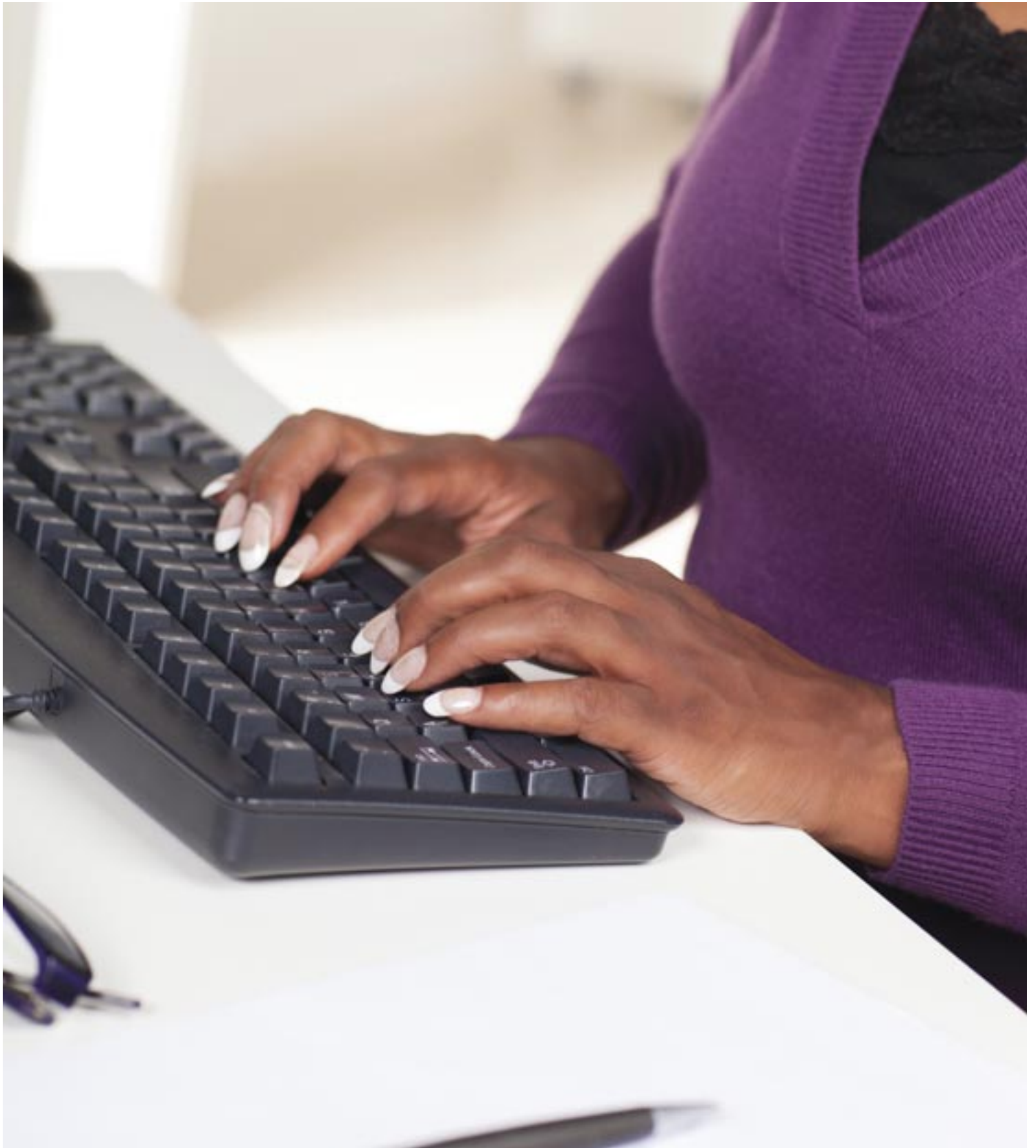


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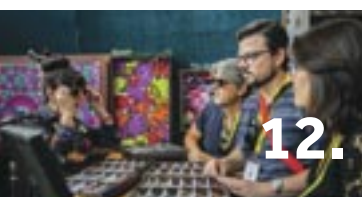
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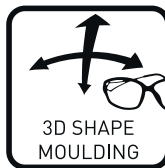
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ABDO Board certification

# DO Dispatches



## MOVING ONWARDS AND UPWARDS

**As I write this month's column, most optical practices will have reopened or made the necessary preparations to do**

**so. We are living in a strange new world in practice, with personal protective equipment and all the other constraints that Covid-19 has placed upon us – and yet there remains amongst many the hope and expectation that things will continue to improve.**

I have been hugely impressed by the sheer determination of so many people across the sector – and especially ABDO members – to get back to providing the professional care and service that patients need. The past three months have been unimaginably difficult for everyone and the ABDO team has been doing everything it can to provide information, help and support to members.

Clearly, it will be some time before the full impact of the pandemic is understood. It may well be that some things never return to how they used to be. However, we have a duty to seek to promote the profession and seize whatever new opportunities arise.

Enhanced training will be at the centre of this, whether it be for the provision of minor eye conditions services, management training or low vision – and so now is the time to take the initiative. Do visit the ABDO College website to see all the training courses available, as well as the ABDO Business Support Hub for details of the next management and leadership course that you can enrol on.

We are here to assist your professional development in any way we can. Let's make sure that we get something positive out of such a torrid time.

### Sir Anthony Garrett

*ABDO general secretary*





# A DO and proud of it

**W**e are gradually emerging from one of the most life changing situations that has happened in my lifetime, taking stock on a personal, business and organisational level.

Just like many members, ABDO has been looking at ways to tighten the belt. We have furloughed as many staff as possible. Meetings staff and board members would have attended have been postponed or moved online. Communicating through video conference facilities saves money, has helped the team develop new ways of working, and will continue to be useful into the future.

Difficult decisions have had to be made. ABDO is suspending print issues of *Dispensing Optics* magazine for six

months. It will continue online through this period: you can get up-to-the-minute optical news along with the monthly magazine via the website.

Another hard decision has been to suspend the 2021 ABDO diary. We know how much members look forward to receiving this, but this change allows us to reallocate funds to where members really need them. Many more members have needed to call upon our membership team for support. As well as offering a listening ear, the team directs members to the counselling service included in membership, assists members in extreme financial hardship with membership fee holidays, and the Benevolent Fund.

ABDO membership still gives excellent value for money. Professional indemnity insurance covers you for any

clinical negligence in or out of the practice. All members have access to a legal helpline for advice. Access to selected British Standards, business support, advice and guidelines and *Ophthalmic Lens Availability Online* are all on the website. CET is provided without charge through regular webinars.

And lastly there is a range of discounts and savings, including cashback on everyday shopping and fuel. The average potential saving for a member who uses the discounts on offer is £479.70, which more than covers your membership fees.

Over the past several months, we have had to consider our priorities. Please be assured you, our members, are at the forefront of our thoughts and will continue to be as we emerge into a new world.

**#ADOANDPROUD**

## NEWS

JULY 2020

### GOC issues new ESR statement

**The General Optical Council (GOC) has issued a new statement on its Education Strategic Review (ESR) following comments made by ABDO general secretary, Tony Garrett, in last month's Dispatches column.**

The **statement** explains the purpose of the ESR and the action the GOC is taking to ensure everyone can contribute "at a pace they are comfortable with", said GOC director of education, Leonie Milliner.

Addressing concerns over the velocity of the ESR during the current climate, the GOC stated the Covid-19 pandemic had "sharpened the need" for requirements for approved qualifications to remain up-to-date as the "future accelerates towards us".

The statement went on: "Patients and service users, as well as employers and commissioners, expect student

dispensing opticians and optometrists to be fit for the future, with the right skills, behaviour and knowledge required for contemporary practice.

"Updating our education and training requirements will do this, ensuring the two professions remain relevant, meet patient and service user needs, foster innovation and offer an attractive career option in an increasingly competitive higher and further education recruitment landscape."

Tony Garrett responded by welcoming the potential of the ESR "to enhance the ability of dispensing opticians and contact lens opticians [CLOs] to develop their roles for the benefit of patients". However, he expressed disappointment that the papers submitted to the GOC's council meeting in July did not include any proposed new education outcomes for CLOs.

He said he hoped that in working towards a further public consultation in late July, the GOC would continue to be

mindful of the "enormous impact the Covid-19 pandemic is having on our members and the education sector – and of the need for consultees to have adequate information in order to make an informed response".

*Read the full version of this story on **DO Online**. ABDO will provide an update for members on the ESR in next month's issue.*

### NEW FLIP-THROUGH OPTION

Members will now be able to read *Dispensing Optics* (DO) as a flip-through experience via digital publishing platform, Issuu.

"As DO goes digital-only for the next six months, we wanted to continue to offer members a 'turn page' experience in addition to being able to download the journal as a PDF," said DO editor, Nicky Collinson.

Members will receive an Issuu link as each publication goes live. To flip through the June issue, visit **Dispensing Optics June 2020 on Issuu**.



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## Revised CET proposals “a positive step”

ABDO has described the proposals contained in the General Optical Council's latest CET consultation as “a positive step”, and is encouraging all members to respond by the deadline of 20 August.

The review proposals, which can be found on the **GOC Consultation Hub**, are based on feedback from the GOC's 2018 public consultation: ‘Fit for the Future: A lifelong learning review’ and include: replacing the current competencies of the scheme so that they are more flexible; allowing registrants more control over their learning and development and the ability to tailor it; enhancing requirements for registrants to reflect on their practice; and changing the name from CET to CPD (continuing professional development).

ABDO head of CET, Alex Webster, commented: “The changes proposed in the GOC CET consultation are overall a positive step towards building a broader approach to life-long learning for GOC registrants. Changing the scheme name to CPD will align optical professionals with



COMPETENCIES TO BE REPLACED

other healthcare professions and reduce barriers to inter-professional working.

“Following the coronavirus pandemic, eyecare in the UK will never be the same again as we expect to see rapid developments in more hospital services within primary care. Having a professional education scheme that can be easily recognised should be one aspect of a swifter approach to these changes.”

However, Alex added that she was “disappointed” that peer review was not being considered mandatory for all registrants. “Dispensing opticians fulfil an

essential role as a healthcare professional in the many different settings of optical practice,” she said. “I would like to see the GOC recognise now is the time to have an equal approach to continuing professional education for DOs.

“The original mandatory approach to peer review for optometrists and contact lens opticians was based on professional practice risk. However, this form of case-based learning is considered a highly effective form of education across healthcare professions and would be equally beneficial for dispensing opticians to help develop their patient care.

“The GOC has shown that the overwhelming majority of dispensing opticians already take part in this form of learning and as there is now the possibility of the GOC allowing a broader approach to online learning post Covid-19, access issues to peer review could be much less of a concern for those dispensing opticians who have yet to take part in peer review,” Alex concluded.

## Conscious coupling for eyewear line

In the spirit of its new Eco Conscious collection, Eyespace has pledged to plant a tree for every frame purchased in partnership with the One Tree Planted charity.

The collection is made up of 18 styles for men and women, designed in non-toxic bio-based acetate. Model Hemlock (pictured) is a retro style for men available in black and blonde tortoiseshell.

Each frame comes with biodegradable demonstration lenses and plastic-free FSC-certified packaging, which is fully recyclable and biodegradable.

