend a registrant from the register or place conditions on their registration. Interim orders take effect immediately and are reviewed every six months. They usually remain in place until the investigation has been completed and the substantive FtP Committee hearing has completed its business.

An interim order is only imposed on a registrant if the FtP Committee is satisfied that it is necessary for the protection of members of the public, is otherwise in the public interest or is in the interests of a registrant.

CONCLUDING POINTS

In the event of an FtP complaint being made against you:

- Acknowledge the complaint
- Contact your insurer immediately
- Keep full records of what you have done for each patient
- Keep a record of all communications between yourself (or the patient's representative) or your employer
- Draft an account of your dealings with the patient, or your employer, and your comments on their complaint, for your information while fresh in your mind
- In the event of an FtP hearing, make sure that your insurer provides legal representation
- Don't admit liability to anyone, including your employer
- Don't offer to settle any claim
- Don't offer any costs in connection with a claim or complaint or do so without prejudice
- Don't disclose the nature or terms of your insurance
- Don't make a statement or comment on any situation that could give rise to a claim of negligence

- Don't alter the patient's records. Remember that the view of an FtP hearing is that if something was not recorded, it probably did not happen

As previously mentioned, FtP hearings involving optometrists are in the main clinical in nature. However, for dispensing opticians, FtP hearings usually concern theft, sexual offences or offences relating to the use of illegal substances. Fraud, forgery or supervision issues are also areas that can give rise to an FtP hearing. So keep up-to-date, follow the rules and don't panic. And finally, if you are unfortunate enough to be called to an FtP hearing, make sure that you turn up.

Full details of the GOC complaints and investigation procedures are available on the GOC website. Part 2 will discuss GOC guidance on obtaining valid consent and being candid when things have gone wrong.

FURTHER READING

- The General Optical Council *Standards of Practice for Optometrists and Dispensing Opticians*
- Calver R (2016) Fitness to practise: promoting standards, protecting the public or punishing practitioners? *Optometry in Practice* 17 1 27 - 34
- The General Optical Council *What happens if a complaint is made about me?*

Part 2 will appear in the February 2018 issue.

ANDREW KEIRL owns and works in private practice in 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 an external examiner for ABDO and associate lecturer in optometry at Plymouth University. He also acts as an expert witness and performance assessor for the GOC and has provided medico-legal reports for the Medical Defence Union.

Multiple choice answers:

Cultural awareness in optical practice. C-55767 published in July 2017

By Paula Stevens MA ODE BSc(Hons) MCOptom FBDO CL(Hons)AD SMC(Tech)

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.

In an attempt to create a welcoming environment in your practice, what should you encourage your staff to do?

- Speak up if the patient does not speak English
- Suggest they come back another time with an interpreter
- Use hand and arm gestures to emphasise points
- Explain carefully to the patient what is going to happen to them

d is the correct answer. Most people will be reassured about the process if it has been explained in terms to which they can relate.

Which statement is true?

- Most countries have practices staffed solely by ophthalmic professionals
- All professionals should maintain eye contact with the patient as much as possible throughout a consultation
- Culture develops through the gradual increase of social relations
- Single ethnic groups tend to be related to single cultures

c is the correct answer. People share likes and dislikes and gradually develop a framework or 'way of life', which eventually, society accepts as a cultural development.

Complete the sentence correctly. The 'power-distance' dimension is...

- ...a cultural view of social hierarchy
- ...an optical term used in Europe
- ...a perceived measurement of interpersonal space
- ...the selection of staff of appropriate qualification

a is the correct answer. Social status is very important in some cultures. For example, it may relate to qualifications, wealth, family, age or fame.

Which statement is FALSE?

- Race, ethnicity and nationality all mean exactly the same thing
- Behaviour can be influenced by work environment
- An independent interpreter is preferable to a family member
- People tend to be more comfortable with those of the same cultural background

a is the correct answer. There is a common theme but the words do have their own separate definitions.

Which statement is correct?

- When considering ethnicity and diversity in the consulting room, the practitioner's gender is unlikely to be an issue
- Chinese and Japanese people are very direct in their communication

- Permission should always be sought before any contact or procedure
- PA patient's silence is indicative of assent

c is the correct answer.

Which statement best defines the word culture?

- A list of traits or beliefs shared by a social group
- A set of values and traditions that affect how individuals form judgements
- An homogenous, static conception of everyday experiences
- Any one of a series of biological, genetically distinct groups

b is the correct answer. People develop their attitudes and behaviour based partly on their environment, in order to organise and make sense of their life.

The term 'stereotype' can be applied:

- To a mixture of ethnic backgrounds and cultures considered together
- To members of a group sharing the same characteristics
- Where individuals tend to stand out
- When a positive message is intended

b is the correct answer. The term stereotypical is often applied where similar characteristics are perceived across a group of people.

Complete the sentence correctly. In optical practices the most pronounced differences in culture are likely to be...

- ...language difficulties
- ...encountered in the interpretation of regulations
- ...met when trying to avoid causing offence
- ...related to the invasion or otherwise of personal space

d is the correct answer. This characteristic varies immensely depending on background.

When dealing with someone of a different race, culture, ethnicity or nationality, which piece of advice is likely to produce the most favourable outcome?

- You are the expert: be authoritarian in your conversation
- Attempt to mime what you are trying to convey as you speak
- Avoid jargon and colloquialisms
- Treat them exactly as you would anyone else

c is the correct answer. It could be argued that this approach is preferable in any situation but it is more relevant where communication may be difficult and customs are unknown or obscure.

To download, print or save your CET result letter, go to 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.



ABDO at 100% Optical

27 - 29 JANUARY 2018 • EXCEL LONDON



ABDO AT THE ABDO ARMS

- The ABDO Arms is a specially designated 'pub' bar area for ABDO where Association members will be able to network and socialise
- ABDO board members and ABDO staff will be on hand to discuss ABDO's strategies and for you to let us know your views
- Find out more about ABDO qualifications and examinations

ABDO COLLEGE AT THE ABDO ARMS

- Find more about the extensive range of ABDO College courses - which include WCSM courses and degree programmes run in conjunction with Canterbury Christ Church University

DISPENSING OPTICS AT THE ABDO ARMS

- Find out more about ABDO's professional journal and advertising and editorial opportunities



www.abdo.org.uk

ABDO CET AT THE DISPENSING WORKSHOP

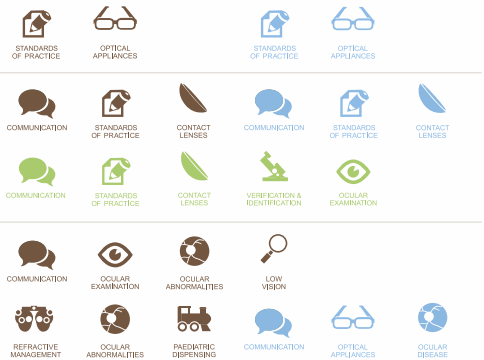
- The workshops are FREE to attend
- All the workshops are approved for 3 interactive CET points
- Admission is strictly limited to 40
- Register and book online at: www.100percentoptical.com

3 CET
points per
workshop

SATURDAY 27 JANUARY

- 10.30 - 11.30 Lens manufacture and design – now or next?**
Discussion workshop
Nick Walsh
- 13.45 - 14.45 All in a day's work**
Peer discussion
Angela McNamee & Keith Cavaye
- 15.45 - 16.45 Once in a lifetime, or once in a week? - unusual and rare cases from optical practice**
Discussion workshop
Peter Black

GOC COMPETENCIES



SUNDAY 28 JANUARY

- 11.30 - 12.30 Lens manufacture and design – now or next?**
Discussion workshop
Nick Walsh
- 13.45 - 14.45 All in a day's work**
Peer discussion
Angela McNamee & Keith Cavaye
- 16.15 - 17.15 Once in a lifetime, or once in a week? - unusual and rare cases from optical practice**
Discussion workshop
Peter Black



MONDAY 29 JANUARY

- 10.30 - 11.30 Lens manufacture and design – now or next?**
Discussion workshop
Nick Walsh
- 12.45 - 13.45 All in a day's work**
Peer discussion
Angela McNamee & Keith Cavaye
- 15.00 - 16.00 Once in a lifetime, or once in a week? - unusual and rare cases from optical practice**
Discussion workshop
Peter Black





This month, Professor Mo Jalie discusses the use of sag factors

How to ensure the thinnest lens

Part 3: Plus lenses

It was shown in Part 2 of this series (November 2017) that the thickness of a lens can be estimated by multiplying the power of the lens by a sag factor, which varies with the diameter of the lens. The sag factors for crown glass lenses can be found in Part 2 of this series (*Dispensing Optics*, November 2017).

PLUS LENSES

The minimum thickness of a plus lens occurs at some point on the edge. In the case of centred, spherical, circular uncut lenses, the thickness is the same all the way round the edge. In the case of centred, circular astigmatic uncuts, the edge thickness is a minimum along the minus axis meridian of the cylinder increasing to a maximum along the plus axis meridian.

