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DISPENSING OPTICS

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of British Dispensing Opticians

VOLUME 34 NO 3

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AVERAGE CIRCULATION: 10,185 (Jan-Dec 2018)

ABDO Board certification

DO Dispatches



FACING THE FUTURE WITH CONFIDENCE

First of all a big thank you to all of our members who have responded to the General Optical Council's (GOC)

consultation on its Education Strategic Review. As the president has outlined, this review will have serious implications for the profession for years to come and it is vital that members have had the chance to put across their views and concerns.

We will await the next stage of this process with both concern and determination. Concern that the outcome may see a backward step for the profession – but with steely determination to continue fighting for what we believe is in the best interests of both patients and the profession in the years ahead.

It is an amazing fact that I have now been with ABDO for 20 years, and I must say that the time seems to have flown by. There are many differences between the ABDO of 20 years ago and now. Then we did not have a single dispensing optician on the staff. Now we have a whole team of experienced and highly talented members who are now a major part of the executive team delivering a first class service to members. This is something which I am very proud of, and I hope that it gives you considerable reassurance that those working for the members really understand the world of optics.

It has been amazing to see just how many skilled and talented members we have, many of whom have also acquired additional skills in business, industry and academia. I am delighted that some have chosen to expand their careers with ABDO and ABDO College. With such a great team in place, supported by an engaged and supportive board, I am sure we have every reason to face the future with confidence.

Sir Anthony Garrett

ABDO general secretary





CLIVE MARCHANT FBDO
Our monthly column
from the ABDO president

A DO and proud of it

I hope you have all by now read ABDO's call to action regarding the General Optical Council's (GOC) Education Strategic Review (see *News page 8*) and have written to the GOC or completed the online questionnaire.

To recap, it's more than two years since the GOC announced its review of education. Initially, ABDO was delighted at the announcement, as we expected it would bring about changes to our scope of practice. We anticipated that these changes would enhance modern practice, including with regards to technology, and reflect a vision of the practice of the future. We expected that many of the changes would have far-reaching implications on the way we would practice in future years.

ABDO also felt that the review would address the challenges of our very young patients right the way through to our ageing population, and all who are vulnerable. We wanted to ensure that we were equipped with the skills to give the best possible outcome for these and all our patients.

Two years later, this excitement has changed to disappointment and frustration. We are extremely concerned about the regulator's apparent lack of engagement with, and regard for, our profession. It is also unfortunate that we have seen four chief executives come and go in recent times, and rapid staff turnover within the GOC's education department.

The GOC's core function is one of public protection and this is why we have our current level of education for dispensing opticians. ABDO did not seek Level 6 qualification; we proposed our syllabus of education and assessment based on the GOC's core competencies. We were delighted with the outcome from the Ofqual exercise in 2006, as it demonstrated the level of skill our members are achieving. The vast majority have obtained FBDO

Level 6. ABDO has in excess of 6,000 FBDO registered members – and approximately 150 have completed a Level 5 course by alternative education and assessment.

The introduction of a Level 5 course has led to a two-tier dispensing optics profession, and this is not in the best interests of the public. We would like to see the one training institute, which also offers FBDO Level 6, raise its level of education for all its dispensing opticians to Level 6. However, our regulator sees downgrading all the profession to a Level 5 minimum as its preferred direction. How can this be viewed as good public protection when our Level 6 FBDO qualification has consistently proven to be robust and safe? The GOC should use its review of education as an opportunity to increase the baseline training to Level 6 to provide all students with the best start in their optical career as a dispensing optician.

Lowering our level of education disrupts the established pathways of advancement to higher qualification in low vision, contact lenses, minor eye conditions services and the BSc. Obtaining a degree enables DOs to progress into research. All professions advance as a result of research and it is ludicrous to obstruct this logical pathway. The optical profession had evolved and advanced over many years and should continue to do so, providing the best possible services for our patients.

We also have independent end-point assessment for DOs and optometrists delivered by ABDO and the College of Optometrists. This is a robust system, which provides strict accountability and consistent standards for qualification and subsequent registration, thus providing consistent high standards for the public. And yet the GOC seeks to potentially shift assessment back to the individual training institutes – increasing the numbers of examining bodies and inconsistency in standards of qualification.

We all know the pressures on academic institutions to ensure their students perform well – but at what cost? How can this be in the best interests of public protection? The ABDO team is doing its utmost to resolve these issues over the months ahead, but you also need to play your part. Although the consultation period has ended, I strongly recommend that you still write to the GOC to express your concerns.

EYE-OPENING OPTI

In January I attended Opti in Munich. I was amazed at the size and quality of the show, which now occupies six halls – each larger than Optrafair or 100% Optical. The show had all the usual designer names and brands in frames, with a great emphasis on handmade frames and an array of unusual materials. The spectacle and contact lens manufacturers were there in force along with equipment suppliers. There was also a hall dedicated to shop fitting, merchandising and all things promotional.

You pay a 20 euros entrance fee and then they charge you to hang your coat up. Yet up to 30,000 opticians attend every year. The show was packed, and I rarely saw an empty stand. If you get the opportunity, I recommend a visit.



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Students need the best start, says ABDO

ABDO "APPALLED" AT REGRESSIVE ESR PROPOSALS

ABDO is calling on the General Optical Council (GOC) to use its Education Strategic Review (ESR) as an opportunity to increase the baseline training for dispensing opticians (DOs) to Level 6.

As ABDO president, Clive Marchant, writes in his column this month (*page 6*), this would "provide all students with the best start in their optical career as a dispensing optician".

The move comes after what ABDO described as the "appalling" likely outcome of the ESR in setting the minimum standard for DO education at Level 5 – when the vast majority of DOs are qualified to Level 6.

ABDO also raised concerns about the GOC's ESR proposal that might see an

increase in the number of examining bodies, and the potential to make all assessments internal. This, said ABDO, would lead to "lack of independent, rigorous assessment" that would "inevitably drive down standards and put the public at risk".

In addition, ABDO has lambasted the GOC over the lack of "innovation" demonstrated in the ESR – in that the Association would have expected to see included: refraction as a delegated function, minor eye conditions services, screening and monitoring, and more.

The ABDO board issued an unprecedented plea to members last month, via social media channels and a 'call to action' video recorded by vice president, Jo Holmes, urgently asking them to respond to the ESR consultation before the 25 February cut-off. All members of the board have also made direct representations to the GOC.

Addressing some of the responses already received, GOC interim director of education, Dr Subo Shanmuganathan, said last month: "We understand that there is some concern about the potential impact of our proposals on the status of current qualifications. In particular, it is important to understand when responding that the current baseline qualification level for an ophthalmic dispensing qualification is Level 5, and we are not proposing any change to this minimum requirement.

"What we want to do is give providers the flexibility they need to train registrants for the roles of the future, so we look forward to hearing how our registrants' and other healthcare professionals' scopes of practice are likely to change.

"We know there is also a strong interest in how students will be assessed in future and we will ensure that patient safety is at the heart of whatever approach we take, with fair and consistent outcomes for all students absolutely vital," Dr Shanmuganathan concluded.

"How downgrading education can be viewed as good public protection is beyond us," said Clive. "We are extremely concerned about the GOC's lack of engagement with, and regard for, our profession.

"A full and thorough review of education standards is a critical piece of work to ensure public safety and professional development in the future. By ruling out examining the appropriate level for training of dispensing opticians, the GOC is failing in what it set out to do."

ABDO is continuing to encourage members to write directly to the GOC to express their concerns.

"PIONEERING" PRODUCT LAUNCH ANNOUNCED

Dunelm Optical has unveiled a new partnership with Leica Eyecare, the premium global lens brand, after having secured exclusive distribution rights throughout the UK and Ireland.

Launching at Optrafair, Tanya Storey, commercial manager for lens and laboratory at Dunelm Optical, will be on hand to discuss the brand with visitors.

With a tradition of optical excellence spanning more than 100 years, Leica Optics is best known for cameras and sport optics.

The new eyecare collection includes ultimate-performance single vision and progressive lenses, as well as lens coatings



Excellence in sport optics brought to eyewear

adapted from Leica's sport optics and its premium camera lens production.

Tanya commented: "Leica Eyecare's

engineers are continuously striving for the limits of what is technically feasible and for them optics is a passion. The goal is to ensure the uncompromising performance of optical lenses and to offer spectacle wearers the perfect viewing experience.