[www.eyespace-eyewear.co.uk](http://www.eyespace-eyewear.co.uk)



ECO CONSCIOUS MODEL HEMLOCK

## Future funding discussions ongoing

As DO went to press, discussions on the future funding of general ophthalmic services (GOS) were continuing between NHS England and the Optometric Fees Negotiating Committee (OFNC).

A resumption of the full range of GOS work in England, subject to appropriate infection prevention and control (IPC) measures and appropriate personal protective equipment (PPE), was finally given the green light on 17 June when NHS England issued new guidance and an updated standard operating procedure.

The OFNC welcomed the return to



ROUTINE GOS BACK IN ENGLAND

routine GOS work in England, but highlighted the challenges in terms of infection risk, reduced capacity and income, and the wider impact on patients, the NHS and public health.

The OFNC wrote to ministers on 12 June, urging them to put in place further transitional funding arrangements for primary eyecare beyond the end of June.

Ongoing funding, argued the OFNC, was required to manage the transition, by continuing to provide remote consultation due to reduced capacity, prioritise face-to-face care, and to help cover the extra costs of PPE and other IPC measures.

Ministers and NHS England have responded to the OFNC's concerns, and further acknowledged the additional challenges and costs that domiciliary providers face. These include operationalising three weeks' notice requirements, additional IPC measures and the increased challenges of gaining access to care homes to provide eye health care during the pandemic.

Stay tuned to the ABDO Covid-19 guidance page, and *DO Online*, for all the latest news and updates.



## New leading role at Alcon

**Cheryl Donnelly has joined Alcon as international head, professional affairs.**

A registered contact lens optician, Cheryl will work closely with Carla Mack, head of global professional affairs, to drive Alcon's international priorities.

"As a highly respected member of the international vision care community, Cheryl brings her extensive experience gained in independent and large chain practices,

industry body positions, education and the wider profession within the UK, Europe and Asia," said Antoine Delgrange.

"With her leadership and passion for the industry, Cheryl will be crucial to connecting our vision care innovation agenda and portfolio of products to the needs of Alcon's customers."

Prior to joining Alcon, Cheryl spent five years as CEO of the British Contact Lens Association. She previously worked at Bausch + Lomb in professional services and medical affairs.



CHERYL DONNELLY



J BALVIN WITH MODEL SARAH ORREGO

## Capsule of colours

**The Guess and musician J Balvin partnership has returned with a second Colores capsule collection.**

The capsule features a three-piece eyewear collection available in a wide range of vibrant colours, such as havana blue acetate and orange crystal acetate, havana green acetate and green crystal acetate, havana amber and light crystal acetate.

The geometric and cat-eye shapes are inspired by J Balvin's album Colores, incorporating red, yellow, green, blue and purple tones, and is available from Marcolin.

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ALAN PITCHER

## In the driving seat

**Essilor has appointed a new commercial director to drive business solutions and growth for independent practices.**

Alan Pitcher joins Essilor with a background in the health sector, most recently in orthopaedic medical devices.

He said: "Much will undoubtedly change in this industry in the coming years, but I'm driven to see lens volumes return to pre-crisis levels and see key brands return to monthly growth before year end."

Tim Precious, managing director at Essilor, added: "Alan is a solid addition to the team and will undoubtedly drive the business forward and support ECP growth as part of our promise to be their best business partner."



BULGET KIDS EYEWEAR

## Showing their colourful side

**The latest Bulget Kids collection from Go Eyewear comprises of six new ophthalmic styles and three sunglasses, all available in four colors.**

Designed for children aged from four to eight years, Bulget Kids eyewear combines crystalline with opaque colours for a grown-up look. The sunwear styles come with polarised lenses.

## Senior OA course launched

**ABDO College has opened applications for its new Senior Optical Assistant course, aimed at those looking to become senior optical assistants and future dispensing opticians.**

The course now lasts a year, rather than two, and the content has been refined and updated to make it more relevant to the tasks a senior OA would do in practice. Students work through weekly assignments with the support of ABDO College webinars and advice and guidance from a personal tutor. Students should allow six to eight hours a week for study, and will receive all course reading materials as part of each unit.

ABDO College head of operations, Steve Hertz, said: "Student and employer feedback is a key driver in how we develop courses and it was clear that a one-year course to develop candidates



OA course students at a workshop

with an existing working knowledge of optical practice would be very useful.

"Students who complete this, or our introductory Optical Assistant course, will be accepted onto the FBDO programme. For students who want to enhance their skills in smaller steps, following the OA course with the Senior OA course as a one-year programme provides a great solution."

The course costs £950, and the application deadline is 28 August for a September start. For further information and to apply for this and other courses, visit [www.abdocollege.org.uk](http://www.abdocollege.org.uk)

## Clarification on testing rules

**The Association for Independent Optometrists and Dispensing Opticians (AIO) has issued a statement, reviewed by the General Optical Council (GOC), which it says makes clear that "no routine eye examinations or sight tests should have been conducted between the period 23 March 2020 and 15 June 2020 – and that any practice breaching the rules should therefore be subject to GOC fitness to practise (FTP) proceedings".**

The statement has been published on the AIO website following a meeting between the AIO and GOC CEO, Lesley Longstone. In a separate statement the AIO is inviting anyone aware of any breaches to get in contact with either itself or the GOC "in order that fitness to practise proceedings can be commenced in each case".

AIO chairman, Christian French, commented: "Whilst we are aware of, and fully understand, the motivation of the Change.Org petition that has been circulating [see News page 12], our focus is on ensuring clarity regarding the statements issued by our regulator, whilst bringing to account those who have broken those rules and denigrated our profession in such a blatant manner."

## Bookshop back up and running

**The ABDO College bookshop is now open again for all orders of books and optical equipment.**

The ABDO College bookshop offers an extensive selection of books relating to optics, contact lens practice, ophthalmology and more, alongside competitive prices on a range of optical equipment.

The bookshop closed temporarily while staff were furloughed, but has now reopened to allow students from all institutions to purchase the titles they need as they prepare for their studies resuming in September.

ABDO College head of operations, Steve Hertz, said: "I'm really pleased to be able to get the bookshop service back up and running. As practice reopening starts to gain momentum, we are here to help support colleagues in any way we can, be it extra or spare rulers and gauges to help with hygiene routines or the new reference books students will become well acquainted with over the coming academic year."

Visit the **ABDO College bookshop** to browse items and place orders.

## Guidance for domiciliary eyecare

The Optical Confederation's Domiciliary Eyecare Committee (DEC) has issued guidance to support the provision of eyecare to adults who are 'extremely clinically vulnerable' and 'clinically vulnerable', as well as those who are unable to leave home owing to physical or mental ill-health or disability.

Gordon Ilett, co-chair of the DEC, said: "Vision and healthy eyes are critical to people who cannot leave home, may have other long-term conditions or who are isolating. Eye disease is insidious and can be catastrophic. We must not fail the most vulnerable in society by denying them the eyecare they need to stay fit and well."

Read more on this and find a link to the guidance via [DO Online](#) news.

## New insights into eyecare access

Being a woman, disabled or poor means you have less access to eyecare – new research from international charity Sightsavers has found.

Women and those from a lower socio-economic background were often disproportionately affected by issues involved in eye problems – in one case, people with additional, non-visual disabilities were 10 times as likely to be blind or have severe visual impairment than those without.

The study, carried out by UK-based Sightsavers and partners in three countries, uniquely recorded disability and socio-economic status in five surveys



WOMEN MORE AFFECTED

of visual impairment across locations in India, Pakistan and Tanzania.

Lead author, Emma Jolley from Sightsavers, said: "These results add extra layers to our understanding of who has visual impairment, which is important if we're going to be efficient and effective in supporting them."

The full study has been published in the journal *Ophthalmic Epidemiology* and can be found on the [Sightsavers research centre](#).

## ABDO board elections to open soon

ABDO members will soon be asked to cast their votes in this year's ABDO board elections.

With nominations closing on 19 June, four members have been formally proposed to fill two places. The members standing for election are: Saima Begum, Kevin Gutsell, John Hardman and Les Thomas.

Ballot Papers will be distributed by Electoral Reform Services on 17 July. Voting will close on 1 September and the result will be announced on 4 September.

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EQUIPPING NHS WORKERS

## Hospital lens cleaner drop

**Glasklar UK has donated hundreds of bottles of its refillable spectacle lens cleaner to frontline NHS doctors and nurses at nearby Hastings, Bexhill & Eastbourne Hospitals.**

Ellie Jarman, Glasklar UK marketing coordinator, said: "Several of our Glasklar stockists have been providing free bottles of cleaner and free refills to essential workers, so the idea grew from there. We heard of a local ICU consultant who cleaned his spectacles using a high alcohol anti-bac wipe and damaged the surface coating as a result, rendering his glasses unusable."

The company said it would be implementing several other support initiatives enabling its UK stockist network to also support their NHS keyworkers locally.

## GOC revises practice re-opening statement

**The General Optical Council (GOC) has revised its statement on the re-opening of optical practices based on feedback it has received.**

The changes also incorporate new guidance from the governments and/or the NHS across the four nations regarding the resumption of optical services.

The regulator said it had worked closely with the College of Optometrists to ensure that its statement and their guidance were aligned.

Read the revised statement on the GOC website [here](#).

\* A Change.org petition, calling on the Professional Standards Authority (PSA) to investigate the GOC for "conflict of interest", had received more than 7,000 signatures at the time of going to press.

The PSA stated on 19 June that it was seeking information about the matters raised from the GOC, and that it would make a further statement in response to the petition within the next three weeks.

The GOC issued its **own response** to the petition last week, outlining its position on the issues raised. The regulator refutes claims that it changed its position between its statement on 23 March 2020 on the provision of essential eye services in England, and the one on 12 June 2020 regarding the re-opening of optical practices.

## Stepping back into the future

**Stepper has set out to customers how it plans to support independent practices in "the new normal".**

In a recent communication, managing director, Peter Reeve, writes: "Independent opticians are in a unique position to reconsider their business to meet the new challenges and opportunities. With a scale, a freedom of thinking and the ability to react to local needs, these challenging times can be viewed as an opportunity."

To help practices resume business as safely and successfully as possible, the company has introduced a range of new initiatives. These include new virtual ways of connecting with Stepper's business development managers, and a new-look



*Extra support measures in place* website with improved frame image viewing, catalogue search and online ordering.

Other measures to support stock flow include no minimum order quantities, no volume contracts, a next-day delivery service and an 'on approval' facility.

"As a great optician, you can add value to your community and Stepper can add value to your business. As business begins again, step by step we will learn how the future evolves," Peter concludes.

## Preparing for Paris return

**Silmo Paris is "all hands on deck" to welcome visitors back to its 2020 show from 2-5 October at the Paris Nord Villepinte.**

Some 700 companies have confirmed their registration, for an exhibitor attendance rate of 80 per cent, said the organisers.

Amélie Morel, chairman of Silmo Paris, said: "Silmo Paris continues to work on a daily basis to protect and enhance the industry. Resolutely positive and enthusiastic, our team is 'all hands on deck' to prepare the next edition of the trade fair.

"Since the lifting of lockdown has been unfolding smoothly throughout Europe, we are very optimistic and are more determined than ever to propose a forward-

looking 2020 edition rich in innovative content and friendly, inspiring encounters."