When a plus astigmatic lens is decentred (or incorporates a prescribed prismatic effect), the point on the edge where the thickness is a minimum is determined by means of the computer. The lens shape is digitised by tracing a probe around the edge of the lens and the x,y coordinates of the probe recorded by the tracer's software.

The principle is illustrated in **Figure 1**, which shows an Essilor digitisation tablet in use. Referring to the positions shown for the probe when tracing round the pilot lens shape,

at position (a) the probe is being zeroed at the origin of its coordinate system when it should read, 0,0. At position (b), the trace starts at the point (+24,0) where x is +24 and y is zero with respect to the origin. At (c) the probe has moved to position (-13,+20) where x is -13 and y is +20 with respect to the origin. Similar digitisation systems are built into the frame tracers employed in the glazing department for patternless edging.

The edge thickness of a plus lens depends, in the main, upon the mount to which the lens is to be fitted. In the case of glass lenses, which are rigid and do not flex under pressure from the mount, an edge thickness of 1.0mm is all that is required (provided that the centre thickness is not less than about 2.0mm) when the lens is to be bevelled and fitted to a plastics frame. If a glass lens is to be fitted to a metal-rimmed frame, it is safer to allow an edge thickness of 1.8mm, and for lenses which have to be drilled for a rimless mount or grooved to take a supra cord, it is usual to allow a minimum edge thickness of 2.0mm.

These minimum edge thicknesses can also be used for plastics lenses with the proviso that the compression exerted by the mount should not cause the lens to flex. Mounted plastics lenses should always be inspected for evidence that they might

POWER (D)	EDGE SUBS (MM)
+0.50	1.9
+1.00	1.8
+1.50	1.7
+2.00	1.6
+3.00	1.4
+4.00	1.2
+5.00	1.0

Table 1: Edge thickness of plus uncut lenses

have been overglazed, optical discontinuities such as waves being quite apparent, especially near the edge of the lens.

As a general guide, for both edged and uncut lenses the edge thickness varies from 2.0mm down to 1.0mm, the value decreasing as the power increases. A typical series of edge thicknesses, t_E , for either glass or plastics lenses is given by the rule:

$$t_E = 2.0 - 0.2 \times \text{power of lens}$$

Thus, we might expect a series of uncuts to have the edge thicknesses given in **Table 1**.

CENTRE THICKNESS OF PLUS LENSES

In order to determine the centre thickness of a plus lens it is necessary to add the thickness due to the power to the edge thickness of the lens (**Figure 2**).

Thus, a +5.00D lens made in crown glass and edged 45mm in diameter which is to be fitted to a plastics frame, would need a centre thickness of 3.5mm. This value is obtained by adding sag 5.00 at 45 (5.00×0.5) to the likely

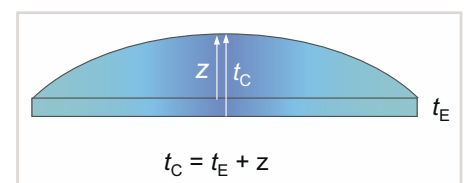


Figure 2: Geometry of a plus lens for the purpose of estimating thickness

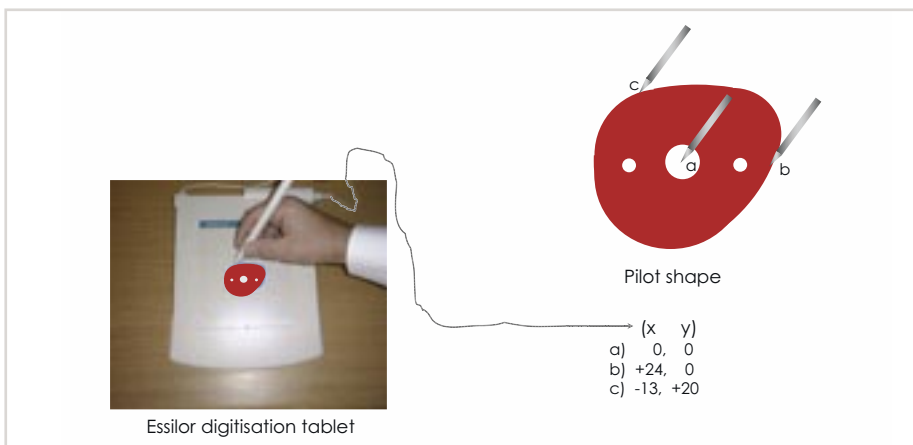


Figure 1: Digitisation of a lens shape

edge thickness for a +5.00D lens, which is 1.0mm (obtained from the table of lens edge thickness for plus lenses given in **Table 1**).

If, in an attempt to supply this lens quickly, it was obtained from a 60mm diameter uncut, edged down to 45mm diameter, then, assuming the edge thickness of the uncut to be 1.0mm, the centre thickness of the uncut would be 5.5mm ($5.00 \times 0.9 + 1.0$). The resulting edge thickness of the lens when edged down to a diameter of 45mm would be 3.0mm ($5.5 - 5.00 \times 0.5$). This is not at all satisfactory for a lens of this power.

Consider the lens shape depicted in **Figure 3**. Suppose the power of this lens is +4.00D sphere and a minimum edge thickness of 1.0mm is required for glazing the lens into a plastics frame. The minimum edge thickness is located at the point on the lens periphery which lies furthest from the optical centre of the lens, which is seen in **Figure 3** to be point 'c' on the lens periphery. Hence the necessary centre thickness for the lens, is the sum of the edge thickness and sag 4.00 at 70, = $(1.0 + 4.00 \times 1.2)$, or 5.8mm.

The edge thicknesses at the other points on the lens periphery can be found by subtracting the sags due to the power from the centre thickness, 5.8mm.

The edge thickness at point 'a' on the lens periphery is 5.8 - sag 4.00 at 66. The sag factor for this diameter is 1.1, hence at 'a' the edge thickness is $5.8 - 4.4 = 1.4$ mm. The edge thicknesses at the other points are:

- 'b' $5.8 - 4 \times 1.0 = 1.8$ mm
- 'd' $5.8 - 4 \times 0.4 = 4.2$ mm
- 'e' $5.8 - 4 \times 0.5 = 3.8$ mm
- 'f' $5.8 - 4 \times 0.8 = 2.6$ mm

SAGS FOR OTHER LENS MATERIALS

The sag factors given in last month's article relate only to spectacle crown glass of refractive index 1.523. However, they can be used for lenses made in other materials providing that the power is first converted to its crown glass equivalent. This is done simply by multiplying the power of the lens by the curve variation factor (CVF) that is quoted for the material.

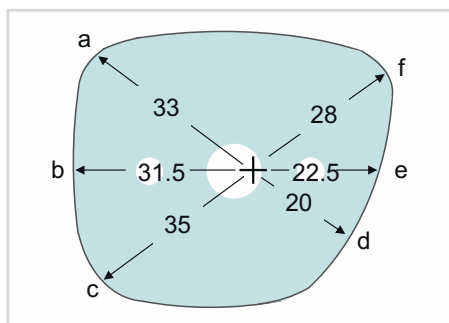


Figure 3: 58 x 50 Quadra lens shape with 4.5mm inward decentration (note 'be' = 54mm)

REFRACTIVE INDEX	CVF	CENTRE THICKNESS	EDGE SUBS AT 70 DIAMETER
1.498	1.05	2.0mm	7.0mm
1.523	1.00	1.2mm	6.0mm
1.600	0.87	1.2mm	5.4mm
1.701	0.75	1.2mm	4.8mm
1.802	0.65	1.2mm	4.3mm
1.900	0.58	1.2mm	4.0mm

Table 2: Variation in edge thickness with refractive index

Note that since the sag factors have been evaluated for spectacle crown glass, it is necessary to refer plastics materials to the 1.523 index used for crown. Hence, the CVF for CR39 becomes $0.523/0.498 = 1.05$.

Suppose the use of a 1.701 index material is considered for a -4.00D lens, edged as shown in **Figure 3**. The crown glass equivalent is -4.00×0.75 or -3.00D. In other words, the use of this high-refractive index material enables the thickness of the -4.00D lens to vary in the same way as a -3.00D lens made in crown glass. The centre thickness is assumed to be 1.2mm.

The variation in edge thickness around the lens periphery of this 1.701 index, -4.00 lens would be:

- 'a' $1.2 + 3 \times 1.1 = 4.5$ mm
- 'b' $1.2 + 3 \times 1.0 = 4.2$ mm
- 'c' $1.2 + 3 \times 1.2 = 4.8$ mm
- 'd' $1.2 + 3 \times 0.4 = 2.4$ mm
- 'e' $1.2 + 3 \times 0.5 = 2.7$ mm
- 'f' $1.2 + 3 \times 0.8 = 3.6$ mm

The advantage of using a high-refractive index material for this specification is immediately apparent. The maximum edge thickness for a -4.00D lens made in crown glass for this specification (see *Part 2*) has decreased from 6.0mm to 4.8mm, a reduction of some 20 per cent.