"Lenses are an integral part of the Dunelm Optical portfolio; the Leica Eyecare brand is a supreme product and an excellent addition to our lens collection," Tanya continued.

"Leica Eyecare's demand for perfection in both manufacturing and quality ensures the best viewing experience for the lens wearer. Dunelm Optical is extremely excited to be offering this pioneering product range to our customers. We are the only approved distributor in the UK and Ireland for Leica Eyecare lenses."

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YEARS
1969 - 2019



Clive with Emily

SPECIAL VISIT TO PRIZE WINNER

ABDO president, Clive Marchant, visited BBR Optometry in Hereford recently after discovering that dispensing optician, Emily Davies, had missed out on receiving a top award during the 2018 ABDO Graduation and Prizegiving Ceremony.

Clive explained: "I had been delighted to present Emily with her 2:1 BSc (Hons) in Ophthalmic Dispensing at Canterbury Cathedral in November, but an administrative error meant an award for Best Presented Pre-Qualification Portfolio was not presented to her on the day. Emily can be very proud of her hard work in achieving this and we wish her well in her career.

"It was great to meet the team at BBR Optometry, who have such a strong commitment to training: optical assistants embracing the ABDO/WCSM OA courses, a student dispensing optician, a contact lens optician in training along with a pre reg optometrist," Clive added.



Mai-Zee model MZ068

SIMPLE, CHIC STYLING

New to the Mai-Zee collection from Norville Eyewear for 2019 is model MZ068.

The Mai-Zee collection is said to offer simple and chic styling at an affordable price for the modern day fashion conscious woman. This retro style is available in a 49 eye size with a colour palette of black and tortoiseshell.



Dry eye drop available

DROP ADDED TO EXCLUSIVE RANGE

I-Drop viscoadaptive tears by I-Med Pharma are now available from Grafton Optical.

Formulated with hyaluronic acid, I-Drop is specifically designed to provide comfort and relief for mild to severe dry eye. It complements the I-Lid'n Lash and I-Relief products, also available from Grafton Optical, designed to manage symptoms associated with dry eye, meibomian gland dysfunction, blepharitis, rosacea, Demodex, chalazia and other lid margin diseases.

Grafton Optical CEO, David Thickens, said: "The I-Drop range is exclusive to Grafton Optical in the UK and will not be available to buy in pharmacies or online. Grafton will be able to offer customers a superior price advantage on this excellent range, which promotes excellent coating and re-coating of the eye with every blink, delivering superior moisturising and lubrication."

NRC TO HOST RCOPHTH EXAMS

ABDO and the Royal College of Ophthalmologists (RCOphth) are collaborating to host and deliver the RCOphth Refraction Certificate examination – one of four examinations that a trainee ophthalmologist takes to qualify.

From 2020, ABDO's National Resource Centre (NRC) in Birmingham will become the permanent home for this examination.

Dylan Costello, RCOphth head of examinations, said: "The state-of-the-art venue will enable the RCOphth to continue to be able to deliver a robust examination with the stability that it requires. We are excited to be undertaking this new relationship with the NRC in the development of our exam delivery."

Phil Hall, ABDO head of the NRC, added: "This is an exciting new collaboration for ABDO and the RCOphth, and we are extremely pleased that they will be making the most of our extensive range of facilities on an ongoing basis for the refraction exam."

IN FOR THE LONGHAUL

Lesley Longstone has been appointed as permanent chief executive and registrar of the General Optical Council (GOC).

Lesley, who joined the GOC last September, said: "I have really enjoyed my six months in the role and am delighted to be staying on a permanent basis. I will continue the work I have done over the last six months to deliver our regulatory functions and education reforms. It is also time for us to develop our next strategic plan, to take effect from 2020."

The GOC has also extended the contract of its interim director of education, Dr Subo Shanmuganathan, who will remain at the GOC until at least March 2020, leading the Education Strategic Review.

MAN IN THE NORTH

Heidelberg Engineering has appointed Matthew McCaffrey as its new sales manager for the northern region.

Matthew began his career as an ophthalmic technician at Wigan Hospital, where he worked for 13 years, before joining the medical devices industry as an account manager for a leading ophthalmic imaging company.

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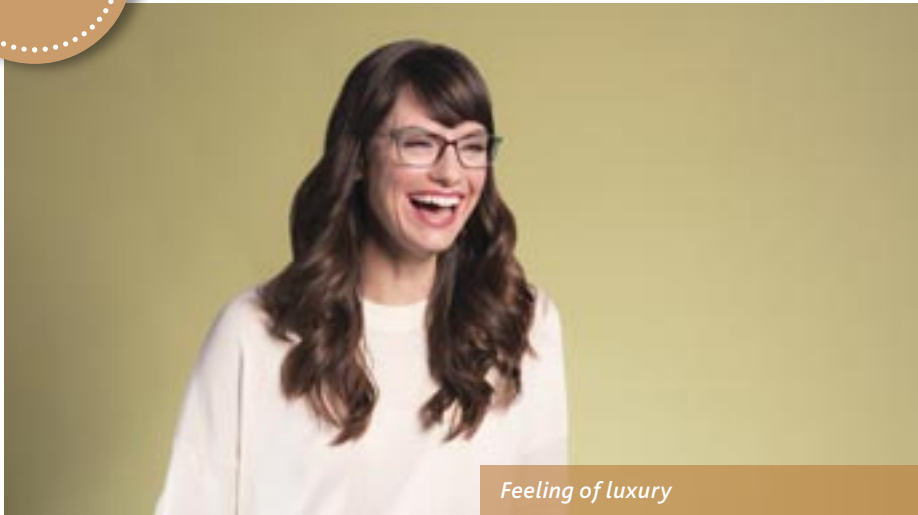
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Peter Reeve, Stepper UK managing director, said: "Its TX5 front, moulded into an anatomical design that won't lose its shape, gives the frame the luxury feeling of wearing silk on your skin. It's a very good feeling when a frame looks good and gives day-long comfort."

The SI-30135 is available in Poppy Black, Ocean, Green Rose (*pictured*) and Lilac Brown.



Distribution agreement established

RESPONSE TO GLOBAL DEMAND

The CEO of Specs4Us and creator of Erin's World Frames, Maria Dellapina, and Rob Barrow of UK-based Spec-Care, have established a new global distribution agreement.

Specs4Us remains the head company concentrating on the North America market, with Maria adopting an ambassadorial role, whilst Spec-Care oversees manufacturing and global distribution.

"A great deal of changes have already happened," said Rob. "Each frame is supplied on a 14-day approval notice without delivery charge, so a pre-selection can be ordered before a sight test to demonstrate their unique features. Enhanced stockist benefits include the option of free glazing to prescriptions within the voucher A range.

"We are very proud to be linked so strongly with a global brand like Erin's World. Maria and I share a passion for our work and we now look forward to building on the success of Specs4Us together," Rob added.



Matthew Stringer

TECHIE JOINS THE TEAM

Matthew Stringer has joined the team at ABDO's National Resource Centre (NRC) as a technician.

Matthew, who has worked in optics for almost 20 years, said: "It is a very exciting time for the NRC and I'm delighted to be a part of its growth and success, using my experience in optics to complement the excellent service the NRC is already providing."

Head of the NRC, Phil Hall, added: "We are delighted to welcome Mat to our team as our new technician at the NRC. Mat brings a wealth of optical experience with him which will only enhance the excellent professional service that we offer our delegates and customers when they visit us."

PRODUCT CHOICE EXPANDED

Shamir has added two new lens products to its Enrich Life multipair offer, which is designed to give patients the chance to change their look and style whilst recreating "perfect vision".

Now included is the company's new Autograph Intelligence lens. As reported in last month's issue, this is a progressive lens that comprises 12 soft designs using visual age technology to closely match the wearer's actual age.

The second product now included is the Glacier+ UV IR coating, designed to protect eyes from the invisible damaging infra-red (IR) rays emitted from sunlight.

"As always, we're here to help and support with marketing – from social media images and banners to free in-practice point-of-sale," said Shamir general manager, Phil Bareham, "as well as for any advice you require."

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Jonathon Bench

BENCH MAKES HIS MARK

Jonathon Bench has been nominated as president elect of the British Contact Lens Association (BCLA).

Currently head of professional affairs at Alcon, Jonathon has been a member of the BCLA for more than 12 years.