Get the latest show updates at

<https://en.silmoparis.com>



SHOW REMAINS SLATED FOR OCTOBER





COVID-19 COMMS SUPPORT

## Design service offered

**Charmant Europe is offering customers a free graphic design service for Covid-19 related communications.**

The company has created various templates, such as displays, posters and stickers, that can be used free of charge. As an additional service, customers can personalise the materials, for example, by inserting a practice logo, adjusting layout size, or including individual hygiene rules.

The company will provide layouts ready for use, and can arrange the production of bespoke elements at cost. Details can be found in the log-in area of the company's website, or via the sales team.



FABRIZIO CURCI

## Italian job

**Fabrizio Curci has been named as the new CEO and general manager of the Marcolin Group.**

Group chairman, Vittorio Levi, said: "We are very happy that Fabrizio is joining Marcolin to lead our business into its new phase of development. He is a seasoned executive with a vast and impressive international track-record in several industries."

Fabrizio Curci was previously CEO and general manager of Fiera Milano. He said: "I am pleased and proud to lead the management team of Marcolin Group and to step into this amazing industry."

## Rising to the R&D challenge

**CooperVision has repurposed part of its R&D and production facilities in Hampshire to enable it to produce bottles of hand sanitiser.**

Following a re-design of a laboratory in order to be able to handle the chemicals involved in the production of hand sanitiser, the project team repurposed machinery and composed new operating procedures.

"As a manufacturing organisation with an innovative in-house design team, we were keen to take on this challenge and contribute to supporting not only our own requirements for hand sanitiser, but also see if we could support the community in some way," said Steve



NEW PRODUCTION LINE

Mathieson, senior vice president of European manufacturing.

"Whilst we are unable to supply unlimited volume, we hope that we have been able to release some of the burden on the frontline local organisations who we have been able to support."

The company has also provided 3,000 face masks to Southampton General Hospital and contributed to the hospital's staff welfare fund.

## Business campaign supports homeless

**The National Eyecare Group (NEG) Business Club has launched its latest campaign – 'It's time for some one-to-one' – to support independent practices.**

Available as a 30-second animated video, conventional print and electronic media, the video can be tailored to feature members' practice logo and phone number at the end, and is delivered in HD square format optimised for social media. All proceeds from each sale will fund a sight test and a pair of glasses for a homeless person in partnership with Vision Care for Homeless People.

Log into the NEG Business Club at [www.practicebuilding.co.uk/neg](http://www.practicebuilding.co.uk/neg) to access this and other campaigns and resources.

## Evidence-led myopia education

**The British Contact Lens Association (BCLA) is inviting members to take up its new certificate course in myopia management.**

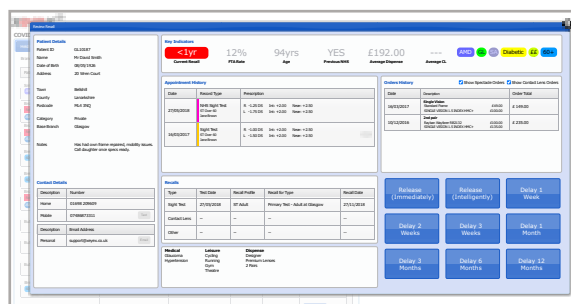
The online course features six recorded lectures and will include the latest evidence-based research, delivered by field experts including Gillian Bruce, Dr Nicola Logan and Professors Pauline Cho, Ian Flitcroft and Kathryn Saunders.

Contact lens optician and former BCLA president, Keith Tempny, spearheaded the new certificate course. He said: "This programme will create an understanding of myopia and the principles of different management strategies that can reduce the potential ocular health risks that our young and emerging myopes could experience later on in life."



DR NICOLA LOGAN

"The evidence base from cutting edge research is translated into practical guidelines and advice on how to introduce myopia management into your own practice," Keith added.



**Balancing clinical and commercial needs with Xeyex**

*As practices emerge from lockdown, we look at some of the latest developments in practice management software (PMS) designed to help new business systems and processes run as smoothly as possible...*

## Recall prioritisation made simple

Xeyex has launched a new feature called Covid19 Recall Manager to help practices maximise opportunities as they reopen. The module provides an overview of patients, both commercially and clinically, allowing practices to easily decide which patients to recall as a priority.

"During the Covid-19 period, we've seen a sharp rise in demand for our cloud-based management system, providing full and complete secure access to the PMS via a regular web browser," explained Grant Cardwell, Xeyex co-founder and CEO. "It makes it really simple to manage patients from home or allow staff to work remotely to create social distancing space in the practice."

Shortly after lockdown, the company deployed three new clinical templates for telephone-based spectacle and contact lens reviews and remote triage. This was followed by a new mobile app called Xeyex Connect, allowing customers to connect with other users and share ideas.

"During the first week, we had over 400 active users, and this engagement has continued to grow on the platform," added Grant.

# Getting back to business



**Optisoft.Net: easy-to-use and simple to set up**

## New spectacles dispensing module

Optisoft has been using the additional time provided by the ongoing pandemic to apply the finishing touches to its latest version of Optisoft.Net. The new Spectacles dispensing module has been beta tested and polished in practice, and is now ready for general release.

"Our new Spectacles module is very easy to set up and use," explained Des Mayhew, Optinet sales manager. "Our previous version relied on electronic catalogues from the suppliers for validation, but they were never kept up-to-date and we found that most of our customers were by-passing them; they simply wanted a fast way to record the dispense."

The new module doesn't require any lens ranges but still provides filtering to display the type of lens required for fast selection from a list. Manual entry for more obscure lenses not often dispensed is also possible.

Des continued: "Other features of Optisoft.Net will also prove to be invaluable such as automated notifications leading up to an appointment to relay information about the upcoming practice visit and triage purposes. The ability to send all communications electronically will also provide the best, most efficient options after the lockdown is lifted."



**Efficiency and productivity with i-Clarity**

## Flexible, functional and fully integrated

Dispensing optician and practice owner, Jill Sunderland, has been using i-Clarity PMS for five years and has "never looked back".

Jill said: "Locums who have experience of different PMS elsewhere always comment that it is one of the best they have used. As a DO and practice owner, I love all the functionality it provides – during the dispensing process, management reports and general practice, and staff management."

i-Clarity's communication module allows practices to send SMS and email communications to all patients, updating them on new procedures and opening hours. Its pre-screening module with customisable templates records answers to the recommended triage questionnaire, while its fully integrated eGOS solution saves staff valuable time. All the required information is automatically transferred from the record to the claim, and its link to the till means no payment goes unclaimed.

To go alongside its validated catalogue of contact lenses, the company is now finalising its new catalogue service for ophthalmic lenses. This will enable practices to download lens information and apply their mark-up, reducing time spent creating lens catalogues.

### Protection of profits by payment plan

Orasis PMS's monthly subscription payment plan is described as ideal for those practices looking to set up an eyecare plan.

"Our client base is now much more accustomed to paying monthly direct debits – and the benefit to your business is the steady monthly income which will help enormously with cashflow," said director, Linus Mason.

The reward and loyalty programme enables the practice to set its own prices and promote the benefits of individual plans, such as regular and continuous eyecare, optical coherence tomography, priority appointments, free servicing and repairs, events, discounts, free delivery and so on.

Kris Coleman, business development manager of Pabari Opticians in Birmingham, is an Orasis founder member practice from 1994. He said: "We offer a value-for-money personal eyecare plan. It's convenient for us and has been great for cashflow, particularly during Covid-19."

### Putting the flex into PMS

Optinet Flex is designed to help practices adapt to life post-pandemic in two key ways – via eRecall and online appointment booking.

"Letter recalls are expensive and place a workload on practice staff," said Chris Smith, Optinet business development manager. "Switch to email and SMS reminders and you will save money, fill your practice diary more quickly and reach your patients no matter where they are. At the click of a button, Flex can send all your email, SMS and letter recalls, while the option to send letters via Docmail is also fully integrated."

Regards the benefits of online appointment booking, Chris explained: "Traditionally after receiving their recall, a patient would either phone or pop in to the practice to make an appointment. However, giving your patients a live view of the practice diary, and the ability to book their own appointments, will reduce the number of calls and visitors to the practice."

"The Flex online diary lets you control which appointment times are available, the appointment reasons that can be selected, and it even allows bespoke information prompts to appear during the booking process," Chris added.

### Relaxed payment and module options

Winpro has launched a new payment plan for practices, with rental and one-off price options.

The new Relax contract includes the appointment, referral, recall SMS and email, dispensing, contact lens and remote support modules.

Pointing out the benefits of the system not being cloud-based, Carlton Platjes, head of Ipro UK, said: "When the internet goes down, practices can just carry on working. It also makes it a very valuable option for those who do home visits, or who work in remote areas of the UK."

The software can be integrated with diagnostic technology, while its hearing aid management system integrates with Noah, the de facto standard for hearing devices.

Alan Verrinder, dispensing optician owner of his eponymous practice in Tewkesbury, has been using Winpro for 18 years. He said: "The workshop module works very well with our own lab, and we utilise ordering, cash system, EPOS, appointments and document management. The reminders module is also very good, and we do a few each day so that we never have a great surge."

**Next month's Product Spotlight is on spectacle lens products.**



Premium, tailor-made service for patients with Orasis

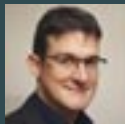


Controlling the appointments flow with Optinet Flex



Ipro UK head, Carlton Platjes





## COMPETENCIES COVERED

### DISPENSING OPTICIANS

Communication, Standards of Practice, Refractive Management, Paediatric Dispensing

### OPTOMETRISTS

Communication, Standards of Practice, Binocular Vision



This CET has been approved for 1 point by the GOC. It is open to all FBDO members, and associate member optometrists. The multiple-choice questions (MCQs) for this month's CET are available **online only**, to comply with the GOC's Good Practice Guidance for this type of CET. Insert your answers to the six MCQs online at [www.abdo.org.uk](http://www.abdo.org.uk). After member login, go into the secure membership portal and CET Online will be found on the L menu. **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 November 2020 issue of *Dispensing Optics*. The closing date is 9 October 2020.



**C-75570** Approved for 1 CET Point

# Exploring depth perception

By Mark Hickton BSc (Hons) Cert Ed FBDO FHEA

**W**hen we take photos of amazing landscapes or scenery and then review the images at a later date, it is often the case that the photos 'do not do the scene justice'; something seems to be missing. Of course, we are trying to compare a two-dimensional scene to a three-dimensional memory, and thus our perception of depth is not fully utilised and images can look flat.

Photographers and artists will often use techniques to help enhance the illusion of depth in an image, and this can help 'bring the image to life'. Some of these techniques are comparable to monocular depth cues exploited by our visual system to aid in our perception of depth. This article will explore not only the various visual cues that help form our rich three-dimensional experience of the world around us, but also pathologies that can impact on our perception of depth.

## SEEING 'WITH YOUR BRAIN'

There are comparisons between the human eye and the camera; modern camera lens systems focus light onto a

sensor, in a similar process to the biological lens system of the eye creating an image on the retina. From a light receptive point of view, the retina is a two-dimensional sensor, very much like the camera sensor. Unlike a camera, which produces two-dimensional images, we view the world as a three-dimensional perceptual model. How do we manage to achieve this from the two-dimensional sensor array?