If the same -4.00D specification was dispensed in CR39 material, its crown glass equivalent would be -4.20D, the CVF for this material being 1.05. It is immediately realised that this CR39 plastics lens will be thicker than its crown glass counterpart for two reasons. The crown glass equivalent power is somewhat greater than -4.00D and the centre thickness of a CR39 lens needs to be increased to prevent the lens from flexing under pressure from the frame mount.

Typically, a -4.00D lens made in CR39 material would have a centre thickness of 2.0mm and the variation in edge thickness for the lens would be:

- 'a' $2.0 + 4.2 \times 1.1 = 6.6$ mm
- 'b' $2.0 + 4.2 \times 1.0 = 6.2$ mm
- 'c' $2.0 + 4.2 \times 1.2 = 7.0$ mm
- 'd' $2.0 + 4.2 \times 0.4 = 3.7$ mm

$$'e' \ 2.0 + 4.2 \times 0.5 = 4.1$$
mm

$$'f' \ 2.0 + 4.2 \times 0.8 = 5.4$$
mm

It will be seen that the maximum edge thickness of this plastics lens has increased at point 'c' from 6.0 to 7.0mm.

Table 2 shows how the maximum edge thickness at point 'c' for this specification for a -4.00D lens would vary for different materials. The curve variation factors and centre thicknesses which would be used are given for convenience.

REFERENCE

Jalie M. Principles of Ophthalmic Lenses. 5th ed. London, ABDO. 1984.

MO JALIE SMSA, FBDO(HONS), HONFCGI, HONFCOPTOM, MCMI is visiting professor in optometry at the University of Ulster, and to the Essilor Academy Europe in Paris. He also works as a consultant to the ophthalmic industry.

MO'S QUICK QUESTIONS

1. A +4.00D lens made in crown glass is edged 45mm round and incorporates 2.5mm of inward decentration. The thin-edge substance of the lens is 1.0mm. What is the thick-edge substance?
 - a. 1.8mm
 - b. 2.0mm
 - c. 2.2mm
 - d. 2.4mm
2. A +2.00D lens is made in a plastics material of refractive index 1.697 and edged to the size and shape shown in **Figure 3** (the lens also incorporates 4.5mm of inward decentration). The thin-edge substance is 1.6mm, what is the thick-edge substance?
 - a. 2.2mm
 - b. 2.4mm
 - c. 3.0mm
 - d. 3.2mm

Turn to page 42 to see if you got the answers right...



In Dry Eye Part 2, Andrew Price looks at how the evolution of dry eye therapy has moved on



Example of an eye spray

Topical eye therapy

Understanding dry eye: part 2

In Part 1 (*Dispensing Optics*, November 2017) we described how dry eye drops evolved from basic dry eye drops that are still available and, for a number of various non-clinical reasons, are the most widely prescribed by the NHS. Part 2 will explore how our knowledge, understanding and ability to develop superior products that undoubtedly benefit the patient more has moved on.

EVOLUTION GATHERS PACE

Around 20 years ago, an interesting visco-elastic agent called sodium hyaluronate was found to have properties that adhere it to cell surfaces and bind it to water; on the eye this holds the tear film in contact with the ocular surface. Originally derived from the comb structures of roosters, it is now made in laboratories.

Stepping up the viscosity ladder we have the light gels, with their active ingredient being a carbomer. This agent swells on the ocular surface, absorbing, thickening and retaining the tears. The latest developments in this field have produced non-blurring carbomer gels for daytime use.

Other ocular surface agents that protect and prevent drying are the emollients, such as mineral oils and paraffin, etc. These are generally found in preparations that would fall into the thick gel or even thicker ointment categories. With very high viscosity, long residence time but reducing optical clarity, they are generally reserved for severe dry eye disease (DED) and/or nighttime use.

Therefore, these polymers resist flowing off the ocular surface with varying levels of viscosity. High viscosity makes it stay in contact with the ocular surface longer (increased residence time) but reduces optical clarity, so a balance is needed. An appealing agent might be one that has visco-elasticity, a property that has

different viscosities during the blink, enough to increase its residence time but decreasing immediately after blink to increase optical clarity again. We are fortunate that sodium hyaluronate adds this to its other beneficial properties.

REDUCING EVAPORATION

We have looked at components in dry eye drops that anchor the drops to the surface epithelial cells, and which also link to the basement tear layer of mucins, and those that thicken the aqueous layer. All of these components, of course, add some extra quantity of fluid to the ocular surface. But what about aiding that all-important evaporative retarding lipid layer? More often found in sprays, but becoming available in conventional bottle delivery, are agents such as phospholipids and castor and mineral oils that help reform and mimic the normal outer lipid layer.

It is recognised that the over-riding cause of most DED is the reduced efficiency of the lipid layer to reduce evaporation of the underlying, middle, aqueous layers of the tear film. According to research, around 86 per cent of DED patients have meibomian gland dysfunction¹.

This aqueous layer loses water to the atmosphere, however, the existing electrolytes of potassium, chloride, bicarbonate, sodium, calcium and magnesium, etc stay in the remaining fluid as it becomes more concentrated. The concentration of molecules in a fluid is called osmolarity, and a normal physiological concentration is iso-osmolar or iso-tonic. An increase in concentration, or a hyper-tonic tear film, is an inciting factor in ocular surface inflammation, and it is this inflammation that is very largely responsible for dry eye symptoms.

We know now that the old-fashioned analogy for dry eye – that it is like a car engine getting low on oil with the answer

being to pour more oil (artificial tears) on it – is not accurate. We are actually dealing with a vicious cycle of inflammation.

The rather sensitive conjunctival goblet cells, responsible for mucin production, are adversely affected by this inflammation, so inefficiency of the lipid layer leads to a higher concentration of electrolytes, which leads to inflammation, which in turn leads to mucin production being adversely affected. As described in Part 1, the base mucin layer is rather like interlocking Lego, so as we take away building blocks from the foundation layer of our Lego castle (the mucin layer), the structure becomes unstable.

To counter-balance this tendency towards hyper-tonicity, many dry eye drops are formulated to be deliberately less concentrated with electrolytes, ie. hypo-tonic, so when they mix with the existing hyper-tonic film, an iso-tonic tear film results.

Earlier we mentioned that specific electrolytes in a product help it resemble human tears; these include potassium, chloride, bicarbonate, sodium, calcium and magnesium. Perhaps the most important electrolytes are potassium, to protect against epithelial oedema, and bicarbonate to promote epithelial repair following damage. The packaging of products containing bicarbonate has to guard against air contact which turns it into carbon dioxide, which easily permeates through normal plastic packaging.

Unquestionably, dry eye drop formulations have moved forward significantly – but even more sophisticated preparations are in the pipeline. Under hyper-osmolar tears, the most common form of DED, ocular surface epithelial cells lose water to the more concentrated tears above. In turn, these cells increase their electrolyte concentration (continuing another vicious cycle), which can lead to cellular damage. If specific solutes are added to the dry eye product,



Vials help reduce contamination

these osmo- or bio-protectants can prevent this². Examples of these would be erythritol, levocarnotine and trehalose.

KEEPING MICROBES AT BAY

All eye drops have the potential to become contaminated by microbes that could then lead to eye infections. Therefore, historically, a key component of all forms of eye drops have been preservatives to resist, or at least delay, this potential. The two main approaches to preservatives have been in the form of detergents and oxidants. The two most widely used detergents used are benzalkonium chloride (BAK) and polyquaternium-1 (Polyquad).

BAK makes cell membranes more fragile, inducing inflammation, oxidative stress and programmed cell death (apoptosis). This is good if the cell is a harmful micro-organism, however, not so good is the fact that it also has this effect on conjunctival and corneal epithelial cells³. Even in very low concentrations, BAK has been shown to be toxic to the ocular surface, including causing loss of conjunctival goblet cells⁴.

Polyquad, also a detergent, makes cell membranes more fragile, and has more of an attraction to bacterial cells and a repulsion to epithelial cells. These are good characteristics, however, Polyquad has also been shown to cause superficial epithelial damage, mainly by decreasing conjunctival goblet cell numbers⁵. The sensitive conjunctival goblet cells, responsible for mucin production, are not only upset by inflammation – but they are not too keen on preservatives either.

An alternative approach to the detergents are oxidative or 'vanishing' preservatives, two of which are a stabilised oxychloro complex and sodium perborate.

These preservatives degrade in the tear film, which theoretically minimises ocular toxicity. However, as with detergent preservatives, patients with DED may not have sufficient tear volume to complete the degradation and may experience irritation³.

Having discussed the importance of keeping the drops free from contamination yet trying to avoid, as much as possible, the negative effects of preservatives, one approach would be to physically keep the product free from contamination. Unit/single dose or single day vials can be preservative free as they are designed to (and must) be discarded immediately after use or on the day of use. More drop bottles are now being designed with specially engineered valves and/or micro-filters that allow the drop fluid out, but don't allow micro-organisms in.

The design of the drop container should be thought through; it is important for patients, many of whom are older with



Thea's Abak system showing 0.2 micron sterilising and filtering membrane

restricted finger pressure and dexterity to be able to express a drop. Most manufacturers will be acutely aware of this and design containers with it in mind. Some patients prefer a spray alternative. Generally, these are preservative free, although they don't necessarily offer all the optional ingredients discussed earlier.