He said: "I see contact lenses as an advantage to any optical practice. I also recognise that contact lens wearers need glasses, but plenty of glasses wearers don't know that they could also benefit from contact lenses. It is the 'everyday heroes' within practices that transform the lives of those patients, going above and beyond their needs to correct their vision. I want to celebrate and encourage them to acknowledge what they do with contact lenses every day."

Commenting on the future of the contact lens market, Jonathon described it as "bright and exciting", adding: "We are blessed with wonderful materials and optical designs these days that address the varied challenges of the patients. I would encourage all eyecare professionals to become part of the BCLA to learn how we, as a profession, can share best practice and encourage education and professional development throughout the industry."

CLOS IN THE LOOP

The Minor Eye Conditions Service Pathway in England has been redeveloped to include contact lens opticians (CLOs).

The inclusion of CLOs into the pathway comes after extensive discussions between ABDO and the Local Optical Committee Support Unit.



Silhouette Infinity sunglasses

SUN LENSES NOW IN-HOUSE

Silhouette sunglasses will now benefit from the brand's Silhouette Vision Sensation (SVS) programme and be produced with Silhouette's own prescription lenses.

Under the new Silhouette Light Management initiative, Silhouette's prescription sunglasses and frames will offer a panoramic lens design for wearers, as well as a range of other unique features, even with coloured lenses.

Silhouette Light Management offers blue light protection up to 500nm, and incorporates Silhouette's IQ-POL technology to provide glare-free, 100 per cent UV and polarised protection.

Silhouette Light Management will be available across prescription sunglasses with grey, brown and green lenses and will be produced, alongside the frames, in Silhouette's in-house Lens Lab in Linz.

JOIN THE OPTRAFAIR PARTY

Everyone from the world of optics is invited to join in the fun at the 2019 ABDO Optrafair Dinner and After Party, being held on Sunday 31 March at the Hilton Metropole Hotel.

"It's the perfect way to interact with dispensing opticians, whether you are a manufacturer, rep or professional," said Elaine Grisdale, ABDO head of professional services and international development. "Mingle during the informal drinks, catch up and make new acquaintances during dinner, and then continue the evening with live music until late from Here's to Us."

Tickets are £85 per person and include a welcome drink, three-course dinner with wine and live entertainment. Tables of 10



Dance 'til late with friends and family

are available at the reduced cost of £800. Book via the ABDO website.

ABDO deputy chief executive, Barry Duncan, said: "We are delighted that this pathway has been redeveloped to incorporate the role of the contact lens optician. In the current climate, the multi-disciplinary approach in an optical practice will ensure patient care and service delivery on the High Street continues to grow.

"From a professional perspective, it

proves beyond doubt that CLOs have a major role to play in eyecare provision now and in the future," Barry added.

More than 150 CLOs have commenced the Wales Optometry Postgraduate Training Centre online modules, with 22 passing the first objective structured clinical examinations held at the ABDO National Resource Centre last summer.



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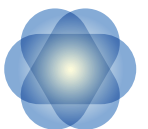
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ON THE CUTTING EDGE-R

The Lexce Trend all-in-one edger from Nidek, launched at 100% Optical, will be on display once again at Optrafair on the Birmingham Optical stand.

Incorporating a high-performance drill, intelligent blocker and frame tracer, in a compact body, the Lexce Trend will be available to view in addition to other products from the exclusive brands Birmingham Optical offers, including Nidek, Oculus, Frastema, Stiltec and E-Swin.

Amanda Danson, chief commercial officer and business owner at Birmingham Optical, said: "100% Optical was a huge success for us and we're looking forward to continuing this success at Optrafair this year and launching even more revolutionary new products at the event. All who visit our stand will also have the opportunity to win hospitality tickets to the Ashes in August 2019."

SMARTPHONE RISKS

Clinicians who use smartphones to capture photographs of patients' eyes risk misdiagnosis if they base their decisions on objective data extracted from non-calibrated cameras, according to new research published in the *Nature* journal *Scientific Reports*.

Lead author Carles Otero, of Anglia Ruskin's Vision and Eye Research Institute, said: "Our results show that while the clinician's subjective evaluation was not affected by different cameras, lighting conditions or optical magnifications, calibration of a smartphone's camera is essential when extracting objective data from images. This can affect both telemedicine and artificial intelligence applications."

IN THE CLUB

Tokai UK has joined SightCare's Preferred Eye Care Suppliers (SPECS) scheme.

Tokai UK's CEO, Leigh Smith, said: "We



EYEWEAR GOES DUTCH

Mondottica International and Scotch & Soda have signed a licence agreement for the design, production and distribution of the Scotch & Soda eyewear collections from spring/summer 2020.

Founded in 1985, Scotch & Soda is an Amsterdam-based brand with an "irreverent and curious" approach to fashion. The eyewear ranges will follow suit and include a collection for men (Scotch), women (Maison), boys (Shrunk) and girls (R'Belle), as well as a denim collection, Amsterdam Blauw.

Mondottica founder and CEO, Michael Jardine, said: "We are excited to have the opportunity to work with such a truly distinctive fashion and lifestyle brand. Scotch & Soda has an eclectic and well considered approach to design which aligns closely with our way of developing unique eyewear collections."

The company also recently signed a license agreement to develop Sergio Tacchini branded eyewear collections from the second half of 2019.

CHAIN REACTION FOR CLEAN FINISH

The new Rodenstock X-tra Clean Finish lens coating from Rodenstock consists of functional molecular chains, which are responsible for its water and oil-repellent properties.

"These molecular chains are not flexible with conventional finishes, however, X-tra Clean Finish consists of extraordinary flexible molecular chains, which make the lenses smooth," said a spokesperson.

In a survey of 100 spectacle wearers in Germany, 100 per cent of respondents confirmed that lenses with the finish could be cleaned "perfectly and without streaks". In addition, 93 per cent of respondents

could remove fingerprints on the lenses without any streaks.

Rodenstock X-tra Clean Finish lenses can now be ordered for Rodenstock premium finishes, Solitaire Protect Plus 2 and Solitaire Protect Balance 2, and from April for Solitaire Protect Pro 2.



Finishing touch for dirt-free lenses

are absolutely thrilled to be joining the SPECS scheme, and look forward to offering our range of true differential lenses to independent SPECS members."

John French, CEO of SightCare, added:

"We understand the challenges that independent eyecare practitioners face and work with our partners to provide high quality optical products and services to help our members grow their business."



ABDO at Optrafair 2019

30 MARCH - 1 APRIL 2019 | NEC

ABDO SHOW TIMES

SATURDAY 30 MARCH: 10:00 to 17:00

SUNDAY 31 MARCH: 10:00 to 17:00

MONDAY 01 APRIL: 10:00 to 16:00

STAND NUMBER: A10 **HALL:** 20

ASSOCIATION MEETINGS

SUNDAY 31 MARCH: 16:45

AGM and Benevolent Fund meeting

ABDO COLLEGE

- Pick up a new look prospectus for all ABDO College Courses
- Talk to staff and find out which courses are right for you
- Buy books and equipment from the ABDO College Bookshop
- Display of research posters from students on ABDO College's BSc(Hons) Vision Science course

ABDO NRC

- Meet the team from the NRC
- Discover the difference this fantastic venue is making
- Have a virtual tour
- Find out more about holding your own training & events at the NRC

ABDO EXAMS

- Exams staff will be available for all exam and PQP queries (from students or supervisors)
- Discover opportunities to become an examiner
- Add your input into any of our qualification consultations

ABDO MEMBERSHIP SERVICES

- Talk to the team
- Find out about the benefits of ABDO membership

DISPENSING OPTICS MAGAZINE

- Pick up a copy of the current issue of *Dispensing Optics* magazine
- Meet the *Dispensing Optics* team
- Find out how easy it is to contribute to the journal



ABDO CET AT THE ABDO CET THEATRE

- The CET-approved lectures and workshops are FREE to attend
- Admission is on a first come, first served basis and is strictly limited

SEE A DEMO OF THE NEW ABDO WEBSITE

SATURDAY 30 MARCH

10.30 - 11.30	LECTURE.....	1	Dementia, Dignity and the Optician
11.45 - 12.45	PEER DISCUSSION.....	2	Cases from CL MECS Clinics
13.00 - 14.00	LECTURE/DISCUSSION WORKSHOP ...	3	Communication, accessibility & visual impairment
14.15 - 15.15	LECTURE.....	4	Modern frame materials
15.30 - 16.30	DISCUSSION WORKSHOP.....	5	Complying with supervision in practice