Ophthalmic dispensing students are continuously advised by the author that 'you see with your brain'; the retina is a light-gathering structure that transmutes photon-induced chemical changes into electrical nerve impulses. These signals travel to various areas of the neural visual system and the brain 'interprets' the signal patterns to construct a probable three-dimensional perceptual model. It is within this neural processing that our perception of depth is formed<sup>1</sup>.

## STEREOPSIS

One of the most obvious mechanisms for depth perception is stereopsis. The majority of humans have good correctable vision from two eyes, with each eye



Figure 1: Stereoscopic images with disparity. To view this image in 3D, stare beyond these images to form a '3rd' image in the centre



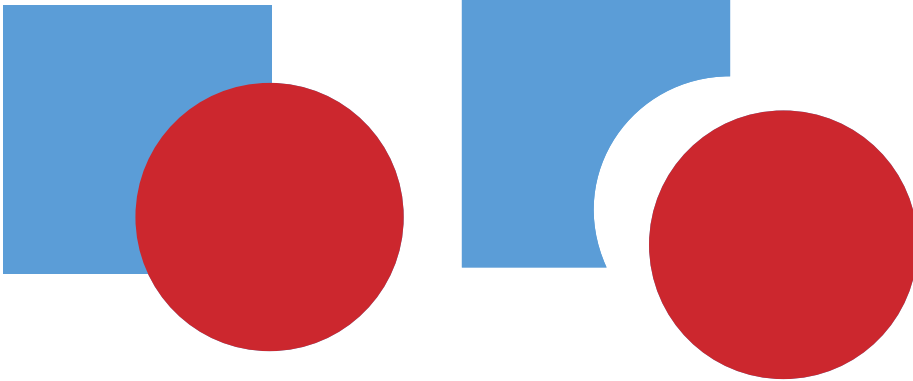


Figure 2: (a) possible occlusion; (b) mis-leading occlusion

receiving a slightly different image. The disparity between these two images is translated by the visual system to help form three-dimensional vision<sup>2,3</sup>. Stereoscopic photography simulates this mechanism by producing two slightly disparate photos that can be fused together by the viewer to create a three-dimensional experience (**Figure 1**). Whilst this stereoscopic mechanism works well for depth perception at close ranges, stereopsis becomes less informative when viewing more distant targets with very small disparities in the individual retinal images<sup>4</sup>.

The neural pathways relating to depth perception, as with the majority of visual processes, develop as we grow. The processing of stereopsis begins in the primary visual cortex (sometimes referred to as the striate cortex, V1), but many extrastriate neural areas are also involved in the processing of disparity to create our perception of depth<sup>5,6</sup>. If these areas of the neural visual system are not adequately stimulated in our early years, problems with stereopsis will arise.

If strabismus is present (i.e. a squint in which the eyes are misaligned during fixation), or if there is a significant level of anisometropia, the visual system will struggle to combine the visual outputs from the eyes into a single percept; if left untreated within the critical period, patients will develop amblyopia. Studies suggest that between two to three per cent of the population are amblyopic<sup>1,7</sup>, showing a significant reduction in visual acuity and contrast sensitivity in one eye.

As a result, amblyopia is one of the major inhibitors of stereopsis; this pathology can cause a significant reduction in depth perception<sup>6-8</sup>, especially in relation to strabismic amblyopia<sup>9</sup>. Though stereoscopic vision is permanently disadvantaged if amblyopia

is present after the critical period, there are some studies which suggest that a level of stereopsis, mostly in relation to anisometropic amblyopia, can be regained through perceptual training<sup>9</sup>.

As well as stereopsis, physiological oculomotor cues, such as convergence and accommodation, reinforce our perception of depth<sup>8,10</sup>. The action of these mechanisms generate muscular responses that allow us to decide whether we are viewing an object close up or at distance<sup>2</sup>. Accommodation also alters our plane of focus; when viewing close objects, distant objects will go out of focus. This effect can be duplicated in photography (and by artists and computer imagery) by the use of the *bokeh* effect; the taking of an image with a narrow focal plane.

Although stereoscopic vision and convergence cues significantly aid with

depth perception, it does not mean to say that patients restricted to monocular vision (due to amblyopia or enucleation, for example) have no depth perception at all. If you possess good binocular vision and cover one eye, the world around you does not reduce to a two-dimensional photograph; this is due to monocular depth cues that the visual system uses to help augment the perceptual internal model<sup>11</sup>.

## OCCCLUSION

Occlusion is perhaps one of the most apparent monocular depth cues (**Figure 2a**). Here we can see that the red circle is occluding some of the blue square and thus it is logical to assume that the circle is in front of the square. This assumption, however, is based on the guess that the blue object is a square, and not shaped, as in **Figure 2b**.

In this example, the visual system is using 'best guesses', or heuristics, when deciphering the image, and many of these *heuristics* are formed from visual experience.

Another experiential depth cue is the relative size of objects. **Figure 3** shows two 'objects'; if the objects were quite abstract in nature, then it would be difficult to discern the relative depth of the objects. However, we know by experience that children are bigger than footballs and therefore deduce that the football is closer.



Figure 3: Relative size tells us that the ball must be closer to us than the child



Figure 4: Converging lines reinforcing depth perception

### PERSPECTIVE CONVERGENCE

One of the most effective means of establishing depth in art and photography is by the use of converging lines that converge to a point in the distance<sup>3</sup>. This perspective convergence is also used as a depth cue in monocular vision<sup>2,12</sup> (**Figure 4**).

Whilst this depth cue is reliable for the majority of the time, misinterpretation of perspective convergence by the visual system can sometimes confuse the visual system and lead to illusionary perceptions. The Ponzo illusion is a strong example of this<sup>2</sup>, and is demonstrated in Figure 9 (we will discuss the suggested cause of this illusion later).

Perceptual analysis of landscape scenes can utilise perspective convergence in relation to determining probable object depths; as the stimuli appear further above or further below the horizon line, the more likely they are to be closer. Consider observing clouds in the sky when looking into the horizon; nearby clouds appear higher in the visual scene (and have a larger visual angle from the primary gaze position), whereas more distant clouds appear closer to the horizon (with a smaller visual angle from the horizon).

### MONOCULAR DEPTH INDICATIONS

The visual quality of the perceived

environment can also offer monocular depth indications to the visual system, and involve cues such as atmospheric perspective and texture gradient<sup>2</sup>. Light from very distant objects will need to pass through more airborne particles; due to atmospheric conditions causing light to scatter, distant objects will tend to present poorer visual contrast to the observer and to appear more hazy than closer objects<sup>13</sup>.

Also, as short wavelength light is scattered more than long wavelength light, the colour of more distant objects may shift towards the blue end of the spectrum<sup>12</sup> (**Figure 5**). Distant objects also subtend smaller visual angles, so our ability to resolve fine detail, such as the texture and detail of an object, is diminished as an object gets further away.

Lighting and shadows also give clues to depth within our visual field. Photographers often discuss the 'golden hour' after sunrise and before sunset as an ideal time to undertake landscape photography. With the sun low on the horizon, shadows become more prominent and longer in length. The enhancement of shadows in this way can augment the perception of texture and features, and aid our perceptual systems with the assessment of depth and shape of objects<sup>2,4</sup>.

Two-dimensional images can be given the illusion of depth by taking advantage of lighting heuristics adopted in visual processing; the brain assumes light generally comes from above<sup>3,14</sup>, and this can give rise to the false perception of depth, as shown in **Figure 6**.

When viewing Figure 6 upright, the majority of viewers will perceive the



Figure 5: Atmospheric perspective

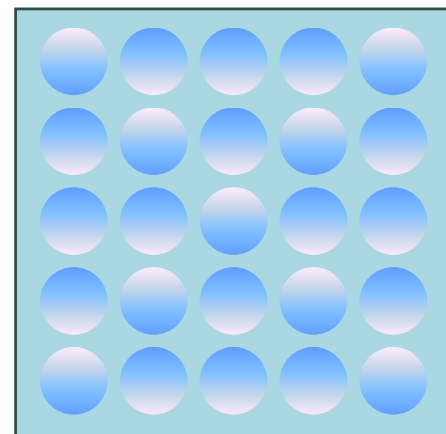


Figure 6: Illusionary depth due to lighting interpretation<sup>15</sup>

diagonal 'spheres' tend to stand out the page, following the 'light-from-above' heuristic, with the other features looking like depressions<sup>14,15</sup>. When the figure is turned upside down, we generally perceive a reversal of depth, with the diagonal features turning into depressions in the image. Interestingly, this illusionary depth is more difficult to perceive when viewing the figure from the side, as the light-from-above rule has less relevance.

### MOTION PARALLAX

Motion can also contribute significantly to our perception of depth. Motion parallax is a monocular depth cue in which closer objects move more quickly in the field of view compared to more distant objects as the observer moves through the environment<sup>4,11,16</sup>. This effect can easily be observed when travelling in a car or train; closer objects in the foreground will pass by more rapidly, whereas features in the far distance barely seem to move (**Figure 7**).

As well as augmenting the perception of depth with humans, parallax is thought to be essential for depth perception in many prey animals, such as pigeons, in which the eyes are laterally positioned with little overlap (and thus little stereopsis)<sup>17</sup>.

In a similar way to static occlusion, objects can pass in and out of view as the observer moves through their environment. When more distant objects move out-of-view behind another object (deletion), or when further objects are revealed behind closer objects (accretion), these act as further relative depth cues to help augment our depth perception of the observed environment (see **Tables 1a and 1b**).

### APPARENT DEPTH PERCEPTION

As discussed earlier, we can deduce the depth of an object in space relative to other familiar objects of the same size, with further objects appearing smaller. Our perception of size, however, is also influenced and altered by the apparent depth of an object.

Consider this (and try at home): if you hold a playing card at 60cm, and then move it to 30cm, by simple geometry and similar triangles, the retinal image will now be twice the size. From this, we would expect our perception of the size

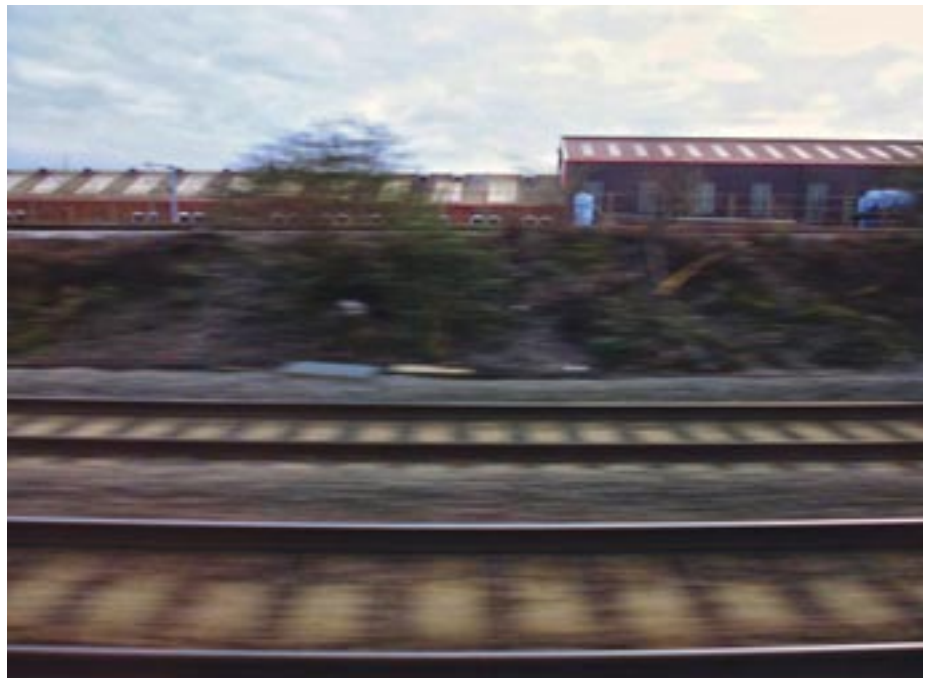


Figure 7: Motion parallax observed on a train

of the card to double if its distance is halved, but this is not what is experienced. Instead our brain alters the perception of size so that we approximately perceive the 'natural' size

of the object, regardless of distance; this is known as **size constancy**<sup>2,3,18</sup>.