SUMMARY

The vast majority of products discussed in Part 2 are available without legal restriction and so advice, guidance and selling them to patients is entirely within the dispensing optician's field of practice. Knowledge of them is valuable to the practice, both clinically and commercially. A handful of products are historically labelled 'P' medicines, and these can only be dispensed to the public under the supervision of a pharmacist or optometrist.

Further information on dry eye topical products may be found in the British National Formulary (www.bnf.org), on the MIMS website (www.mims.co.uk) and in its publications, and at www.eyedropsdatabase.co.uk

REFERENCES

1. Lemp LA, Crews LA, Bron AJ, Foulkes GN, Sullivan BD. Distribution of aqueous-deficient and evaporative dry eye in a clinic-based patient cohort: a retrospective study. *Cornea* 2012;31(5):472-8.
2. Baudouin C *et al.* Role of hyperosmolarity in the pathogenesis and management of dry eye disease: Proceedings of the OCEAN Group Meeting. *The Ocular Surface* 2013; 11(4) 246-258.
3. International Dry Eye Workshop. Management and therapy of dry eye disease: Report of the management and therapy subcommittee of the International Dry Eye Workshop (2007). *The Ocular Surface* 2007;5:163-178.
4. Tressler CS, Beatty R, Lemp MA. Preservative use in topical glaucomamedications. *The Ocular Surface* 2011; 9:140-158.
5. Lopez B, Ubel J. Quantitative evaluation of the corneal epithelial barrier effect of artificial tears and preservatives. *Current Eye Research* 1991;10:645-656.

ANDREW D PRICE FBDO(HONS)CL, COA(USA) is managing director of the ADP Consultancy and developer of www.eyedropsdatabase.co.uk. A clinician seeing patients in contact lens and ocular surface clinics, he conducts clinical trials, is an educator and author. He is a member of the ABDO National Clinical Committee, and a consultant to Thea Pharmaceuticals.



This month, Antonia Chitty looks at sight loss in ancient and modern day literature

Stereotypes, sight loss and stories

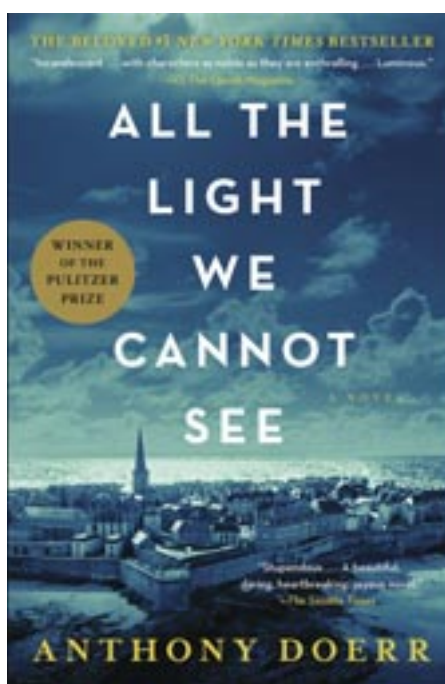
What do you do if you want a better understanding of the patients you work with every day? It is easy to feel ill-equipped to understand someone else's experience, particularly if they are going through the process of sight loss. You might turn to a textbook for insight, but have you thought about how novels and memoirs can help you better understand the experience of living with various eye problems? Read on to find out more about sight loss in literature and beyond.

METAPHORS AND PLOT DEVICES

Blindness has been used as a literary metaphor and plot device for thousands of years. In Greek mythology, Tiresias was a blind prophet of Apollo in Thebes, famous for clairvoyance and for being transformed into a woman. He was blinded as a punishment after he stumbled upon goddess Athena while she was bathing. His mother tried and failed to bargain for his sight to be restored, but instead Athena gave Tiresias the gift of understanding birdsong. His story was part of the inspiration for Virginia Woolf's *Orlando*, and more recently poet and spoken word artist Kate Tempest has written about Tiresias in *Hold Your Own*.

You might also be familiar with the myth of Oedipus who, after being abandoned at birth, killed a stranger who turned out to be his birth father and married his mother, Jocasta. On discovering what had happened, she hung herself. Oedipus then blinded himself, as a self-punishment, and a metaphor for his lack of insight.

Shakespeare also used blindness as a metaphor for lack of insight in the play, *King Lear*: Lear fails to 'see' his daughter Cordelia for who she truly is. The root of



Anthony Doerr's bestseller explores themes of sight and sound

Lear's problems is his lack of good judgement, and the Earl of Gloucester, a powerful lord in his court, is also 'blind' when it comes to telling the difference between his sons. Eventually, Gloucester's eyeballs are plucked out, making his literal blindness symbolic of his inability to 'see' the truth about his children.

These myths and stories may not be that helpful in developing a better understanding of people with sight loss but they do give us an important pointer: no-one believes people are blinded as punishment today but we should also be wary of our deep-rooted preconceptions when someone has a sensory loss.

Sight loss is very much present in modern fiction, from John Wyndham's *Day of the Triffids*, where there is a global epidemic of blindness caused by an aggressive plant, to

Jose Saramago's 1995 book, *Blindness*. This is the story of an unexplained mass epidemic of blindness afflicting nearly everyone in an unnamed city, and the social breakdown that swiftly follows. Social order unravels after the outbreak.

Writing about a blind society offers the author the opportunity to strip aside some of the things that maintain civil society: the question 'what would happen if we could not see?' becomes ever more pertinent in our modern-day culture which is dominated by screens. The scenarios in this type of literature can make you think about how we use our senses.

Anthony Doerr's *All the Light We Cannot See* is a recent hit novel, having won the 2015 Pulitzer Prize for Fiction and the 2015 Andrew Carnegie Medal for Excellence in Fiction. It presents life in WW2 Paris through the eyes of a girl, Marie-Laure, who has been blind since the age of six. The story is compelling, and Doerr has obviously considered Marie-Laure's experiences, but writing for the US National Federation of the Blind, Molly Faerber says: "I can't help but find it disappointing that Doerr did not push himself to incorporate details that might lend his work more credibility and this character greater truth".

In particular, she raises the issue that, having lost her sight as a child, Marie-Laure would plausibly have had feelings about her sight loss, which are not included in the novel. Marie-Laure's father has made her a scale model of the city to enable her to learn her way around.

In a more damning write up of *All the Light We Cannot See* for *Lighthouse*, Sheri Wells-Jensen says: "Not a single blind person I have ever met would count thirty-eight storm drains on a walk downtown. We walk to work, to the bakery, and back home again and manage this without the benefit



Author Lina Meruane, and her book about sight loss



of a single 3D model of the park benches we pass. We can also tell night from day.”

Doerr is obviously interested in life without sight. In his book of short stories, the title story, *The Shellseeker*, examines the experience of a blind man who has travelled the world collecting shells. Again, it is interesting to question the different modes of writing; when writing about someone with sight loss is it an incidental, or fundamental to the plot? Does the novel’s protagonist dwell upon their lack of sight or take it for granted?

Blindness isn’t a static thing; for most of the people we see in practice it is an ongoing process of sight loss, with a rollercoaster of emotions that accompany it: denial, anger, grief, loss and acceptance. Just like the plot in a good book there are highs and lows. Stories about sight loss usually end with some sort of resolution; we must remember that for people experiencing sight loss there often is no neat ending. Despite that, small changes, like better lighting, a higher add and closer working distance can change a tragedy into a story that the person can live with.

SEPARATING FACT FROM FICTION

Moving on from the entirely fictional, I recommend that anyone who wants to understand more about sight loss should read *Seeing Red* by Lina Meruane, a Chilean novelist, essayist and journalist who has experienced sight loss herself. *Seeing Red* traces the struggle of a young writer with diabetic eye disease that leaves her blind for a period of time while she awaits further medical intervention.

Described by reviewers as ‘autofiction’ or ‘between fiction and memoir’, it is clear that this tale is firmly rooted in reality,

and it gives one of the best written experiences of sight loss that I have come across, with vibrant language and insightful analysis.

Lina Meruane explains her motivation in writing the book and clarifies the distinction between fiction and her own experiences: “As the event of losing sight, temporarily, had occurred to me some ten years previous to my writing of the novel, my interest in telling this story was not to bear witness of the event. I was not interested in the genre of memoir, and my personal story is only there in the bits that were useful to the novel.

“I had become interested in reflecting on how other people relate – or refuse to relate – to the sightless, on how other senses are lost when sight is interrupted, on how everything one remembers remains utterly visual, and how memory operates in a blindness of sorts; we are never looking at what we are remembering, therefore, all writers write as blind people!

“I particularly wanted to examine how blind people are perceived in our culture – society thinks of the disabled as *unable*, and *dependent*, but in fact people who lose something are quite strong and learn to use everything around them, including others. I asked myself how far this use might go, and where use turned into abuse. This is the real theme of my novel, power.”

WHAT CAN WE LEARN?