SUNDAY 31 MARCH

10.30 - 11.30	LECTURE.....	6	Through a child's eyes
11.45 - 12.45	PEER DISCUSSION.....	2	Cases from CL MECS Clinics
13.00 - 14.00	LECTURE/DISCUSSION WORKSHOP ...	3	Communication, accessibility & visual impairment
14.15 - 15.15	LECTURE.....	6	Through a child's eyes
15.30 - 16.30	DISCUSSION WORKSHOP.....	5	Complying with supervision in practice

MONDAY 01 APRIL

10.30 - 11.30	LECTURE.....	4	Modern frame materials
11.45 - 12.45	PEER DISCUSSION.....	2	Cases from CL MECS Clinics
13.00 - 14.00	LECTURE/DISCUSSION WORKSHOP ...	3	Communication, accessibility & visual impairment
14.15 - 15.15	LECTURE.....	1	Dementia, Dignity and the Optician

PROPOSED GOC COMPETENCIES CET POINTS

ONE

LECTURE - Dementia, Dignity and the Optician
Elaine Grisdale

--	--	--	--	--	--	--	--	--

TWO

PEER DISCUSSION - Cases from CL MECS Clinics
Daryl Newsome and Max Halford

--	--	--	--	--	--	--	--	--	--	--	--

THREE

LECTURE/DISCUSSION WORKSHOP - Communication, accessibility & visual impairment
Dan Williams

--	--	--	--	--	--	--	--	--

FOUR

LECTURE - Modern frame materials
Amy Seaman

--	--	--	--	--	--	--	--

FIVE

DISCUSSION WORKSHOP - Complying with supervision in practice
Phil Hall

--	--	--	--	--	--

SIX

LECTURE - Through a child's eyes
Alicia Thompson

--	--	--	--	--	--	--	--



Bespoke frame creation

"FUTURE OF BESPOKE EYEWEAR HERE"

Waterside has been appointed as UK distributor of the 3DNA eyewear system developed by Hong Kong based Eye-DNA.

The 3DNA system is offered with various practice display units each incorporating a 3D face scanner and 32-inch touchscreen computer, with software allowing opticians to design and dispense "true bespoke premium eyewear".

Patients can help create their own frames too and every element of the frame design can be individualised to suit the wearer's requirements and taste.

The bespoke frames can be produced in titanium, stainless steel, Mazzucchelli acetate, stone, mother-of-pearl, wood, buffalo horn, cork, carbon fibre or even recycled vinyl.

Waterside's Bob Forgan said: "I really believe this is the future of true bespoke eyewear. Not only can wearers assist in the design of their eyewear, they actually have the ability to see how it will look on them before they place their order. Fit is guaranteed, just the same as if you visited a Savile Row tailor."

Waterside will demonstrate the 3DNA system at Optrafair.



Simple every day solution

COULD IT BE MAGIC?

Could it be a magic partnership?

Specsavers has announced that Gary Barlow is the new face of its exclusive Osiris eyewear range.

The new styles in the 38-strong ophthalmic collection, plus six sunglasses, take inspiration from minimalist Nordic architecture – coupled with warm colour tones inspired by the Italian Riviera.

Gary, who started wearing glasses five years ago, said: "As someone who loves accessories – and glasses are the perfect accessory – working with Osiris is the ideal partnership."



Gary Barlow modelling one of the styles

SCLERALS FIRM ACQUIRED

CooperVision has acquired North American scleral contact lens company, Blanchard Contact Lenses.

"The acquisition further expands our scleral lens portfolio, extending the way we help improve the way people see each day," said Juan Carlos Aragón, president of CooperVision's Specialty EyeCare Division. "Its innovative products, services, technologies and people will augment what we are building with Paragon, Procornea, and Soflex. This creates even more opportunities for CooperVision to partner with eyecare professionals, and for them to meet a range of patient needs."

MAKING PROGRESS

The Local Optical Committee's (LOCSU) 2017-2018 annual report, entitled 'Progress and integration', is now available for LOCs on its website.

The report covers the consolidation of primary eyecare companies (PECs) and a report of the tenure of LOCSU chairman, Alan Tinger, who stood down after a decade leading the organisation.

The report shows that the number of services in the sector stands just under 700 with PEC activities and revenue up nearly a quarter in the last full financial year to the end of March 2018.

STANDING THE TEST OF TIME

Despite being invented more than a century ago, Dibble Optical's latest accessories catalogue shows there's still a market for Pince-Nez glasses.

"Pince-Nez glasses were developed more than 100 years ago to give wearers a pair of small, portable frames they could easily keep in their front pockets between

FOCUS ON BUSINESS

The General Optical Council (GOC) has reported that it is working with stakeholders to address issues raised from its now fully published consultation into new draft standards for optical businesses.

A key finding from the survey undertaken as part of the consultation included 70 per cent of respondents agreeing that the standards could be applied by, and to, different types of optical businesses. A further 81 per cent of respondents agreed that the GOC's expectations of optical businesses were clear. Many respondents also reported that the draft proposals reflected 'what businesses do anyway'.

uses," said Barry Dibble.

"These glasses are perfect for anyone who requires magnification from reading glasses but uses the functional accessory for very short periods of times. The readers easily slide back into a slim, durable case small enough to fit just about anywhere."

Pince-Nez reading aids, manufactured from steel and nylon, are available from Dibble Optical individually or as a choice of two assortments.



Retro glasses at Dusseldorf Eyewear

TOP SCORES FOR OPTI

It was top scores all round, from both visitors and exhibitors, for German trade fair Opti.

Taking place in Munich at the end of January, this year's show saw the number of halls expanded to a total of six. More than 28,000 people attended and there were 631 exhibitors.

"Visitors quickly and adequately adjusted to the new hall structure with three entrances – and they praised the clear hall profiles," said Dieter Dohr, chairman of GHM, which organises the show. "Opti earned top scores with nine out of 10 visitors and seven out of 10 exhibitors, when surveyed by an independent opinion research institute. However, regardless of these very high approval ratings, we will also this year continue to follow the recipe for success we've been pursuing since 2008."

As well as an improved layout with clearly defined sections for 'strategy', 'need', 'buy' and 'use', the show offered guided tours with practical business tips using best-practice examples. This will continue after the trade show as well.

"We've also created a digital knowledge area surrounding the 'customer journey', which is available at www.opti-showcase.de/en over the next 365 days. With it, Opti takes an important step into becoming a 24/7 knowledge database for opticians," explained Dieter Dohr.

The next Opti takes place from 10 to 12 January 2020 in Munich.

GLOBAL REACH EXTENDED

Essilor International, an EssilorLuxottica subsidiary, has accelerated its global reach with the acquisition of four companies – representing combined full-year revenues of €48m.

In Germany, the company has signed an agreement to acquire online optical products retailer, Brille24, in order to speed up the development of a drive-to-store model

In Greece, Essilor partner Shamir has acquired Union Optic, a prescription laboratory that also distributes optical instruments – generating annual sales of about €9m and operating four branches across Greece and Cyprus.

In Latin America, Essilor has acquired a majority stake in Indulentes, one of the leading prescription laboratories in Ecuador with annual revenue of US\$9m. This acquisition represents Essilor's first move into Ecuador.

Finally, in Argentina, Essilor has acquired a majority stake in Metalizado Optico Argentino, one of the country's leading prescription laboratories generating annual revenue of about US\$7m.



EVER DREAMED OF OWNING YOUR OWN PRACTICE?



If owning your own practice has been something you've ever given serious thought to, you need join us at the ABDO "BECOME AN INDEPENDENT OPTICIAN" twilight session. This informal gathering is the perfect opportunity to network, share ideas and hear from independent practice owners about the key to their business success.

You'll also discover the great support available to independent opticians from organisations including:

- SightCare:Storm Alliance
- The AIO Practice Support Network
 - The Association for Independent Optometrists and Dispensing Opticians
 - Eyeplan
 - Myers La Roche
 - National Eyecare Group (NEG)
 - Specs Network

The event is open to dispensing opticians and optometrists.