To see through this neural illusion, hold two playing cards at the above different distances and look at them both

DEPTH CUE	0-2 METRES	2-20 METRES	ABOVE 20 METRES
Occlusion	✓	✓	✓
Deletion and accretion		✓	✓
Relative height		✓	✓
Atmospheric perspective			✓

Table 1a: Cues that indicate relative depth

DEPTH CUE	0-2 METRES	2-20 METRES	ABOVE 20 METRES
Relative size	✓	✓	✓
Texture gradients		✓	✓
Motion parallax	✓	✓	
Accommodation	✓		
Convergence	✓		

Table 1b: Cues that contribute to determination of actual depth





Figure 8: Overcoming size constancy and perceiving the size of identical objects based on their retinal image size

with one eye (**Figure 8**); you will see that the furthest playing card will be half the size in relation to the closest.

Size-distance scaling relates the perceived size of an object ( $S$ ) with the perceived depth ( $D$ ), and the retinal image size ( $R$ ) by the formula<sup>2</sup>:

$$S = K(R \times D) \quad (\text{where } K \text{ is a scaling constant})$$

Since  $K$  is a constant, we can see as that as  $D$  increases and  $R$  decreases, the perceived size ( $S$ ) stays the same.

Whilst this neural modification allows us to perceive objects in the world with a relatively constant size regardless of their distance, our visual system can be deceived when the *illusion* of depth is present; this brings us back to the Ponzo illusion (**Figure 9**).

Both spheres in the image are the same size, however, the majority will perceive the top sphere being larger than the bottom. Although the figure is a flat two-dimensional image, the converging lines fool the brain into thinking that the higher sphere is further away than the lower sphere<sup>2,18</sup>. The retinal image size is the same; however, the perceived distance of the higher sphere is judged to be further away due to perspective convergence.

Thus, from size-distance scaling,  $R$  would remain the same but the value for  $D$  will increase; this will increase the perceived size of the image,  $S$ , exactly what we experience when viewing this illusion.

## PATHOLOGIES AFFECTING DEPTH PERCEPTION

We have seen from these discussions that refractive and strabismic amblyopia has a detrimental effect on stereoscopic depth perception, although any pathology that affects binocular fixation of the eyes, including disease and trauma<sup>19</sup>, can lead to a breakdown of binocular vision and impact on depth perception. Whilst such conditions affect the eye or oculomotor muscles controlling fixation, there are other pathologies that can affect the visual processing of depth in the visual cortex or extrastriate areas of the visual system.

As significant disparity comparison begins in the primary visual cortex ( $V1$ ), any lesions or pathology in this area is likely to impact on depth perception; impact on depth perception from damage to this area is difficult to assess, however, as lesions in  $V1$  generally tend to lead to cortical blindness due to the primary processing of most visual functions<sup>6</sup>.

As sensory information is processed beyond  $V1$ , monocular depth cues are combined with disparity information to build up our overall perception of depth<sup>8,14,16</sup>. Extrastriate areas of the brain, forming the dorsal and ventral visual processing pathways, also have roles in processing visual depth perception<sup>4,5,11</sup>, and therefore any acute lesions or trauma of these areas can impact on the perception of depth<sup>6,19</sup>.

Chronic degenerative conditions, such as posterior cortical atrophy (PCA, sometimes referred to as visual Alzheimer's), can affect the posterior lobes of the brain, and therefore the processing of depth information. PCA can be difficult to diagnose as, although it is considered an atypical variant of Alzheimer's, patients tend to initially have relatively intact memories and cognitive processes; instead, this condition initially affects the occipital cortex and the dorsal and ventral processing streams. Symptoms tend to manifest with visual problems, including the loss of depth perception and the ability to cognitively identify objects<sup>6,20,21</sup>.

Stereoscopic impact should also be considered with refractive correction. Monovision correction is used within various spheres of ophthalmic practice, including contact lenses, intraocular lens (IOL) implants, and refractive surgery. Whilst this method of visual correction allows presbyopic patients to experience distance and near vision regardless of the viewing angle, there is potential for disruption of stereoscopic vision which may impact on the processing of depth in the visual field<sup>22,23</sup>.

Patients should be informed of potential binocular vision issues relating to monovision correction; whilst contact lens patients could be prescribed a monovision correction on a trial basis, monovision IOL surgical treatments may be more difficult to amend.

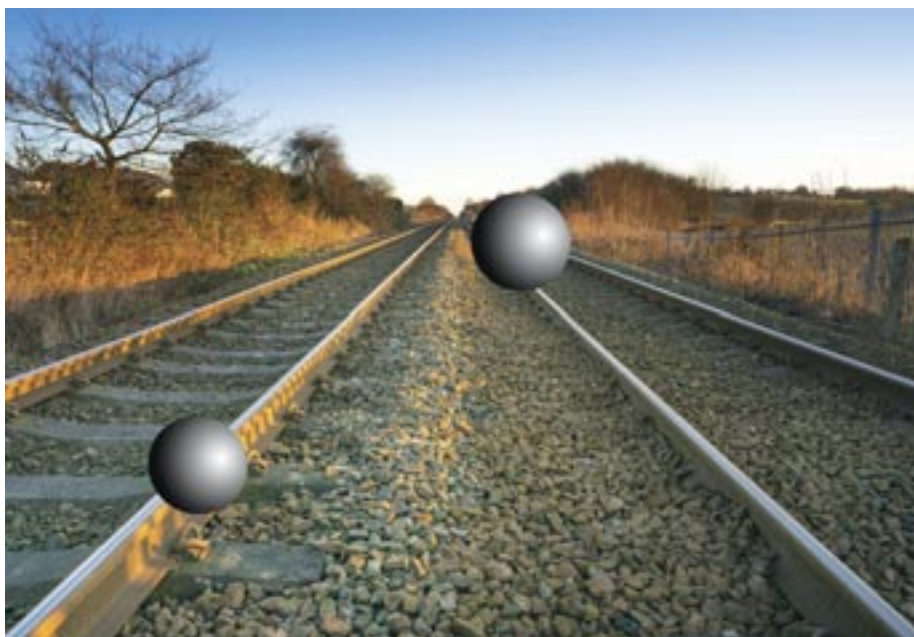


Figure 9: The Ponzo illusion: which sphere is bigger?



Despite the possible stereoscopic impact from monovision, the vast majority of patients tend not to experience any depth perception deficit<sup>24</sup>; however, such issues may need to be factored in when considering certain occupations that demand a high level of stereoacuity<sup>22</sup>.

As well as contact lens and IOL refractive corrections, it is also suggested that aniseikonia, as a result of anisometropic spectacle prescriptions, can also contribute to a loss in stereopsis<sup>12,25</sup> with unequal retinal image sizes affecting normal disparity processing.

## SUMMARY

Over the years, stereoscopic technological advances, such as 3D spectacles and virtual reality headsets, have provided us with the means to view images and film in three dimensions with a more realistic experience of depth. However, such technology is still crude compared to the neural processing power of human perception.

This article highlights the importance of stereoscopic vision in the development of depth perception processes, and rationalises the importance of prompt optometric and orthoptic treatments of amblyopia. With a significant proportion of the brain involved in the processing of vision<sup>4,5,26</sup>, we are constantly rewarded with the rich visual experience that our perceptual system creates to interact with the world around us, a system which is taken for granted every day.

## ACKNOWLEDGEMENTS

Photography for Figures 1, 3, 4 and 9 by Robin Bennett (Creative Photography). Tables reproduced with kind permission of Professor Goldstein (Sensation & Perception)<sup>2</sup>.

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## PLAN YOUR CET TODAY

For all the latest CET available from ABDO visit the Events section of the ABDO website. Here you will be able to see the latest online interactive CET sessions available for booking. Online sessions include discussion-based workshops, a great way to learn in a small group of your peers. Online discussion sessions are available for all professional roles and are approved for three CET points. New sessions will be added regularly. Additionally, we continue to host our monthly CET webinar series featuring a range of topics and speakers. Each CET webinar will be approved for one interactive CET point.

**MARK HICKTON** has been a lecturer in ophthalmic dispensing at Bradford College for more than 12 years, and is a practising dispensing optician with over 22 years of experience. Mark is the module leader for the Optics and Ophthalmic Lenses modules, and his college scholarly activity revolves around the area of visual perception. Mark is a Fellow of ABDO and a Fellow of the Higher Education Academy.

# Multiple choice answers

## Triaging: reassurance, CLO, optometrist or ophthalmologist?

By Suzanne Dunn FBDO (Hons) CL. C-74109 – published in March 2020

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.

**Complete the sentence correctly. Research suggests that more than 25 per cent of patients who experience a red, sore eye:**

- a. go directly to their local A&E department
- b. make an appointment with their GP
- c. visit the nearest optometrist
- d. telephone 111 for advice

**b is the correct answer.** The GP is regarded as the first port of call even though their training and experience does not (usually) qualify them as specialists in this field.

**What is the main purpose of triaging?**

- a. To make a diagnosis of a patient's ocular condition as quickly as possible
- b. To weed out time-wasters at hospital clinics
- c. To refer a patient to the person best qualified to deal with their problem
- d. To transfer responsibility to someone medically qualified

**c is the correct answer.** Triage directs a patient to the most effective and efficient source of help. This benefits both the patient and healthcare workers so that time is not wasted by either.

**Complete the sentence correctly. Primary eye care services (PECS) are generally designed:**

- a. to take the place of a standard eye examination
- b. to provide an eye examination where refraction is not required
- c. to allow suitably qualified practitioners to deal with most eye conditions
- d. to allow free access to initial sight tests

**b is the correct answer.** This directs resources to where they are needed and does not include investigation which is not needed or appropriate in the circumstances.

**What is meant by an urgent referral?**

- a. Within seven days
- b. As soon as possible
- c. In the next 48 hours
- d. Straight away

**a is the correct answer.** The usually accepted classifications are an immediate referral is within 24 hours; an urgent referral is within one week and a routine referral is in turn.

**Which statement is false?**

- a. The demand on the hospital eye service has increased by eight per cent in the last two years
- b. Red flags indicate an immediate referral
- c. Flashes and floaters are classified as emergency eye conditions
- d. Primary eyecare acute referral schemes are set up and administered by GPs

**d is the correct answer.** PEARS offers a triage service where patients can be assessed and monitored, as opposed to referring via GP and into the HES.