What can we learn as practitioners from all

this literature and metaphor? One thing to take away is that blindness isn’t one thing. Every book we read, every film or play we watch, gives us a different experience of blindness. A stereotype is “a preconceived and oversimplified idea of the characteristics which typify a person, situation, etc.; an

attitude based on such a preconception. Also, a person who appears to conform closely to the idea of a type.” It is easy to think of stereotypes of blindness, even more so if you work with people with sight loss every day.

In reading diverse novels and essays on the topic, you can aim to achieve a better understanding of the very different experiences of sight loss. Reading a novel is a very pleasant way to take work home, but you can also find many different personal stories online nowadays.

Lina Meruane says: “My book is not a thesis and

thus, I did not write this book with the idea of teaching any reader anything specific... I only hope different readers take away different ideas and reflections about the loss of sight and the uses and abuses of love and medicine.”

FURTHER READING

Want to read more? You may want to read one of the books mentioned – or why not read some writing by people with sight loss, <http://lighthouse-sf.org/interpoint>. The book and film by John M Hull, *Notes on Blindness*, are based on his diaries and have been described by author and neurologist Oliver Sacks as: “The most precise, deep and beautiful account of blindness I have ever read”.

JL Borges wrote an essay/lecture on blindness, based on his own experience of progressive, inherited sight loss. He examines his own blindness and that of other book lovers, writers and poets. He recounts the loss of his eyesight and how terrifying it was – initially – for an author.

And finally, in her book, *Stigmata: Escaping Texts*, Helen Cixous writes about living as a myope in the essay *Writing Blind Conversation with the Donkey*.

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

Learn with ABDO about the 'rare, weird and wonderful' at 100% Optical 2018

Education at ExCel

At the fifth annual 100% Optical at the ExCel London from Saturday 27 to Monday 29 January, the Dispensing Workshop programme will be packed with dispensing-related CET. As part of that, ABDO will be offering three discussion workshops, repeated each day providing three interactive CET points each.

"As always, ABDO's CET programme at 100% Optical will range across the competencies for dispensing opticians, contact lens opticians and optometrists," said ABDO head of CET, Paula Stevens, "highlighting the need to always provide excellent patient care via practice scenario discussions and looking to the future in manufacturing technology and ophthalmic lens production."

SUPER SKILLS AND TECHNOLOGY

Kicking off proceedings on the Saturday at 10.30am will be ABDO sector skills



Nick Walsh in the ABDO Arms

development officer, Nick Walsh, with his discussion workshop entitled, 'Lens manufacture and design – now or next?'

During this session, delegates will learn

about new manufacturing techniques utilising methods, such as 3D printing, and how these differ significantly from conventional and freeform lens production. Attendees will gain more technical knowledge to underpin their dispensing of innovative lens designs, and learn appropriate applications with full consideration of the patient's lifestyle. Nick will repeat his presentation on Sunday at 11.30am and on Monday at 10.30am.

In their peer discussion session, 'All in a day's work', Angela McNamee and Keith Cavaye will look at tricky contact lens-related



A dedicated space to meet

situations in practice, giving guidance for both DOs and CLOs and teaching problem-solving skills. This session can be booked for Saturday and Sunday at 1.45pm, and on Monday at 12.45pm.

Finally, immediate past president of ABDO, Peter Black, will present a discussion workshop reminding delegates of their 'super-skills' as qualified practitioners, particularly in their regulated areas of practice. Entitled 'Once in a lifetime, or once in a week? Unusual and rare cases from optical practice', Peter's workshop will cover the referral of sight-threatening emergencies, less urgent but potentially life-threatening conditions as well as those highly memorable complex dispensing situations practitioners occasionally find themselves in – such as patients with very high powered lenses and paediatric complex lens dispensing. This workshop will run on Saturday at 3.45pm, on Sunday at 4.15pm and on Monday at 3pm.

"Dispensing opticians and CLOs in need of the difficult-to-get competencies should book to attend these workshops – as well as anyone wishing to learn about the rare, the weird and the wonderful from their fellows," advised Paula.

The ABDO Arms will once again provide a dedicated 'pub' space for members to catch-up, network and talk business with colleagues and exhibitors. As well as an opportunity to meet with ABDO board members and staff to discuss ABDO's strategies, there will be a space for members to catch up with the teams from *Dispensing Optics* and ABDO College, where visitors can find out about the range of ABDO courses. These include WCSM courses and degree programmes run in conjunction with Canterbury Christ Church University.



A busy education programme is promised

LOOKING AT THE BIGGER PICTURE

As well as the ABDO CET programme, the Association of Optometrists will be providing a full programme of education. On the main stage, keynote speakers will cover topics such as myopia, paediatrics, orthokeratology, glaucoma, vitreoretinal disease, uveitis, OCT, as well as insights into the future direction of the profession. Speakers include Allon Barsam (refractive surgery), Doug Perkins and Paul Morris (future of optical commissioning), Professor David Crabb (dry AMD), Professor Bruce Evans (dyslexia), Sameer Trikha (glaucoma surgery) and Professor Mo Jalie (modern progressives).

There will also be education streams for the wider practice teams in the new Optical Academy, including sessions on career progression and frame fitting skills for optical assistants and communication skills. Other topics to be covered in the Optical Academy include dry eye, OCT and artificial intelligence. In addition to his ABDO workshop, Peter Black will lead a workshop on rimless repairs.

The Fashion Hub will offer sessions for optical assistants and support staff led by Sally Bates and Garry Kousoulou, running in between fashion shows on the revamped 20/20 Catwalk, while the new Future Practice Hub will provide a glimpse into the future of optical practice from a clinical, regulatory and professional perspective.

All of the ABDO discussion workshops are free to attend and can be booked online on a first come, first served basis at www.100percentoptical.com, where full details of the educational programmes can also be found along with registration details.

Immerse yourself in the future of optical practice at Opti Munich next month

Shopping for the future

In a new FutureShop zone in Hall B4 of the fairground Messe München, visitors to Opti Munich from 12-14 January will find an abundance of technological innovations – from clinical diagnosis through to customer service. Furthermore, visitors are promised the opportunity to learn more about optical business concepts, digitalisation opportunities, and how to 'thrill' customers and patients with unique practice designs.

Housing virtual mirrors, interactive systems and displays for practice windows and interiors, 3D printers, software solutions, high-end technology for consulting, diagnosis, refraction and adjustment, measurement and screening devices, as well as impressive practice design, Opti's new FutureShop has been conceived to help practitioners experience how they can continue to attract and build business into the future.

Talking about the new feature, Bettina Reiter, project manager of Opti, said: "The demands and desires of the customers are becoming increasingly discerning. During their visit to an optical specialist shop, they not only expect high competency, first-class service, and the latest technologies, but they also want to feel good and have a unique experience visiting. This is exactly what we want to show with the FutureShop at Opti."

IMMERSIVE EXPERIENCE

The FutureShop, which is divided into a reception, experience, and test area, was developed in cooperation with opticians, exhibitors of the optics industry, experts of the Zentralverband der Deutschen Augenoptiker und Optometristen (ZVA) (Central Association of German Opticians and Optometrists), and Aalen University.

The technical equipment of the refraction and screening room will be provided by Opti exhibitors including Topcon, Zeiss and Oculus, all of which will present numerous innovations in the new zone. Meanwhile,



the shop fitting company, Heikaus Concept, whose customers include not only optometrists and audiologists, but also fashion stores, fashion labels, jewellers, as well as customers in the wellness and health industry, have been responsible for the planning and interior design of the zone.

"Besides the products, the personality of the owner, and a motivated team, the way that products are presented is a driving factor behind business success," commented Marc Heikaus, manager and owner of Heikaus Concept. "The FutureShop will show visitors what possibilities there are today in terms of function, atmosphere, and comfort, to equip them for the future and inspire them to develop fitting concepts for their own shop. After all, what is better than customers that have become true fans?"

Students from Aalen University will guide visitors through the FutureShop every 30 minutes and explain special features and new technologies and devices in German as well as in English. But visitors can also explore the FutureShop on their own, with no advance booking required.



Opti will also offer visitors daily guided trade show tours on the topic of Optic 4.0 digitalisation in both German and English. The tour will take in selected highlights from relevant exhibitors embracing digitalisation within their product portfolios.

Digitalisation will also be one of the main topics at the Opti Forum, with Professor Dr Anna Nagl from Aalen University discussing relevant international market developments in her presentation, 'Practical example: business model for digital opticians' on the Saturday at 2.40pm, and demonstrating new opportunities and solutions.

On the Friday at 4.20pm, Gerhard Gammel and Sebastian Meindl will ask optician masters and students of the Masters programme MSc Vision Science and Business at University Aalen: 'Self-employed opticians – quo vadis?' They will introduce the topic of digitalisation, discuss opportunities and risks, and present options for action on how to be successful in the market in the future.

As reported in last month's issue, the addition of a new Hall B4 is set to bring space and expansion opportunities for the annual trade fair. With the current new hall assignments, GHM is already laying the foundations for the further development of Opti for 2019 and beyond. Two new halls, C5 and C6, are being built at the fairground and are scheduled to be completed in the autumn of 2018 ready to move in to at the start of 2019.