AGENDA:

- Introduction to event
- Talks from independent practice owners
- Introduction to organisations and the support they offer
- Planned time with each organisation
- Refreshments & networking
- Summary and close

AIO Practice Support Network

WHERE: ABDO National Resource Centre, Aqueous II, Aston Cross Business Village, Birmingham. B6 5RQ

WHEN: TUESDAY 21 MAY 2019
3.30pm - 6.30pm

NOTE: Only 30 places available

Refreshments will be provided

To book a place use this web link:-
<http://bit.ly/IndiOpt>

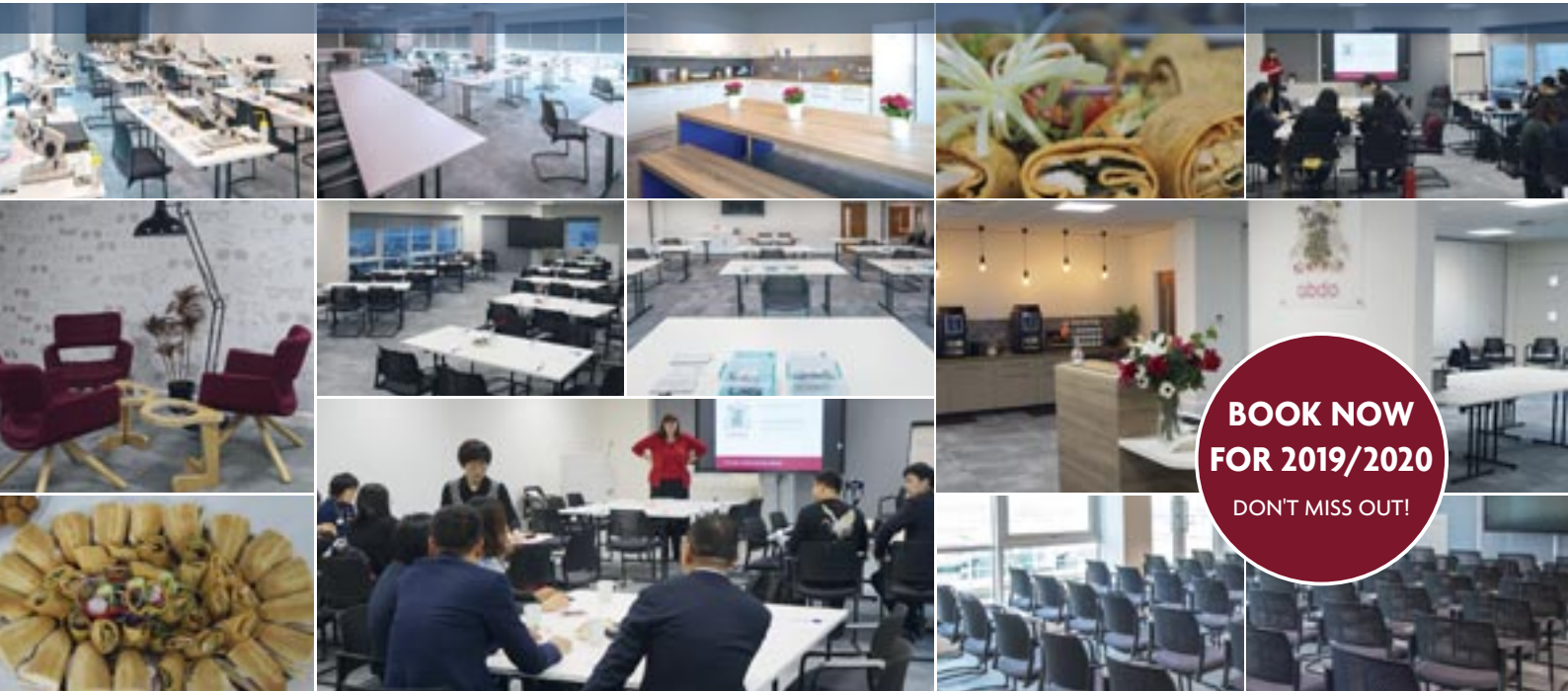


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- Equipment for dispensing, screening, minor eye conditions services and glazing.
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- The new location for all dispensing and contact lens practical examinations.
- Available for meetings, conferences, seminars, training, revision and CET courses.
- Lecture areas for 60 to 160 people.
- Flexible facilities offering one large area or up to 5 separate rooms.
- Rooms can be set up in theatre, exam or cabaret style.
- Catering facilities available including water dispensers, 'bean to cup' coffee and artisan flavoured teas.

Acknowledgement

ABDO is grateful for profession-wide support from a great number of retail and optical businesses. Including frame, lens, contact lens, instrument and equipment manufacturers.



The NRC is available for external bookings. Find out more at www.nrcbirmingham.co.uk call Phil Hall on 07538 525 206 or email him at enquiries@abdonrc.org.uk

NRC | Birmingham
NATIONAL RESOURCE CENTRE

ABDO National Resource Centre

4th Floor, Aqueous II, Aston Cross Business Village, Chester Street, Birmingham



Making daily lens wear more accessible



NEW SIH CATERS FOR YOUNG ADULTS

A new brand of silicone hydrogel (SiH) daily disposable contact lenses, specifically aimed at 18 to 25-year-olds, has been launched by CooperVision. The Live daily disposable brand is designed to meet the needs of younger wearers with its 'entry-level' price point. The lens is also available in letterbox friendly slimline packaging for even greater convenience.

The Live lens, available in powers from +8.00D to -10.00D, incorporates CooperVision's AquaGen Technology which, says the company, creates a high water content, naturally wettable lens for excellent all-day comfort. The company also reports that the material offers wearers greater oxygen transmissibility than hydrogel lenses, whilst blocking 98 per cent of UVB and 78 per cent of UVA rays.

Sarah Weston, senior marketing manager at CooperVision, said: "As a result of our extensive research into the needs of young adults, we are bringing to the market a lens that delivers on the four key aspects that are important to these wearers: all-day comfort; health; convenience and affordability."

"Live offers practitioners a superb opportunity to appeal to young adults," continued Sarah. "The 18 to 25-year-old age group are the most likely to be interested in contact lenses and possibly start a lifetime of contact lens wearing behaviour. With Live, we're proud to make the benefits of silicone hydrogel daily disposable lenses more accessible to a wider audience."

Boosts for business

Two new products and an in-practice support programme could make this an opportune month for contact lens business planning



Japanese lens launched in the UK and Ireland

SOWING THE SEEDS OF COMFORT

Following its acquisition of UltraVision CLPL last April, Japanese contact lens company SEED has now launched its daily disposable contact lens, SEED 1dayPure Moisture, in the UK and Ireland.

Available in packs of 32, SEED 1dayPure Moisture utilises alginic acid, a newly formulated natural moisturising agent extracted from seaweeds such as kelp or wakame. Alginic acid is said to attract moisture to the patients' eyes and retain tears on the surface of the lens, ensuring "superb" all-day comfort.

SEED 1dayPure Moisture is manufactured from SEED's exclusive SEED Ionic Bond (SIB) material, which is said to ensure biocompatibility, containing both positive and negative ions resulting in electrical stability. This keeps dust and impurities away from the lens, resulting in better hygiene and greater comfort, assured the company.

ECPS INVITED TO BENEFIT FROM PATIENT INSIGHTS

A new initiative to help eyecare practitioners (ECPs) better understand the needs of women, deemed to be the largest contact lens patient segment, and their attitudes to contact lenses has been introduced by Bausch + Lomb.

From research and a focus group, the company said it had uncovered "interesting insights around the drivers of contact lens wearing amongst women in the 30s, 40s, 50s and beyond – how the drivers and trade-offs they make to wear lenses change with their changing lives and priorities".

On the basis of these insights, the company has launched a free, tailored workshop, which can be delivered in individual practices to support ECPs' understanding of patients and their personal priorities when wearing contact lenses.

Practices will review a 10-point plan to create an "excellent patient experience and promote patient loyalty, to drive a healthy and sustainable optometry business". A 'fly on the wall' style film from the focus group along with other resources can be found at <https://bausch.co.uk/whatwomenwant>

"Our aim is to help ECPs to see the world through their patients' eyes – so they can use this insight to create an excellent patient experience, and promote patient loyalty, a key driver of a healthy and sustainable optometry business," said a spokesperson.

Next month's Product Spotlight is on sunglasses.



Part of an infographic supporting the campaign

COMPETENCIES COVERED

Dispensing opticians: Communication, Ocular Examination, Ocular Abnormalities

Contact Lens Opticians: Communication, Ocular Examination

Optometrists: Communication, Ocular Examination, Ocular Disease



History and symptoms: a powerful diagnostic tool

By Andrew Watson BSc (Hons) MCOptom FBDO CL

This article is written primarily for those who are maybe thinking about, or are already conducting, MECS examinations. It also applies to any ophthalmic consultation, including contact lens fitting.