**Which situation would be classified as requiring immediate referral?**

- a. A contact lens wearer with a chalazion
- b. A sudden reduction of visual acuity without any signs or pain
- c. A spontaneous thin continuous layer of blood overlying the sclera
- d. A recently noticed unilateral distortion of grid lines

**b is the correct answer.** The word 'sudden' is the key. If the eye looks normal and is not painful but acuity has dropped significantly within a matter of hours, a disturbance in the retinal blood supply such as a vein occlusion should be suspected and immediately referred.

**According to the Optician's Act, which statement is true?**

- a. All instances of injury or disease noticed by a registered dispensing optician must be referred to a registered medical practitioner
- b. If a subject offered referral refuses such advice, there is no further obligation on the registrant to comply with duty of care
- c. A registered dispensing optician may use their professional judgement and decide not to refer an ocular abnormality to a registered medical practitioner
- d. If referral is thought necessary, it must be directed specifically to an ophthalmologist or registered medical practitioner

**c is the correct answer.** In this situation, the dispensing optician must record details of the suspected condition or anomaly, any advice given, the patient's reason for refusing the referral, and whether referral to an optometrist was considered.

**Complete the sentence correctly. The greatest advantage of triage is where:**

- a. there are staffing problems in ophthalmic hospital departments
- b. the majority of patients have to travel a considerable distance to A&E
- c. referrals are not able to be faxed or submitted by other electronic means
- d. there are experienced staff dealing with a high demand from low complexity patients

**d is the correct answer.** This permits low risk patients to be triaged as not requiring the attention of an ophthalmologist.

**Which one of the following is not designated as a clinical pathway in minor eye conditions services?**

- a. Uveal tract monitoring
- b. Learning disabilities
- c. Glaucoma referral
- d. Adult low vision

**a is the correct answer.** The current pathways are glaucoma referral, integrated cataract, children's vision, adult low vision, learning disabilities, late AMD monitoring and medical retina monitoring.

# Preparing for a safe return

**A**lthough most of the team at the National Resource Centre (NRC) are still furloughed, operations manager Mat Stringer has been working hard behind the scenes to answer queries and prepare the venue for a safe return – as and when it is allowed.

When visitors return to the NRC, they will find floor markers and signage throughout, hand sanitising stations, new socially-distanced room layouts and closed lid wastage.

Mat told *Dispensing Optics*: “Over the last few weeks, I have been reworking the NRC user journey taking into account staff, students and external users. Everything is ready for when meetings can resume, with all the necessary social

distancing support in place, along with hand sanitiser, gloves, wipes and hand washing stations. The NRC reception has a new contactless signing-in procedure and protective screen.”

Mat has also been working with the property management team of the Aqueous II building to make sure visitors have clear and safe entrance and exit to the NRC via lifts and stairwells including a touchless sanitising unit in the communal areas.

“We have been in contact with the heating and ventilation company about the air-conditioning system to make sure it is compliant with guidelines,” Mat explained. “Each coffee and water dispenser has sanitising wipes and a cleaning station to limit any unwanted virus transmission.”

All items have been sourced from local suppliers and, where possible, biodegradable and compostable items have been added while the use of re-useable cutlery has been temporarily suspended.

Mat added: “In the clinical areas, we now have 10 slit lamp breath shields, full face shields and personal protective equipment. We will also have mobile protective shields and screens for our examiners, students and external users should they be needed.”

Those considering how they might resume face-to-face events at the NRC where essential and when allowed, are invited to get in touch with Mat for a preliminary discussion by emailing [mstringer@abdonrc.org.uk](mailto:mstringer@abdonrc.org.uk)

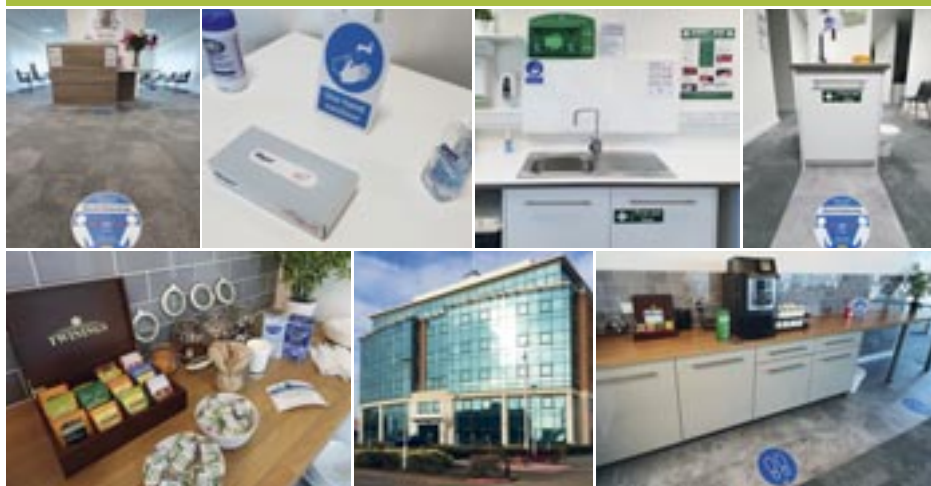


Hand hygiene station

## CONSIDERING HOW TO RESUME YOUR ESSENTIAL FACE-TO-FACE MEETINGS?

### THE NRC IS READY ✓

Precautions are in place to ensure that you and your team stay safe.



Set in the heart of Birmingham the NRC is available for small meetings, training courses, conferences, and seminars, with a user journey that has been redesigned to allow for social distancing and hygiene.

#### THE NRC OFFERS YOU:

- Event spaces for 5 to 75 people
- Contactless signing-in procedure
- Hand sanitising stations
- Socially distanced room layouts
- Hygienic catering facilities include water dispensers, 'bean to cup' coffee and artisan flavoured teas
- FREE car parking
- FREE Superfast WiFi
- A dedicated host for your event
- Outstanding audio visual capabilities
- Slit lamp breath shields, full face shields and PPE in clinical areas

For more information or to book, email [enquiries@abdonrc.org.uk](mailto:enquiries@abdonrc.org.uk) or call Mat Stringer on 0121 7527 500

ABDO National Resource Centre, Aqueous II, Aston Cross Business Village Chester Street, Birmingham, B6 5RQ

**NRC | Birmingham**  
NATIONAL RESOURCE CENTRE





# How to increase your fashion focus

**In a crowded market, it is vital to make your practice stand out. Increasing your focus on fashion can attract more people to browse, to buy and to keep coming back.**

**Read on for tips from three eyecare practitioners about how they incorporate fashion and style into their practice.**

Eva Davé had an early introduction to optics aged four when ABDO past president Clive Marchant came to talk at a mother and toddlers group to promote the importance of regular eye examinations. Eva's mother took her for an eye exam right away. Eva has now been qualified as an optometrist for 18 years, co-owns Mincher-Lockett and Co Opticians in Market Drayton, and is the founder of the Eyewear Styling Academy. Clive awarded Mincher-Lockett with the Optician Award trophy for Fashion Practice of the Year in 2019, and last month the practice rebranded itself as Style Optique to differentiate its boutique practice positioning.

Eva says: "I've always been interested in fashion. In my early days in practice I was afraid to express myself, so I wore a black suit and understated glasses. The styling idea took off when I started to take bigger risks. We are in a tiny market town and I pushed the boundaries of what people might want. I realised I needed more than my instincts, so I learnt all I could about image and style and trained as an image consultant. Most image courses are heavily linked towards clothing and body types so I had to do my own research to make it relevant to eyewear."

## PSYCHOLOGY AND STYLING

Eva loves the way image consultancy can transform people and, prior to launching her own online training course in eyewear styling, studied fashion psychology and how what we wear affects how we feel. She says: "I brought everything together



EVA DAVÉ

to the process I use in practice, and in the Eyewear Styling Academy."

On how to avoid styling errors, Eva says: "One of the biggest mistakes people make is gravitating to frames that they like. Health professionals can be risk averse, and stock tends to be in safe colours and styles."

She continues: "You can't make your client a version of you. I had a lady come in before lockdown. She had fallen in love with a bright green frame at a previous practice but all the staff got involved and she had felt forced to get a subtler frame. When I styled her, she was really dramatic. Her previous frame was more understated than her dramatic personality. That can stop someone loving their glasses."

She adds: "Don't make assumptions, such as 'people in my town don't like colourful frames', 'people in my area won't spend money'. If you give me 20 people in any area, some will see glasses as functional, some as an investment, some will want funky frames. You can choose who you cater for: if you choose

to cater for those who want functional, that's who you will attract. If you stock luxury frames, you will attract people seeking those."

On ensuring a focus on style in every consultation, Eva says: "Encourage clients to experiment with colour: that can make a big difference. Don't get hung up on the face shape rules. Most people don't fit into a classic face shape and you could be restricting your choices. Look at whether their face is long or short; what features do you want to highlight?; what is their style personality? Ask yourself, 'Do I want to enhance the angles in their face or soften them?'"

Eva also advises that dispensing opticians (DOs) should focus on the client: the right eyewear choice is personal. She says: "This is the biggest factor I've found in getting a 'wow' reaction to new frames. Look at their body language when they put a frame on. Someone commented on one of my Facebook posts, 'You made me feel like the most important person in the world' – and that's what opticians do."

## MAKING AN IMPACT, EVERY DAY

Les Thomas has been a DO for 11 years. He says: "We often talk about the things we can do which have a big impact, like helping the customer with a minus 20 prescription choose the best lens and frame combinations, or triaging someone with a suspected retinal detachment. These are amazing, but can be few and far between."

There is something that DOs can do every day, however. Les continues: "What I love is helping customers make the best choice of frames and lenses. Your customer walks out of the practice elated by their new eyewear, feeling like a million dollars. For me, that happens much more frequently and it enables me to walk home feeling like I've made a difference."



Les says: "Eyewear trends are led by the catwalks and fashion houses. New trends are created every season, so knowing what is fashionable is crucial for us as frame stylists. Social media, including apps like Instagram, Pinterest and Facebook let you see your favourite celebrity wearing the new Chanel sunglasses collection. Style is down to the individual. Every customer will be different, and what they believe to be stylish is going to be dictated by their life experience. Not all customers want to follow fashion. They may have a look they are trying to achieve, or they may say 'I'm not sure what I want, you decide.'"

He advises: "The more questions you ask your customer, the better you will understand their style, taste and ultimately themselves, to be better able to find the right eyewear for them. If they are an existing spectacle wearer, I will often start by asking about their current frame? What do they like about them? Is there anything that they don't like? There are lots of variables, so understanding the current frame is crucial."

If the person is not a spectacle wearer, Les says: "I often start with questions like, 'Is there anyone you admire for their spectacle choice?' or 'Is there a style of frames that you have already considered?' This is often where they pull out a picture of a celebrity, or reach for Instagram and show me pictures of their friend who has beautiful specs."

He continues: "Being a 30-something gay male myself, I know what I think looks good and what doesn't, but that does not always translate to the customer's style. I have a vivid memory of a 17-year-old girl who had been told she needed specs. I



JEZ LEVY

was leading her to the ladies' designer frames, when she stopped. She picked up what I would describe as an 'old man's plastic frame'.