To view the Opti 2018 programme and information about attending, visit www.opti.de



October's National Consultation Day provided members with a chance to hear updates on ABDO activities and progress

"A great time to be in optics"

ABDO president Fiona Anderson opened this year's National Consultation Day (NCD) by welcoming almost 50 members to the Macdonald Burlington Hotel in Birmingham city centre. She started with a review of a busy year of ABDO activities, both in the UK and overseas.

"We have had 26 days of exams, the busiest exam session in memory," Fiona explained. "Membership numbers are growing, and will continue to do so with 1,700 plus trainee DOs in the system. It is a great time to be in optics."

Fiona also highlighted the GOC Education Review and the review of the Scottish GOS contract and low vision services as future drivers for change. Thanking staff and members for their support, she added: "In my role as president, I meet colleagues from lots of places – and they say, 'ABDO is everywhere'. It is true that we are moving the organisation forward and with your commitment we can take ABDO to new places."

DESIRE FOR CHANGE

Barry Duncan, head of policy and development, then spoke about the regional structure and how within its first year it was actively working with NHS England, Scotland, Wales and Northern Ireland. One objective for the new structure was to have a DO on every LOC/AOC/ROC. Despite starting from a lower level of involvement than had been anticipated, Barry said: "We are now represented on around 80 per cent of committees and are continuing to find people who will put themselves forwards." He explained how DOs were now being recognised by NHS England, and that from April 2018 DOs and optometrists in Scotland would be on a national list.

Clive Marchant, ABDO vice president, gave an update on clinical matters and the first-year activity of the National Clinical Committee (NCC). He said: "There is a desire for change. Optometrists are progressing into ophthalmology and independent



ABDO and College staff with executive and regional members

prescribing, and as they move up there is a role for DOs to progress."

One particular piece of progress was the acceptance of contact lens opticians as providers of MECS, including glaucoma monitoring. Clive outlined how ABDO would be involved in delivering the necessary training on the anterior eye, and in assessing practitioners, as well as ensuring accredited practitioners would be covered for this work.

Clive spoke about low vision (LV) services and work with LOCSU. He said:



ABDO VP, Clive Marchant

"Our NCC experts have come up with a simple LV kit that everyone can use in practice." He also spoke about the appetite

for refraction, with a course already prepared, and predicted a change in the Opticians Act.

Next Richard Whittington, chief operating officer at LOCSU, addressed the meeting. He said: "A year ago, 30 per cent of clinical commissioning groups (CCGs) were commissioning extended services. We now have 60 per cent of CCGs commissioning MECS or with a written intent to do so. In a year, we have doubled the number of schemes, and doubled the

revenue generated for the sector. This shows how the commissioning environment has changed."

Richard emphasised LOCSU's gratitude for support and investment from LOCs – which has generated an extra £3.5m for the sector. He added: "We will continue to support LOCs and primary eyecare companies [PECs] in an arena where PECs are evolving very quickly, with a new wave of people coming through into leadership."

ABDO communications consultant, Antonia Chitty, spoke about ABDO's work using social media to promote eye health to the public, via the EyecareFAQ campaign. Entering its fourth year, the campaign has had nearly one million online engagements, and work to engage ABDO members via social media is ongoing. She also reviewed the annual ABDO Radio Day, which focused on low vision and reached more than seven million listeners.

Paula Stevens, ABDO head of CET, spoke next telling members that there had been 46 CET events so far in 2017 with more to come. Every event had a waiting list and so to meet increasing demand, the CET department was building resources to allow members to generate their own CET via Go Local events and case study resources soon available as a new pack.

The regional leads completed the day, each sharing an update of activities in their area, with an extensive range of CET days as well as involvement in local and regional events, media training and the Radio Day.

Frequently asked questions

answered by Kim Devlin FBDO (Hons) CL

READY READERS FOR DRIVING

A query recently received at the Membership Department asked if it would be illegal for someone to wear ready readers for driving. The answer is a little complicated, which is not unusual in these columns.

It is not illegal for anyone to use ready readers for driving, providing the vision they achieve is up to the standard required by the DVLA. On the other hand, the law states very clearly that ready readers may be sold solely for the correction of presbyopia. This means they may not be sold to a patient asking for something to drive at night in. But is it reasonable to expect the shop assistant in the pound shop or similar to ask what the customer intends to use them for?

I think a disclaimer on the sign above the display, advising customers that the readers are only for close work and should not be worn for driving, would be a sensible solution but I doubt that would happen in many outlets. It

might dissuade some from buying them, but not all by any means.

Then there is the thorny issue of Internet sales; we have all seen ready readers for sale online in a range of guises, sunglasses, bifocal etc, all contrary to the Opticians Act. And we have all been horrified by the availability of minus lenses in 'ready reader' form; lenses of equal power, not centred correctly or conforming to any prescription in date or otherwise, which members of the public may purchase for driving or any other activity.

Certainly, this is illegal but prosecuting websites is a difficult and costly business. Is it good use of registrants' money to pursue such cases? ABDO has encouraged the GOC to write to the large companies reminding them of the law and the possibility of litigation. There was a mixed response: some sites heeded the warning, some did not.

The simple answer to the query is that it is not illegal to wear ready readers to drive but it is illegal to sell them for that purpose. As I said earlier, it's complicated isn't it?

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>

Deal or no deal?

FUN *****
FUNCTION *****

TRIED & TESTED

Wheeler dealer, Stuart Wellings FBDO, road tests a new educational card game

Deal With It is an optical card game developed by optometrist Michelle Snowball, designed to help players develop their communication skills. It's aimed at both optical professionals and students/trainees.

The game comprises of a set of playing cards, each with a scenario, prescription and condition. Along with the scenario cards are five action cards: explain, manage, signs and symptoms, adapt and respond. The instructions advise that you select how many scenarios you wish to attempt, allocate a set time for each player, and then respond to an action card.

In our group of four DOs we decided to set the timer for two minutes per scenario and deal out a number of cards each. We then went around the table in turn. The person whose turn it was read their card out and then randomly picked an action card to respond to. During the allocated time, the person who drew the card had to explain how they would respond to the selected action card and discuss the condition, prescription and scenario before the time ran out.

The game itself was fun and the timer encouraged you to think fast, adding a bit more excitement to discussing case records. With a wide variety of scenarios to choose from and five action cards there are 500 different combinations, giving you vast array of problems to discuss.

We did find that the scenarios were more geared towards optoms as there was a lack of dispensing problems to solve. The addition of some scenario cards detailing



patients who, for example, may be having problems with their spectacles or who require a more specialist dispensing solution would be a welcome addition. Another action card where you discuss what dispensing options are available could

possibly help with this.

Overall I found the game worked well as a training tool. It could also be used as an ice-breaker session as part of larger group training sessions as it encourages each player to engage and contribute answers and ideas. It would also make an excellent study tool as its flexibility, wide range of scenarios and possibilities, can both test your knowledge and highlight areas where you need to improve.

I don't believe it would work as CET, however, because of the specific competencies and learning objectives required. The scenario cards could, in theory, be used as the basis for a peer discussion case record but you would need to use each of the five action cards to ensure that you have covered the subject in enough depth to satisfy the GOC criteria. All in all, however, I think the game's a worthy addition to the DO's arsenal of training and study tools available and well worth having.

www.msnowball.org.uk





Max Halford reports on this year's National Optical Conference in Warwickshire

“It's all about competencies”

The 2017 National Optical Conference (NOC) took place on Thursday 9 November at Chesford Grange in Kenilworth. An annual event for local optical committees (LOCs) organised by the Association of Optometrists (AOP) for the Local Optical Committee Support Unit (LOCSU), the NOC is generally considered to be the premier event for everything 'enhanced services' in primary eye health care.

Whilst dispensing and contact lens opticians have been attending the NOC for many years, it is only in the last few years that ABDO has made a concerted effort to attend as a 'team' to promote and explain the importance of DOs and CLOs in primary eye health care.

CHANGING CONSTITUTIONS

Usually run over two days, this year's NOC was condensed into one with a separate meeting for LOC chairs the preceding evening. This was an opportunity for LOC chairs across England to get together for a panel discussion led by Trevor Warburton, clinical advisor to the AOP Legal Department, with Richard Whittington, LOCSU chief operating officer, and Alan Tinger, chairman of the LOC Central Support Unit.

Requests for discussion topics at this event included the new 'DO-friendly' constitution adopted by Devon LOC. Richard explained that LOCSU was seeking a legal opinion on this change and if this was positive then a new constitution containing the Devon change would be drawn up by LOCSU and recommended out to all LOCs. I was able to answer a question from the audience on how this change would positively impact on DOs' ability to contribute fully to LOCs. We then went onto discuss sustainability and transformation partnerships (STPs) and primary eyecare company (PEC) mergers.

The LOCSU idea of PECs coming together to form 'super PECs' is that there would be savings in infrastructure costs,



Each year the NOC attracts more and more DOs and CLOs

such as IT, governance and accountancy. The move would also benefit STPs, which would only have to deal with one 'super PEC' rather than a number of PECs. The chair of Dorset LOC, Chris Newall, spoke to colleagues about the LOC's journey in joining Southern PEC.