Any consultation should begin with taking a patient's H&S, whether this is for a spectacle dispensing, contact lens fitting, routine eye examination or emergency presentation.

The purpose of taking H&S (apart from satisfying medico-legal responsibilities) is to ascertain why the patient has presented, what problem(s) they have and if general health issues (past and present), lifestyle considerations (hobbies, occupation, smoking, alcohol, recreational drugs) and previous or current treatments (optical, medical or surgical) have any bearing on the presentation.

The findings obtained from a thorough H&S should lead the practitioner to a well-reasoned theoretical diagnosis, and directs the examinations that should be performed in order to confirm their tentative diagnosis and develop a treatment/management plan. It is assumed that the practitioner is already in possession of the patient's name, contact details (address, phone number), date of birth and GP details.

HISTORY: GENERAL AND OCULAR HEALTH

When recording previous diagnoses and

treatments it can be useful to have them in chronological order, for example:

- 1997 Type II Diabetes – Diet controlled
- 2004 Type II Diabetes – NIDDM, medication started

- 2009 CVA, vision unaffected, LHS weakness
 - 2011 RE IOL
 - 2016 RE YAG capsulotomy, listed for LE IOL surgery
- When did the patient last have an eye

Abbreviations used in this article

ADR	<i>Adverse drug reaction</i>	IOP	<i>Intraocular pressure</i>
BAK	<i>Benzalkonium chloride</i>	IP	<i>Independent prescriber</i>
CVA	<i>Cerebro-vascular accident</i>	LE	<i>Left eye</i>
DVT	<i>Deep vein thrombosis</i>	LHS	<i>Left hand side</i>
EED	<i>Emergency eye department</i>	MECS	<i>Minor eye conditions service</i>
FOH	<i>Family ocular history</i>	MK	<i>Microbial keratitis</i>
FMH	<i>Family medical history</i>	NIDDM	<i>Non-insulin dependent diabetes mellitus</i>
GH	<i>General health</i>	PCV	<i>Public convenience vehicle</i>
GP	<i>General practitioner</i>	Px	<i>Patient</i>
HES	<i>Hospital eye service</i>	RE	<i>Right eye</i>
HGV	<i>Heavy goods vehicle</i>	RHS	<i>Right hand side</i>
HSK	<i>Herpes simplex keratitis</i>	VA	<i>Visual acuity</i>
H&S	<i>History and symptoms</i>	YAG	<i>Yttrium aluminium garnet (laser)</i>
IOL	<i>Intraocular lens</i>		

This article has been approved for 1 CET point by the GOC. It is open to all FBDO members, and associate member optometrists. The multiple-choice questions (MCQs) for this month's CET are available **online only**, to comply with the GOC's Good Practice Guidance for this type of CET. Insert your answers to the six MCQs online at www.abdo.org.uk. After 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 July 2019 issue of Dispensing Optics. The closing date is 10 June 2019.



C-70027

examination, contact lens aftercare, diabetic screening or ophthalmology consultation? Some practitioners also like to record when the patient last had a medical consultation.

What vision correction is currently being used: spectacles (single vision, bifocals, progressives); contact lens wear (type/modality), refractive surgery (type, when)?

Has the patient any visual symptoms: loss of vision – complete, partial, constant intermittent; one eye or both; sudden onset or gradual? Diplopia: vertical, horizontal, monocular or binocular; photopsia; floaters; and any other visual phenomena should also be documented.

Whilst a full refraction is helpful, the use of pinhole can elicit the most optimum VA achievable for the eye. This helps build a picture of the patient's general wellbeing and ocular/visual status.

Does the patient have any allergies or known ADRs? Common allergies, such as hayfever and penicillins, are obvious possibilities, but some patients are allergic to preservatives used in some topical eye medications such as BAK used in multi-dose glaucoma treatments. Allergies should be recorded and referred to before prescribing any new medications or treatments.

Is the patient currently suffering with any condition that may be instrumental in the presentation? This could be an upper respiratory tract infection related to an adeno-viral conjunctivitis, or cold sores coexisting with a herpes simplex keratitis.

Is there a family history of general or ocular health conditions? Diabetes, hypertension, arthritis, strabismus, amblyopia, glaucoma, retinitis pigmentosa and a host of other conditions have genetic inheritance tendencies.

HISTORY: MEDICATION

When listing medication, it is worth understanding why and what effect they may have on the patient, not just from their intended treatment point of view but potential side effects that may be pertinent to the presentation.

For example, Citalopram is a commonly prescribed anti-depressant medication which in susceptible individuals (those with already narrow anterior angles) can provoke angle-closure glaucoma. Amiodarone is used to treat cardiac arrhythmias and can often lead to corneal deposits causing haloes or blurred vision. In rare cases, it can cause optic neuritis.

It is beyond the scope of this article to expand on this, however, the British National Formulary (BNF) app can be downloaded on

MEANING		EXAMPLE
L	Location	Right eye, left lower lid, under top lid?
O	Onset	Past few months, yesterday, upon waking today
F	Frequency	First occurrence, second episode, multiple episodes –week/month/year?
T	Type	Visual disturbance, blur, irritation, pain? Try to grade pain/irritation using a scoring system ?/10
S	Self help	Has the Px tried anything themselves such as antihistamines/painkillers? Have they sought help anywhere else, i.e. pharmacist, GP, hospital walk-in centre?
E	Effect on Px	What effect does the condition have on the Px? Have they taken time off work to attend?
A	Associations	Any other findings: headache, nausea, vomiting, photopsia, floaters?

Table 1: The LOFTSEA mnemonic

your phone. Once downloaded, it can be used without internet access. If there is internet access in the consulting room, you can also utilise the Electronic Medicines Compendium (eMC) and search for a specific medication. In this instance, look at the Summary of Product Characteristics (SmPC) for the drug and reference the undesirable effects section.

These resources can easily be referenced during a consultation if you think systemic medications maybe a causative factor.

HISTORY: LIFESTYLE

Some occupations have an intrinsic ocular hazard: welders, users of power-tools, heavy or chemical engineering. Is appropriate safety eyewear worn? Driving: car, PCV/HGV? How many miles per year? With or without correction? Alcoholism/drug misuse can cause systemic and ocular conditions. Hobbies: some hobbies carry an ocular risk such as racket/contact sports, DIY and fly-fishing.

SYMPTOMS

After recording the patient's general and ocular health status, current medication and lifestyle history, it is time to ask specifics about the presenting symptoms or chief complaint. Those not familiar with taking symptoms may find it useful to use the mnemonic LOFTSEA when recording details for a presentation (Table 1).

It is important to remember that patients are not medically or optically trained and often present with significant concerns and worries and tell you things as they see them. They may wonder why you

just aren't looking at their eye with the expensive looking machines instead of asking all these questions. Keep calm and take charge of the consultation whilst remaining compassionate and objective.

From a questioning point of view, it is helpful to use open and closed questions to obtain the information required. Imagine a patient with an undiagnosed in-grown eyelash. They feel the eye is occasionally irritable. If you ask: "Is the eye sore?" (closed question – Yes or No answer), the patient thinks, "I'm not in pain per se", so answers, "No".

On the other hand, if you ask: "On a scale of 0 to 10, how sore is your eye?" (open question), this gives a two-fold benefit: 1) it makes the patient think about the severity of pain in order to give you an answer (no pain would be a score of 0); and 2) it provides a metric to record. This metric can be used in follow-up appointments to ascertain improvement or deterioration of the condition, and if treatment is working or needs altering.

ACUTE VS. CHRONIC PRESENTATIONS

Utilising the O from LOFTSEA – onset can yield very important information. Most chronic conditions, such as blepharitis, dry eye or seasonal allergic conjunctivitis, won't cause significant harm immediately and require treatment and management in a related timescale. This can normally be in a primary care setting with the DO/CLO managing in collaboration with their optometry or GP colleagues.

However, most acute conditions, such as acute angle closure glaucoma, acute

Location	Right eye and RHS of head
Onset	Woke the patient from sleep early this morning
Frequency	This is the first occurrence, never had anything like this previously
Type	Deep boring pain in RE, constant headache centred on RHS
Self help	Px has taken 1000mg Paracetamol & 400mg Ibuprofen – this has not helped at all
Effect	Px is debilitated by the pain, has haloes around lights in RE, rang in sick to work and attended at practice for help
Associations	Px is photophobic, feels nauseous almost to point of vomiting

Table 2: LOFTSEA results working through an acute presentation of Patient A

anterior uveitis, HSK, MK or foreign body trauma, will require immediate or urgent treatment, normally under the care of a sub-specialist ophthalmologist or, in some cases, an IP optometrist.