"She put the frame on, looked in the mirror, and had a massive smile on her face. I said, 'Tell me why you like them?' She said, 'They're cool and they're really geeky.' From that moment on, I stopped trying to predict what frames I thought people would like, and I simply ask them what they like."

Les concludes: "What is so fundamental to our job is to invest the time and effort to understand the customers we are helping. Help them find their own style, whether that is based on frames they saw a celebrity wearing on Insta, on their own personal style, or on selecting a frame that is functional and durable. There is no right or wrong, and the secret to success is to always keep asking the questions."

### CASE STUDY: EYES ON ST ALBANS

Founded by Jez Levy, Eyes on St Albans is an independent practice in St Albans that is style and fashion-driven. The practice is described as, "Obsessive about bringing you an unrivalled collection of eyewear... finding unique designers". Jez says: "Eyes on St Albans has been 35 years in the making, from when I was 16 and started to work for a frame company."

Jez went on to work at For Eyes where he says he learnt all about customer service. He explains: "This should be about doing everything you can for the customer who walks through the door. It's the customer who pays your rent or mortgage, who puts food on your plate."

Jez went on to join Inspecs, the first importers of Alain Mikli and Jean Paul

Gaultier eyewear. "Quality eyewear entered my blood," he continues. "We were picking the right opticians to stock the products. That taught me the only way a collection will sell is by stocking it correctly, with 40 pieces not just a couple." Jez came out of optics in 2000 to look after his son who is autistic, but returned six years ago to bring all his experiences together in the new practice. He says: "I was aiming to offer the finest eyewear and the best service."

When stocking the practice, Jez advises: "The key to fashion eyewear is stocking the correct collections, not High Street brands. With High Street brands, discounters undervalue the collection and you get into a pricing war. You lose margin, you lose kudos. The eyewear at Eyes on St Albans speaks for itself."

Alongside the fashion-focused approach, Jez ensures the practice offers an all-round experience. "We offer great coffee, and a beer or prosecco after the test. It's all about excellence. I give that excellence, the optoms give excellence: it still has to be there even when I'm not in the practice. It is the most five-star rated independent optical store because we give the best to everyone."

To ensure that both the stock and the practice look stay on trend and change with each season, Jez has developed a timeless design with brick walls and mirrors behind the frames which will not date. He says: "We have 50 to 60 pieces for each collection at any one time. The designers keep me up-to-date with what is coming up in the next three to six months. I take out frames which might date and return them and swap in something new as well as topping up what we have sold."

"There is a reliance on the designers – this wouldn't work with some big brands. We also have some collections which are timeless and won't date, others where we swap in new colours. This environment is multiple-purchase, so you have to be seen to be freshening it. In the drawers I have overspill collections so I can refresh what's on display."

To see an online tour of the store visit [www.eyesonstalbans.com](http://www.eyesonstalbans.com)

For more on this topic, read 'Going for growth with eyewear' by Eva Davé on the ABDO Business Support Hub.

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



LES THOMAS



# WHO, what, how? after Covid-19

**O**n 22 May, a virtual meeting was held between the European Council of Optometry and Optics (ECOO) and the European Academy of Optometry and Optics (EAOO), which integrated presentations from the World Health Organisation (WHO). The aims of the session were: to discuss the WHO's assessment of the Covid-19 pandemic and the impact on the eyecare sector; recommendations and resources for primary eyecare providers; and the WHO's recently published World Report on Vision (WRV) and how it applies in the current context.

Present at the meeting from the WHO were Dr Alarcos Cieza, unit head, sensory functions, disability and rehabilitation, and Dr Silvio Mariotti, medical officer, Prevention of Blindness and Deafness Department of Chronic Diseases and Health Promotion.

## KEY EYECARE MESSAGES

Optometrists and opticians are the first line of eyecare and there is no difference in importance between where it is delivered, whether it be on the High Street, in the hospital or in a clinic. Therefore it was good to hear Drs Cieza and Mariotti from the WHO talking about both professions equally.



Dr Cindy Tromans, ECOO president



CHECK IN ON VULNERABLE PATIENTS

Optometrists and opticians are the first line of eyecare and there is no difference in importance between where it is delivered, whether it be on the High Street, in the hospital or in a clinic.

Patients are likely to be understandably focused on Covid-19 and not focused enough on other health issues, such as the need to follow advice on wearing contact lenses safely, which is particularly important as people are spending more time indoors looking at screens. Eyecare practitioners can help by reaching out to patients and reiterating eye health advice, with infographics (including those provided by the WHO) being a useful tool.

Patients are likely to be afraid of coming into a practice if they need to, or might not realise that eyecare advice can be provided over the phone, at least initially. So it is helpful to reassure patients that practices are safe environments and make them aware of the services that can be provided remotely.

The WRV reports very well on things like social development, education and health, but one of the key messages no-one seems to use is: 'How much seeing means to people for life and wellbeing'.

Our message should be: 'Invest in eyecare for life and wellbeing'. As a sector, we haven't sold this properly; it is a strong message and could lead to more funding.

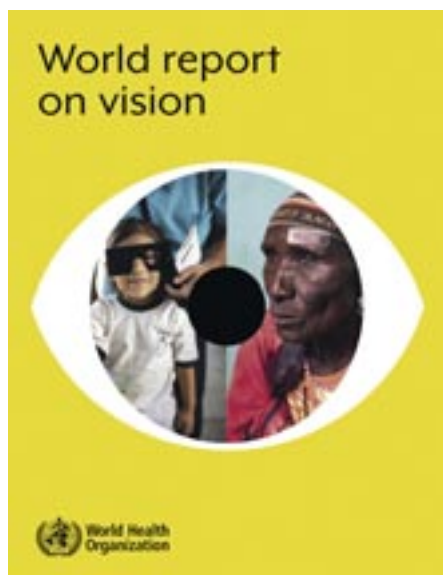
The WHO want eyecare more integrated in healthcare systems around the world; at the moment in a lot of countries it is parallel. Why are pharmacists part of healthcare systems and opticians not? Covid-19 responses, where we were called on to step up and help healthcare colleagues, present a huge opportunity for us to build on this.

## MANAGING PATIENTS' CONCERNS

With regard to concerns about Covid-19, practitioners must be mindful of several things. In the case of triage, remember to look out for signs of Covid-19; not just coughing and wheezing but ocular signs such as conjunctivitis. Remember: the first signs of the virus were spotted by an ophthalmologist. If you see anyone who you suspect to have Covid-19, refer them to a Covid-19 treatment centre.

Make sure there is no break in the link between you and your patients because of the virus. Be mindful of the psychological effects of isolation, which is often





*The WHO World Report on Vision (courtesy of the WHO)*

detrimental. Reach out with tele-support and tele-consulting. Make a telephone call CBC (call before coming) to prepare patients for their visit to the practice, and reassure them that it is safe.

Telephone patients to make sure that they are looking after their contact lens care. Are they keeping their eyes hydrated? Are they wearing them for the correct length of time? Provide advice on extra hand-washing. This is not the time to get corneal abrasions; though reassure them that you are available for appointments if there is a problem. Provide dry eye strategies as increased screen time can dry eyes out. Provide information and education on blink time.

Enquire if their prescription is adequate for any new ways of working. Are they going from far to near vision a lot more? Are they taking any glaucoma and diabetic medications correctly? Contact patients to find out if they are conforming with their regimens/treatments. Ask them if they are okay. We owe it to our patients to give good care at a distance.

One thing that all the bodies present agreed upon was: we must educate practice staff on contagion. Regards the use of personal protective equipment (PPE), supplies are now more readily available and must be used alongside safety measure in practice. Reassure patients that your practice is safe; we need to be a safety reference to our patients, 'ambassadors for safety'. Be clear about all of this: use infographics that are available. Communication is key; if people are scared they won't come in.

## ADDRESSING CHALLENGES IN EYECARE

The WHO launched its first **World Report on Vision** on 9 October 2019 setting out

concrete proposals to address challenges in eyecare. As the report observes, at least one billion people around the world are living with visual impairment, which could have been prevented or needs to be addressed. In a lot of cases, it is because people do not have access to a simple pair of glasses, i.e. they have uncorrected refractive error.

How can it be that so many people are living with visual impairment when interventions are cost-effective? How can this be in a sector that has traditions in public health, with lots of organisations and associations doing great work with a fantastic coordinated advocacy and technological innovation?

The WRV suggests that one of the key reasons for the discrepancy is because eyecare is not integrated properly in healthcare. In a lot of places, eyecare is functioning parallel to the healthcare sector and healthcare planning. In many cases, eyecare is involved in the private sector and there is a disconnect between this and healthcare. The answer is for integration to be part of any health strategy plan, with eyecare practitioners having a fundamental role to play in the elimination of visual impairment. Additionally, optometrists and opticians are not recognised in many countries – where there is also a need for education.

One of most important messages of the WRV is the need to strengthen eyecare at all levels of care, especially within primary eyecare. Primary eyecare can help the WHO to address the huge unmet need of people living with a visual impairment. Opticians and optometrists are key to meet the huge unmet need in terms of eyecare.

There is also a need for improved data so that the story of eyecare can really be

told. Make data a part of the health information system in your country, the report suggests.

## INTEGRATION AND DATA ANALYSIS

If a key part of what we need to do revolves around integration, and it was relevant before, it is even more relevant now after Covid-19. If we are integrated as healthcare professions then we are counted and can be part of an emergency response to incidents like the Covid-19 pandemic. This is relevant in relation to sustainability: if services are to be sustainable then integration is fundamental.

All sectors in healthcare are learning after Covid-19. Telemedicine is being trialled, experimental telehealth strategies seem to be working well within the sector, and we are providing options to give patients services closer to home. It will be worth collecting data and strategies during Covid-19 to analyse the approaches and to see what can be maintained and scaled up afterwards.

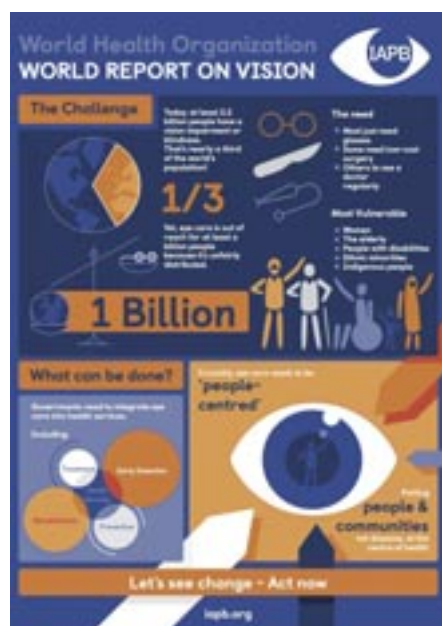
Whatever we do, or have done, in implementing alternative approaches to eyecare, we need to have research involved so that we can learn from these experiences and document them for use later. Data will always be key to any conversation with government. We must ask ourselves: what is the need for eyecare services? What is the unmet need?; what has been met? Keep an eye on these indicators and track progress.

A consequence of the WRV is that there will be a mandate in September of member states of WHO to move the vision agenda forward, according to the WRV recommendations. The resolution to use the WRV can be a message to give to governments as member states; that they have committed to the WRV based on the resolution and now they have to engage with us.

Opticians and optometrists are part of health services; people get help for health needs and we respond to these on a daily basis. The message has to be clearer. It is necessary to provide WRV information to governments to define indicators and targets and to promote ourselves as public health actors.