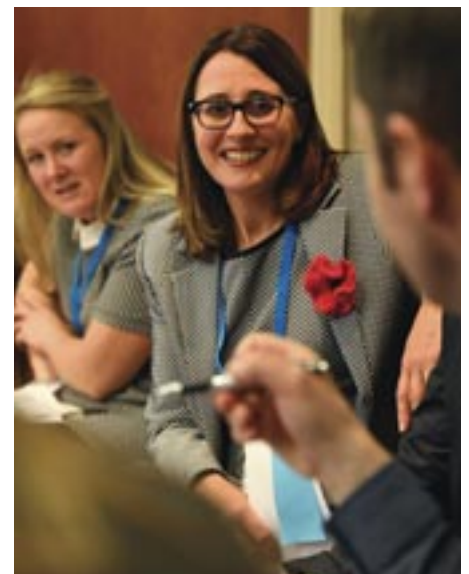
Richard spoke further about these matters and explained how LOCs should be using the NHS's failure to deliver its 18/52 pathway as a lever to 'sell' opticians as a solution to the problems in secondary care. He also spoke of the slowing down of commissioning as clinical commissioning groups (CCGs) waited to see what STPs planned.

Questions were also asked around the Information Governance Toolkit, which is being replaced and hopefully linked to Quality in Optometry, and how to engage with a CCG that doesn't want to talk to you (the short answer was to utilise your contacts in your area's local medical committee). We then finished the session with a presentation from the Central Optical Fund.

At the same time as the chairs were meeting, clinical governance and performance leads (CGPLs) were in a meeting chaired by two of our colleagues – Abi Page, ABDO regional lead for London, and Simone Mason, LOCSU's new digital support learning officer. Abi and Simone discussed how LOCs could best support their CGPLs

and how they could, in turn, support LOCs. They then moved onto discussing PEC structures, and Simone's new role at LOCSU.

A buffet dinner and a lot of networking was then undertaken with obvious enthusiasm; old acquaintances were renewed and new friends made. This is one of the main advantages of the NOC, as there is a huge amount of experience in the room and a real sense of enhanced service delivery as a common goal.



Simone Mason and Abi Page lead a discussion

FOCUS ON THE ROAD AHEAD

The next day started bright and early with a short welcome address from Alan Tinger. Dispensing optician colleagues in the room were delighted when Alan directly referred to DO colleagues and welcomed to the event Tony Garrett, ABDO general secretary and chief executive, and Fiona Anderson, president of ABDO. Alan explained that ophthalmology colleagues were increasingly talking of patients losing their sight due to delays in secondary care and the need for something to change in delivery, ie. enhanced services, to stop this from happening.

Richard Whittington then took to the stage to give a review of the year and a 'where we are going' report. There was recognition of the huge challenges ahead as commissioning slowed down due to STPs. By the end of last year, 55 per cent of CCGs had commissioned MECS, 39 per cent had commissioned cataract post-op and 11 trusts had community monitoring services for glaucoma.

LOCSU's aims for the year ahead, Richard explained, were to continue to support LOCs and PECs, to deliver year two of the LOCSU Breakthrough Strategy, support the development and delivery of new clinical models, and to develop and deliver community monitoring services (CMSs).

Richard then spoke of how CMSs could not be delivered by the 'optom' model but had to be a 'whole workforce model', which must include DOs. He moved on to explain the importance of the development of an electronic record system as the professions had only 10 months before this would be the only way to refer into the acute hospitals because it was in all acute contracts.

Next up was a panel discussion with Richard, LOCSU head of policy Richard Knight, LOCSU clinical director Katrina Venerus, and Alan Tinger. Questions from the audience included: "How will the IT work after PEC mergers?" (answer: IT is being updated for the OptoManager system); and "How do we engage with the whole workforce?" The answer to the latter was the involvement of CLOs in MECS and constitutional changes within NHS England. This all sounded very positive and there was comment that it's "not about the title but the competencies" when it came to workforce.

The next question was about a change in government: "What would this mean for the sector?" It was felt that a new government would move to centralised commissioning, which means the planned moved towards Super PECs would pay off. There were lots of additional questions, which led to some excellent debate.



Delegates break out for discussion workshops

WORKSHOPS AND DISCUSSION

We then had a choice of five workshops to attend: 'A day in the life of a CGPL'; 'Commissioning eyecare services with STPs'; 'Community monitoring for glaucoma'; and 'The governance game'. Presenting the commissioning workshop, Richard Whittington set some context by talking of the four-hour A&E target and the 18/52 cancer target and the fact that the CCG takes the punishment when the trusts fail. The answer to the failing CCGs was the STPs, which consist of the CCG plus the local council plus the voluntary sector. Due to the huge cost of ophthalmology, it is hoped that all STPs will choose this service as one of their big focuses.

Devon LOC has just won the tender for the Community Monitoring Service for Glaucoma, and so the glaucoma monitoring workshop presented by Katrina Venerus and LOCSU lead, Darmesh Patel, was of particular interest. In summary, consultants are reporting a backlog in the service, which is causing a delay in seeing follow-ups.

As the number of ophthalmologists remains stable, and the prediction is for a 22 per cent rise in glaucoma over the next 10 years, where is the capacity going to come from? All new glaucoma patients are on what is termed a 'targeted pathway' so no delays are tolerated. The headline information from this workshop was that 60 per cent of glaucoma patients could be seen in the community.

The attendees were then treated to a very informative, and very funny speech from Keith Valentine, CEO of Vision UK, a group that describes itself as "small, smart and



Keith Valentine of Vision UK



Successful candidates from the Leadership Skills for Optical Professionals course

useful". Their website, www.visionuk.org.uk, is well worth a visit.

There followed a presentation and Q&A by the Primary Care Support Unit (PCSU), a partnership between NHS England and Capita which provides support to the NHS in the delivery of primary care services. The PCSU deals with ophthalmic payments, CET grants and performers lists, etc.

As you can imagine, there were some strongly put questions and some expressions of dissatisfaction with the service to date, and it was interesting to hear plans to improve things going forward. The PCSU is also charged with payment transformation and the introduction of eGOS.

After a brief presentation from the team at OptoManager, it was back to the main hall to listen to Richard Whittington's take home message. It was an opportunity to reinforce the urgency of the electronic referral system introduction and LOCSU's aspirations for PEC integration. Richard spoke about the importance of making PECs equitable, comparable and efficient to drive cost savings. There was recognition of the need for LOCSU to facilitate evolution and the huge challenges ahead. However, it was felt we had the right workforce delivering the correct model.

In summary, this year's NOC was another excellent event. It was great to hear real recognition of the value that DOs are bringing to enhanced services and that the opportunities for DOs, and particularly CLOs, is about to get very much more exciting. The LOCSU team should be congratulated on delivering another successful conference.

I certainly left feeling optimistic for the sector and that, as a profession, we have a plan of action. However, the real highlight for me was the realisation that three years ago, dispensing opticians attended this event mainly as interested observers and within a short space of time we are now attending as engaged colleagues.

MAX HALFORD FBDO(CL) is diabetic retinal screening lead and chair of Devon LOC. He is also ABDO regional lead for the South of England.



With Sue Edwards
at Martin Smith
Opticians, Lincoln

Through the Pinhole

Martin Smith Opticians was established in 2004 by Martin and Hazel Smith and, as reported in the October issue, is the first practice in the UK to offer the Paskal 3D refraction system. In Through the Pinhole this month, we speak to dispensing optician Sue Edwards BSc FBDO, who has been with the practice almost from day one.

MEETING OF MINDS

Sue Edwards, like many people, didn't start out in optics – as she explains: "After qualifying with a degree in management sciences, I started my career in marketing for a finance company in London before moving into PR for a national construction company in Lincoln. What I didn't know then was what great training that would be for my current career. I loved the organisations I worked for and enjoyed chatting with people, and my passion was something I took with me when I moved into optics."

Sue's move came about when recession hit the construction industry. She recalls: "My then father-in-law had four practices, and invited me to join him. I knew nothing about optics at that stage beyond my own experiences of being a spectacle wearer from the age of four."

Sue completed the ABDO dispensing course in 1996 at the same time as working to upgrade the older practices and open two more. She says: "All that gave me plenty of experience of both bringing up older practices that were a bit tired and starting new ones from scratch."

After some years, Sue was looking for a new challenge. She says: "I was self-employed in 2004, and marketing myself as the locum who would work like you would in your own business. I hand picked good quality independents, the sort of businesses I still admire, and wrote to them."

In 2004 Martin Smith bought his practice. Sue says: "I dropped a note into Martin's practice after he had just bought it. He was so different – a dynamic young man in his 20s. It just felt fresh and exciting and from day one we got on. I'm tennis obsessed, Martin loves cycling, and we both have endless energy."

Sue continues: "I have been practice manager now for three years and we have driven the practice forwards based on the highest clinical standards and investment in technology, alongside individuality in frame buying and patient relationship development. Martin trusts me with everything out the front and he concentrates on the clinical aspects. I can select the brands and lenses I want, with financial control. We check in once a week and that works for us."