Using LOFTSEA to work through an acute presentation:

- **Patient A:** male, aged 62 years old, first attendance at the practice so no previous records.
- **General observations:** Px wearing bifocals with moderate hyperopic Rx – approximately +5.00DS R&L. Px appears to be holding the RHS of his head and in considerable pain. Right eye appears red, with clear lashes and lids.
- **H&S:** GH: hypertension, hypercholesterolaemia, depression. No previous HES visits. Last eye examination four to five years ago. Occupation: semi-retired accountant. Driver with specs. FOH/FMH: nil. Medication: Atorvastatin, Amlodipine,

Fluoxetine. No trauma or contact lens wear reported.

These general observations, together with H&S (recorded in a LOFTSEA chart, **Table 2**), should be directing the clinician to a tentative diagnosis of acute closed angle glaucoma. This would be confirmed with assessment of pupils, slit-lamp examination or direct ophthalmoscopy and IOPs. This patient requires immediate referral to an emergency eye department and consultant ophthalmologist-led care.

Using LOFTSEA to work through a chronic presentation:

- **Patient B:** female, aged 33 years old.
- **General observations:** Px not wearing any spectacles. Both lids appear slightly red and lashes clumped together.
- **H&S:** GH: fine. No previous HES visits. No previous eye examinations. Occupation: personal assistant, computer screen use three hours a day. Non driver. Hobbies: socialising.

Location	Both eyes
Onset	Past nine to 12 months
Frequency	On/off, tends to be worse in mornings or if unwell
Type	Eyelids feel irritable, occasion FB sensation, eyes feel dry/hot
Self help	Pharmacist gave Optrex Infected Eyes; helped a bit but symptoms returned after finishing five-day course
Effect	Vision unaffected, but eyes feel tired/dry a lot. Px worried about aesthetics as friends tell her she looks tired all the time
Associations	Occasionally, Px has to bathe eyes open in AM as lids stuck together with "gunk"

Table 3: LOFTSEA results working through a chronic presentation of Patient B

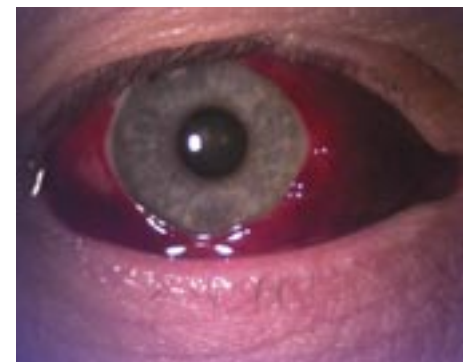


Figure 1: Slit-lamp examination of Patient B

FOH/FMH: nil. Medication: Microgynon. No trauma or contact lens wear reported.

As the results of the LOFTSEA chart show (**Table 3**), H&S and general observations would lead the clinician to a tentative diagnosis of anterior blepharitis. This would be confirmed with slit-lamp examination and an appropriate treatment and management plan instigated.

It might be tempting (from a time management point of view) to get the patient immediately on the slit-lamp and start the examination. Although clinical examination is very important, it will only give a correct diagnosis in conjunction with a thorough H&S. This is demonstrated in the example below.

If we just performed slit-lamp examination of Patient B's eye (**Figure 1**) we might only come up with a tentative diagnosis of sub-conjunctival haemorrhage. Although this is likely (common things occur commonly) it should not be assumed this is the case. Would taking H&S alter the outcome of this presentation?

Scenario 1: Px presents with the finding above, which was present on waking. Vision is unaffected, and eye is only mildly irritable (pain scale 2/10). This has happened several times previously. They have been investigated by their GP three months ago with blood screenings, which are all normal. Patient is prescribed 75mg Aspirin daily for previous DVT. Blood pressure normal. No trauma or contact lens wear reported.

Outcome: examination to confirm H&S suspicions, document these findings; reassure patient and explanation of condition. In this case, a simple but large sub-conjunctival haemorrhage.

Scenario 2: Px presents with the finding above. This happened after getting something in their eye whilst nailing fence posts together. Px reported initial sharp stabbing pain, which has now become a dull ache (pain scale 6/10). Vision has become slightly blurrier than usual. There was blood evident on wiping his eye with a tissue, which has since stopped.

Outcome: examination for foreign body trauma/penetrating injury/retained foreign body. Px referred immediately to eye casualty for ultrasound/x-ray to rule out intra-ocular foreign body.

In these two scenarios, the same clinical presentation led to very different outcomes based on the H&S. This emphasises the importance of taking them.

RELAYING INFORMATION TO OTHER CLINICIANS

There are times after taking H&S and performing relevant examinations where you are maybe uncertain of the diagnosis. When discussing a case with another clinician, don't offer your tentative diagnosis but accurately relay your findings to your colleague (either in practice or on the phone if seeking advice from the hospital EED).

Summarise the H&S and paint a picture

of the presentation in your colleague's mind so they can offer advice on what tests or actions to take next. This is how junior ophthalmology registrars consult with senior ophthalmologists, and would allow them to help you when discussing a patient.

In summary, history and symptom taking is the cornerstone of any health consultation. When used correctly, it gives the basis for a diagnosis and directs the clinician to use appropriate examinations to confirm the diagnosis and formulate a treatment/management plan – or refer the patient elsewhere in an appropriate timeframe.

The scenarios and image used in this article are taken from real presentations in the author's practice with kind permission of the patients concerned.

USEFUL WEBSITES AND FURTHER READING

1. British National Formulary Publications

(2018). <https://www.bnf.org/products/bnfbnfcapp>. Accessed 12 Jan 2019.

2. Electronic Medicines Compendium (eMC) <https://www.medicines.org.uk/emc>. Accessed 12 Jan 2019.

3. Pouncey AL, Frith P. How to take an ophthalmic history. 2013. Online. Available at <http://www.buos.co.uk/bujo/documents/1/bujo.2013.004.pdf>. Accessed 2 January 2019.

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LACK OF LITERATURE ON HYGIENE

Improper hand hygiene can have "serious consequences" for contact lens wearers, according to a recent paper from the Centre for Ocular Research and Education (CORE) at the University of Waterloo, Canada.

The report, published in *Contact Lens and Anterior Eye*, draws attention to poor hygiene associated with contact lens wear, and in particular how hand washing habits could affect the development of contact lens-related microbial keratitis (MK) and corneal inflammatory events.

"While proof that hand washing

reduces infection dates back to the mid-1800s, we're still facing significant issues in having consumers change their hygiene behaviours," said Professor Lyndon Jones, the paper's co-author and director of CORE. "In compiling this review of public health literature, our hope is to make the facts and possible mitigation strategies more accessible to eyecare professionals. They're on the front lines of helping contact lens wearers understand that eye health is literally in their own hands."

The paper notes that numerous techniques exist to help prevent MK or corneal inflammatory events among contact lens patients, including careful and thorough hand washing with soap and water followed by hand drying with unused paper towels. It also noted

that while the eyecare industry had made significant investments in patient education, "literature on the effects of education of proper hand washing is at best scant".

Alternatively, the report identifies advancements in contact lens offerings as providing new hope. These include more frequent fitting of daily disposable contact lenses, citing the reduced contamination due to removal and discarding after each wearing period. Additional innovations include a new lens package design that minimises interaction between the finger and the lens surface, and a novel disinfecting component included in the lens blister pack solution.

CORE has produced a set of resources for use in practice.

SIH LENS FITS ON THE RISE, SAYS STUDY

A substantial jump in the ongoing move towards silicone hydrogel (SiH) contact lens wear in the global daily disposable category has been reported, along with the significant use of orthokeratology (ortho-k) lenses in optometric centres in China.

The trends are noted in the International Contact Lens Prescribing in 2018 article, published in the 3 January issue of *Contact Lens Spectrum*. Reported annually since 2000, the study explores the variations in worldwide contact lens prescribing. In 2018, data from 33 countries was included, capturing more than 24,000 contact lens fits.

In the UK, the average age at fitting was now 40 years, having risen by about eight years over the past 18 years. This, said the authors led by Professor Philip Morgan of Eurolens Research at the University of Manchester, was a "remarkable" change related (presumably) to the general ageing of the contact lens wearing population and the increasing use of lenses for presbyopic patients.