Visit the websites of **ECOO** and the **EAOO** for more information about their work on the global eyecare stage.

**ELAINE GRIDDALE FBDO FFAO** is **ABDO** head of professional services and international development, and director of development for the International Opticians Association.



*WRV challenges in focus*





# Finding our way through

**I**n the first few weeks of the lockdown and following several calls to my local leads, I realised that many felt isolated and unsure of the best steps forward. The lockdown has brought many challenges for small optical business owners – with its minefield of daily changes to procedures and uncertainty around NHS payments, furloughing staff and personal protective equipment (PPE) to name a few.

I realised early on that the best way I could help my local leads was to bring them all together in weekly Zoom meeting alongside senior figures, where they could be updated on the latest developments enabling them to very quickly promote these locally to other members. These meetings have proved a great success and have continued weekly throughout lockdown, and I'd like to thank all my local leads who have participated.

For this month's update, I have asked three local leads to share their experiences of lockdown...

## STAYING SANE IN SOMERSET

Judith Searle writes: "My first lockdown feeling was anxiety. What is furlough? How does it work? Should we stay open or shut? At this time, guidance and information seemed to be changing hourly – and as an owner of two independent practices in rural Somerset I struggled to keep up. We decided to furlough all our staff and stay open, running the practice ourselves, to give essential and emergency services to our patients. Our next hurdle was to make the practice safe. Doing a risk assessment to ensure two metre distancing where possible and ensuring PPE was being used correctly.

"Giving advice and triaging emergency cases, mostly on the phone, has certainly been challenging – though my ocular conditions and referral training has come in handy. Delivering spectacles and repairs to isolating people has been a joy. Dispensing with a mask and shield on is really difficult; springing a lens in wearing surgical gloves is a challenge.

"Optics has definitely changed during this pandemic, and I feel for the better as far as our recognition and profile. I would like to personally thank Stuart for chairing our weekly Zoom

meetings, which have kept me sane, as well as ABDO – particularly Debbie McGill and our president, Jo Holmes."



Catching up on Zoom

## FATHERHOOD ON THE FRONTLINE

Ashton Galloway says: "Fatherhood, DIY and baking have kept me plenty occupied during my time being furloughed. Just before the start of lockdown, my little girl had just turned six months, so it has been fantastic to witness the rate they develop, which is so fast, as any parent will tell you.

"Seeing the High Street when I've been food shopping is surreal, it having gone from busy to a handful of people. Then having to queue to carefully dance around others to maintain two metres when you make it in to the shop.

"I've been trying to keep up with the changes and considering how this might impact optics as a whole going forwards. There are many challenges that await us; some opportunities but some risks involved too. With optometry looking to help ease some of the burden of the hospitals and bring certain elements into practice, this gives dispensing opticians and contact lens opticians [CLOs] the ability to step forward too; triaging and filtering out what needs to be seen and how soon, with CLOs getting more involved in anterior eye conditions or monitoring."

## BUSY BEHIND THE SCENES

Anne Gill writes: "When I sent my staff home on furlough with, 'Don't worry it'll all be fine, you'll be back soon', I was a little concerned about how things were going to work

out. Not being one to sit around and stress, my husband came in with me and redecorated the whole practice, all the time being available for essential care.

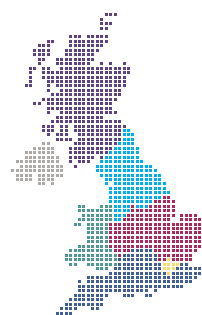
"We run a hospital contact lens clinic so opened to see the most vulnerable patients; the ones wearing bandage lenses that require changing on a monthly basis. I spent a lot of time out delivering spectacles and then began the process of working out

Anne Gill providing essential eyecare

how we would operate when lockdown finished. Breath shields have been purchased for all optical equipment and PPE purchased.

"I've also spent time talking to colleagues, which has helped so much. Knowing you're not on your own is so important. We're just about ready to re-enter the world of optics as a fully functioning team, and I'm excited for our new normal to begin."

**STUART PELL FBDO CL SMC (TECH) is ABDO regional lead for the South of England.**





## LET THE SUNSHINE IN



**M**any patients may have missed out on eyecare over the past few months, so it is more important than ever to promote eyecare and eyewear via your practice social media.

EyecareFAQ graphics and information is available for members to share free of charge – and can be found in the 'Resources for members' section of the ABDO website. Q&As on eyecare and eyewear to share is housed in 'Information for the public'.

Coming up in July, EyecareFAQ is bringing out more ideas and inspiration for you to share. Topics include age-related macular degeneration, dry eye and sunglasses. Check out a mix of infographics, postcard graphics, jargon busters, FAQs, eye facts and the new EyecareFAQ Alphabet.

Last month's content included an infographic, FAQ and jargon buster about sunglasses – and postcard images on cataract.

**Don't forget: you can find EyecareFAQ on the ABDO website, Facebook, Twitter, Pinterest and Instagram.**

## THIS MONTH'S PRIZE ABDO COLLEGE GOODIE BAG

We have an ABDO College goodie bag to give away this month, including an eco-friendly mug and water bottle, USB stick and more.



To enter, email your answer to the question below – by 23:59 Friday 31 July 2020 – to [competitions@abdo.org.uk](mailto:competitions@abdo.org.uk), with 'July Competition Corner' as the subject of your email. Please provide your membership number and address.

**Q: Godmersham is believed to be the inspiration for which Jane Austen novel?**

The winner will be notified by Monday 3 August, and announced in the September issue.

**Good luck!**

Congratulations to our May winner, Karen Lamb, who won an HD Pebble courtesy of Optelec/Enhanced Vision.

For competition T&Cs, visit 'July Competition Corner' in the Features section of DO Online.

## BUSINESS BITES



## STRUCTURED MANAGEMENT TRAINING

This month, we share five good reasons to implement structured management training in your practice...

### 1. Better employee engagement

Giving feedback is a skill of successful leaders. Through management training, managers can learn effective ways to provide feedback to motivate and increase the skill level of your staff.

### 2. Better productivity

Well-trained managers are able to set realistic goals, develop strategic work plans and make good decisions quickly. Structured training will teach managers how to understand and learn about their team members to obtain the best results from each individual.

### 3. Effective management style

Management training teaches managers to review their styles of management and assess and understand the effectiveness of it within the business. This enables managers to understand how they can lead their teams in the most effective way, with the end result being a motivated and productive team with minimum conflict.



Lead your teams effectively

### 4. Improved staff retention

Another benefit of training your managers is the ripple effect. Improving the outcomes of training delivered to the team can boost morale and staff loyalty. By investing in management training, you can retain your staff and reduce recruitment costs.

### 5. Better decision making

Management training teaches leaders how to identify and minimise risk, use data effectively and identify the best possible solutions that benefit the business on the whole. Decision-making skills can be improved through training, e.g. how to reframe a problem and make evidence-based decisions.

**Visit the ABDO Business Support Hub to find out more information about the ABDO Level 5 courses in Management & Leadership.**

## Management Essentials **ABDO NRC**

### Date and time to be confirmed

This one-day event exclusive to ABDO members will empower managers to improve their own and their team's performance, and the overall customer experience. Cost is £120 pp incl. lunch and refreshments.

## Do you have a burning question?

From 2020, we are opening up our regular FAQ column to cover all topics relevant to members in everyday practice. For example:

- Do you have a query about CET or CPD? Send it in.
- Do you have a business or management query? Let us hear it.
- Not sure about a policy issue? Let our experts clear it up.
- Do you have an HR issue? Maybe we can help.

All FAQs submitted will be reviewed and considered by an expert in the relevant field, for publication in a future issue of *Dispensing Optics* and on *DO Online (members only)*. Contributors may choose to remain anonymous on publication.

Email your FAQs to [ncollinson@abdo.uk.com](mailto:ncollinson@abdo.uk.com), along with your full name, address and membership number.

FAQs are for questions of general interest. If you have a personal query about your membership, please email [membership@abdo.org.uk](mailto:membership@abdo.org.uk)

To place an advert, telephone 0781 273 4717 or email [ncollinson@abdo.uk.com](mailto:ncollinson@abdo.uk.com). Booking deadline for the August issue is Friday 17 July. *Special rate for ABDO members.* Visit *DO Online* to place your online jobs vacancies, as well as practices for sale



## Don't miss the **FQE revision webinars**

The ABDO Examinations Department has engaged several examiners to talk students through each section of the FQE (*Final Qualifying Exam*) with demonstrations, communication skills and a number of hints and tips.

- Mock Section D OSCE on day 2
- Case records discussion
- Portfolio advice
- Q&A session
- Changes to keep you safe during exams in August in Birmingham

Please click the link below for registration. There are two separate links, one for each day and you will need to book for each event.

**CLICK HERE** to Book for day 1

**CLICK HERE** to Book for day 2



APPLY BY 26TH JULY



# Degree or Diploma?

## Choose the course for you

If you want to further your career in optics and learn while you earn, ABDO College offers you two great courses in ophthalmic dispensing.

Both courses allow you to:

- Study online and learn new skills to use in practice
- Attend block release, experience college life and make great friendships
- Learn from dedicated and experienced academic staff
- Be supported by helpful course tutors.

### Diploma

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

### Degree

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

Earning a degree is an opportunity to:

- Develop knowledge and expertise in a subject you enjoy
- Build transferrable skills in communication, leadership and problem solving
- Improve your career prospects

In most cases, student finance is available to those undertaking the degree.

For more details and to apply:

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

call **01227 738 829 (Option 1)**

or email [info@abdocollege.org.uk](mailto:info@abdocollege.org.uk)

Applications close: **26th July 2020**



# Are you making the most of **your ABDO membership?**

**As well as money saving benefits and rewards your ABDO membership provides services that could help you during these challenging times.**

## **HELP FOR ABDO MEMBERS**

### **Clinical Advice**

All ABDO members have access to Advice and Guidelines on clinical and regulatory issues. More info can be found at the ABDO website or by calling the Membership Services team on 01227 733 911:-

- Use & Supply of Drugs • Sale & Supply of Spectacles
- Duty to Refer • Domiciliary Services • Contact Lenses
- Low Vision • Enhanced Services and much more



**Membership  
Services**

**Go to [abdo.org.uk](http://abdo.org.uk) for more details**

### **ABDO MEMBER BENEFITS INCLUDE:**

- Professional indemnity insurance
- Personal accident cover
- Helplines - FREE 24-hour service
- CET
- *Dispensing Optics*
- Access to selected British Standards
- Cashback on everyday purchases
- Member benefit plans with HMCA
- Access to over 3,000 health clubs, gyms and leisure centres
- Savings on all your travel needs
- 17% off worldwide attraction tickets
- Totum card powered by NUS Extra
- Save 20% on Columbus Direct travel insurance policies
- Mobile phones on the best rates available from EE
- Savings on Apple products
- Membership of the International Opticians Association
- Advice and Guidelines

\* Terms and conditions apply to all benefits. The Fabyouless Card is a purchasable benefit. Some ABDO Membership benefits are arranged and managed through Parliament Hill and some arranged through ABDO, please see website for details. The ABDO membership benefits web page is managed and run on behalf of ABDO by Parliament Hill Ltd. Offers are subject to change without notice. All offers correct at time of going to print.