Martin Smith Opticians in Lincoln

BESPOKE APPROACH

Looking back at the early days of the practice, Sue says: "The first thing we did to make the practice stand out was a complete refit. We went around Optrafair and had designs drawn, but what I noticed was the tendency for every optical practice to appear the same, so we did everything bespoke. We picked a local specialist in commercial interiors, APSS, to design the practice for us – their first optical practice."

"I like to travel and in Paris I had taken photos of practice designs that I liked. I also looked at practical aspects like dusting. Our design is clean and gorgeous. We have an enormous piece of curved joinery with our own distinctive design of frame bars, and everyone says it looks amazing. The practice stands out: it is modern but appeals to the more mature person, and it is very comfortable. It fits for everyone of all ages."

It was at this point that Sue's background in PR and marketing became key. She says: "From the practice



Inside the modern practice



Helping a patient choose eyewear

redesign I could run with the PR. I identified a publication that met our target market, and have worked closely with them ever since. I send press releases about awards, the latest brands, we run events, and we shout about it all the time. I advertise regularly in the publications that work well for us. Our PR never ends."

One of the events that Martin Smith Opticians offers is colour and style days. Sue explains: "We pay a colour analyst for the day and bring customers in. They book ahead for half an hour of advice on what suits them, and there is no requirement to spend. We also do open days and charity events. It gets customers in between their eye tests and I feel we really get to know them."

As well as in-practice events, Martin Smith Opticians sponsors exceptional people. Sue says: "Sean Hodkin is the British number one tennis player under 18, and we provide his eyewear. We also sponsor local cycling clubs." Sue ensures that the practice is part of the local community too. She says: "We talk to people in the local florist, dry cleaners and tea shop, and we support their businesses. We are all a little way off the High Street so we all work together."

Alongside local PR, Sue aims to ensure

that the practice team has a focus on excellence and enters for awards. She says: "I have an incredible team. We have had in-house training from Simon Burgess via SightCare. I'm on SightCare's forums every day, in-putting and learning from other practices. Then I do a lot of staff training myself, and bring the lens suppliers in for training days. I'm keen on having well qualified staff, and have another full-time DO as well as myself, and I will support staff who want to specialise. Training really can set you apart from everyone else. I've also found that you have to enter for awards, as they distinguish you from the multiples."

Sue continues: "2015 was an exciting year as Martin won the highly acclaimed AOP Optometrist of the Year award, and was a finalist for the 2015 Optician Award for Optometrist of the Year. I was a finalist in the 2017 Optician Award for Dispensing Optician of the Year. Martin and the team are now finalists in the 2018 AOP awards for both Optometrist and Optical Team of the Year."

RADICAL ACHIEVEMENTS

The clinical side of the practice is another area where everyone aims for excellence. "Martin Smith was the youngest person to achieve the



Sue at the Paskal 3D launch event

Doctor of Optometry qualification in the UK, then he added independent prescribing," Sue explains. "Alongside working in practice, Martin focused his doctorate research on cataract, macular characteristics and lens opacities, with many of our patients involved in this vital research. He now has a certificate in glaucoma and is working towards a higher certificate, and we often get referrals from other practices. He doesn't stop!"

Sue and Martin are always scoping out the latest developments in optics. She says: "Last year we attended Optrafair. We were looking around separately and Martin messaged me to come and see something. That turned out to be the ground-breaking Paskal 3D refraction system, which we launched in our practice in October.

"We are the first practice in the UK to introduce this new sight testing experience to our patients, and Martin calls this the most radical change in sight testing for 150 years. I'm really excited by it. It uses polarised filters to allow you to test one eye, but with both eyes open. It is so simple, yet it makes things faster. To keep both eyes open for the sight test is more relaxing, more enjoyable, and I'm sure more practices will adopt it."

Reflecting on the way the practice has developed, Sue says: "We are not the place to come if you want to browse on your own. We talk to everyone who comes in, and we help them choose frames rather than leaving them to browse. We are booked four weeks ahead, and do all our first and second recalls by phone. We can talk to people that way, ensure that they book and take notes on what they need.

"We switched over from reminder letters around two years ago. It is easier and people expect it now. We know that's not for everyone, but it is a key part of our practice. We continually aim to provide the service that makes independent practice great. I love the work, I love talking with patients – and I feel that we are doing the best job we possibly can."



Dr Martin Smith demonstrates the Paskal 3D refraction system



ABDO Membership Services

Membership Officer

Following a review of staffing and future needs, a new post has been created in the ABDO Membership Services department.

The position of Membership Officer has been established to help and support the Head of Membership conduct and fulfil the executive functions of the department.

ABDO is seeking to recruit an ambitious and enthusiastic, qualified dispensing optician to this post.

The ideal candidate will be someone who "wants to make a difference" by helping to support and develop the Association as we move forward.

Possessing good communication and IT skills the successful candidate will have a passion for the profession and a desire to work alongside an equally dedicated team within ABDO.

In addition to supporting the Head of Membership Services in their executive role, the person appointed will be expected to

represent the department and at times the Association at both internal and external meetings. They will also have the willingness and flexibility to help or assist other departments within ABDO.

The successful candidate will be based in the Membership Services department office on the Godmersham Park Estate in Kent.

Attendance at meetings in London and some travel within the UK are to be expected as is the need to work unsocial hours from time to time.

This is a position for a team player who has something to contribute. It is unlikely that someone with less than three years in practice will have developed the necessary skills to take on this appointment.

A competitive salary and exciting career opportunity awaits the right applicant.



How to apply

Applications along with the names of three referees should be addressed to the Head of Membership Services, Unit 2, Court Lodge Offices, Godmersham Park, Godmersham, Canterbury, Kent CT4 7DT

The final day for applications is Friday 26 January 2018

Interviews will be held in late February with the successful candidate expected to take up the post at the beginning of April 2018.



Association of British Dispensing Opticians

Information for trainee contact lens opticians

If you have just begun, or are about to begin, practical experience, the changes in the timelines now require you to register your supervisor and practice with the ABDO Examinations and Registration Department. The appropriate application form was included in your initial contact lens training pack or is available from the examinations page of the ABDO website.

If you are planning to sit the **summer 2018** Contact Lens Practical Examinations for the Certificate in Contact Lens Practice, your examination form will not be accepted unless the following are in place:

- Your primary supervisor and practice are either approved by ABDO or that the appropriate application for approval has been completed and received by the ABDO Examinations and Registration Department. The deadline for such applications is **31 January 2018**.
- You have been successfully assessed in Competency 5.2 by the Association. If not, you should complete an application for a practice visit at which the competency assessment will be carried out. The deadline for such applications is **31 January 2018**.

Please note that your primary supervisor and practice must be on the ABDO register of approved supervisors and practices throughout any attempts of the practical examinations and until you have been accepted onto the GOC Contact Lens Specialty Register. Application forms for all of the above are available for download from the ABDO website.

PYBUS OPTICIANS CANTERBURY

QUALIFIED DISPENSING OPTICIAN

A fantastic opportunity to join our well-established family run, independent practice in the heart of Canterbury city centre.

We are looking for a full-time qualified Dispensing Optician, who is friendly, customer focused, self-motivated and who always gives excellent patient care and service.

Excellent salary, great working hours and a friendly and relaxed working environment.

For more information, please call Sarah on 07918748038 or send a copy of your CV to sarah@pybusopticians.co.uk

www.pybusopticians.co.uk

MO'S QUICK QUIZ – ANSWERS

- a. is correct, 1.8mm. The centre subs is 3.4mm and the thick edge = centre subs minus sag 4.00D at 40.
- b. is correct, 2.4mm. The CVF = 0.75. The centre subs is 3.1mm and the thick edge = centre subs minus sag 1.50D at 45mm diameter.

To place an advert, telephone 0781 273 4717 or email ncollinson@abdo.uk.com
Booking deadline for the January issue is Thursday 30 November. *Special rate for ABDO members*

Access Courses

An opportunity towards a career as a dispensing optician

ABDO College's Access Courses are designed to help prospective dispensing optician students to meet the necessary entry requirements. They are also a useful refresher for those who have been out of education for a while. The entry requirements for the ABDO College Level 6 Fellowship Dispensing Diploma (FBDO) and Foundation Degree/BSc (Hons) courses are five GCSEs at grade c or above, which must include English, mathematics and a science subject. Each Access course is considered the equivalent of one GCSE. The Access Courses are available in the five key subjects of English, Mathematics, Optics and Dispensing, Human Biology and General Science.

- Courses commence: February 2018
- Method: Distance learning
- Candidates should ideally be educated to GCSE standard and possibly have already attained some of the GCSEs required for enrolment to dispensing courses
- Duration: Approximately 20 weeks

Application deadline: January 2018

Access a pathway to become a DO

For further information and application forms for these and other courses, or to request a copy of the ABDO College Prospectus, please contact the ABDO College Courses Team on 01227 738 829 (Option 1) or email info@abdocollege.org.uk

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

www.abdocollege.org.uk



Make the most of your ABDO membership



Your 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!