This trend also dispelled the "previously held notion that contact lenses are mostly prescribed to people in their early 20s"; 24 of the 33 countries reported mean fitting ages in their fourth decade.

The report also noted that most lenses were fitted to females (67 per cent of overall fits), which was consistent across all markets. Overall, most lens fits across all countries (47

per cent) were reusable daily wear SiHs – a trend consistent in the UK where 37 per cent of fits were in this category.

Described as a "fascinating data point" was the low uptake of daily disposables in the Netherlands, one of Europe's most successful contact lens markets.

For the first time, the report included data for 'optometric centres' in China, operated by optometrists with a medical device licence allowing them to fit ortho-k lenses.

Of the 1,128 fits reported from these centres, 98 per cent were rigid lenses with the majority (85 per cent) for ortho-k. The centres mainly provided myopia management strategies to children aged around 13 years.

The full report can be found at www.clspectrum.com

Multiple choice answers:

Infection prevention and control in optical practice Part 3

By Peter Black MBA FBDO FEAOO. C-61099 – published in November 2018.

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

The bacterium *Chlamydia trachomatis* is the most common cause of infection-related blindness globally. Which ocular condition does this organism most commonly cause in the UK?

- Anterior uveitis
- Adult inclusion conjunctivitis
- Trachoma with cicatrization (scarring) inside the top lid, entropion and trichiasis
- Pre-septal cellulitis

b is the correct answer. It is usually treated in the UK before it progresses to trachoma.

What statement is true with regard to orbital cellulitis?

- It is fatal in as many as 70 per cent of cases
- It is most often treated by radical excision surgery, including enucleation of the eye, to remove infected tissue
- It is most often caused by the Varicella zoster virus
- It is most often treated with intravenous antibiotics

d is the correct answer. It is more serious than pre-septal cellulitis, as it is an infection of the orbital contents which may lead to infection of the nervous system.

Why is 'inclusion' conjunctivitis so-called?

- Although it is not strictly an infection, it is included in the conjunctivitis classification
- It is characterised by tissue attachments found beneath the lids
- Its causative organism forms inclusion bodies inside the cells it infects
- The infection is included within discrete areas of the conjunctiva

c is the correct answer. *Chlamydia trachomatis* behaves like a virus, invading cells. They replicate inside cells and destroy them.

Which type of conjunctivitis can cause swelling of the conjunctiva?

- Viral
- Bacterial
- Allergic
- Chlamydial

c is the correct answer. The term for this swelling is chemosis.

For which condition is referral not usually necessary?

- Episcleritis
- Dacryocystitis
- Cellulitis
- Iridocyclitis

a is the correct answer. Episcleritis usually self-resolves.

What does 'patient triage' mean?

- A three-stage process of treating patients
- Sorting patients based on their need for immediate medical treatment
- Preparing patients for transportation to hospital by ambulance
- Treating patients with sight-threatening ocular conditions

b is the correct answer. It is the process of initially assessing patients to determine the urgency of treatment.

What is a hyphaema?

- Blood in the anterior chamber
- Pus in the anterior chamber
- A growth in the anterior chamber
- A haze in the aqueous humour

a is the correct answer.

Which condition may occur in immune-compromised patients?

- Chalazion
- Proptosis
- Toxoplasmosis
- Blepharitis

d is the correct answer. Blepharitis may result from a number of causes including bacterial eyelid infection, meibomian gland dysfunction, dry eyes, fungal eyelid infection or parasites. These easily take hold if the patient is immune-compromised.

Which condition is the most serious?

- Iritis
- Orbital cellulitis
- Dacryoadenitis
- Molluscum contagiosum

b is the correct answer. Orbital cellulitis can lead to intra cranial infection, which can be fatal.

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

The education programme at Optrafair Exchange focuses on providing multiple, invaluable educational opportunities for every visitor

Exchange of ideas

With so much happening in optics, Optrafair Exchange will be the perfect opportunity to catch up with friends, colleagues, industry partners and ABDO. Returning to Hall 20 in the Birmingham NEC, from Saturday 30 March to Monday 1 April, the event will showcase the latest products in all sectors as well as offer multiple educational opportunities.

This year's ABDO CET programme will see lectures, peer discussion and discussion workshops running on all three days with CET points available for dispensing opticians, contact lens opticians and optometrists. Lectures, approved for one CET point, include: 'Dementia, dignity and the optician' by Elaine Grisdale; 'Through a child's eyes' by Alicia Thompson; and 'Modern frame materials' by Amy Seaman.

Peer discussions (worth three CET points) will be led by Daryl Newsome and Max Halford on 'Cases from contact lens MECS clinics', while Phil Hall will lead a discussion workshop (also worth three CET points) on 'Complying with supervision in practice'. In addition, Daniel Williams will present a lecture/discussion workshop titled, 'Communication, accessibility and visual impairment' (worth two CET points).

All ABDO CET will run in the designated ABDO CET Theatre and places will be available on a first come, first served basis each day. ABDO's stand (A10) will, as usual, welcome members and non-members alike to meet the departmental teams, including from the ABDO



ABDO will return with a programme of CET



Refreshed show promises ideas and inspiration

National Resource Centre, the Membership Department and Examinations Department. ABDO College will also be there fully stocked with the latest books and courses information.

DIVERSE LINE-UP

Elsewhere, three CET theatres will run eight education streams covering all topics of practice life – from business skills to refraction. A new feature for 2019, the Peer Review Zone, will be a purpose-built peer review facility on the show floor. Put together in partnership with the Federation of Manufacturing Opticians (FMO), the British Contact Lens Association, and other supporters, this area will offer a range of interactive, hands-on sessions each carrying three CET points. Additionally, on-stand CET will be available with interactive, partner-led workshops.

Ed Wyre, Optrafair Exchange event director, said: "We've worked hard alongside the FMO and the profession to identify the needs of today's optical professionals. The new approach will ensure there is plenty on offer for the whole practice team, yet increasing time on the show floor for browsing the latest technology and solutions from exhibitors."

CET sessions in the Dispensing category include: 'ReDo and reDon': advice on reducing remakes' by dispensing optician Kieran McGrath; 'Best form lenses for near vision' by Professor Mo Jalie; 'Nutritionals for the eye: fact or fiction' by optometrist Dr Scott Mackie; and 'Protecting the eye from

long-term photo-chemical damage leading to age-related macular degeneration' by Dr Shelby Temple. Eva Davé, who featured in last month's issue, will present in the Business category on 'How eyewear styling can triple your turnover'.

For 2019 the event has been widened to include Fashion, Medicalisation and Optics. Another new feature for 2019 will be the Eyewear Boutique, celebrating emerging and boutique designers displaying their latest collections in an informal and relaxed atmosphere. It will be located alongside the Spectrum Catwalk, and will allow visitors to 'get hands-on with' the freshest trends in eyewear.

Commenting on the refreshed offering, Andy Yorke, FMO chairman, said: "The revamp illustrates that there is no better place to exchange knowledge, ideas and inspiration than a live event of the scale and depth offered by just such an event. Optics is changing. Innovation and adaptability are now more important than ever for optical professionals to futureproof their practice.

"Modern opticians need to diversify and invest, push boundaries and explore new opportunities. Positioning your High Street practice as a primary care provider for sensory health will more than double your potential audience overnight and will improve patient care," Andy concluded.

Plan your trip to Optrafair 2019 at www.optrafair.co.uk



This month, Haydn Dobby explores in more depth how to engage in reflective practice

How to reflect

In the last article (*Dispensing Optics February 2019*), we examined the need for reflective learning in our practice, culminating in a brief explanation of reflective frameworks/cycles. These cycles exist to guide the novice (and experienced) reflective practitioner through the developmental process. You should be aware that many different reflective frameworks are used in modern healthcare. Finding one that feels a good fit for your own style is important, and it is well worth spending time reading up on possible options.

Here we will be focusing on Gibbs' cycle as it is accessible, easy to apply, and allows for deep and meaningful reflection on our practice. As per the last article, it is the one I encourage my students to make use of.

As a reminder, Gibbs' cycle flows through six stages (Figure 1) and allows for a critical event to be effectively deconstructed and explored in order to grow and develop from the experience.

The term 'critical event' implies that this cycle could only be applied to situations of great importance. As the person conducting this reflection, it is applied to what we deem to be important. This may be something as routine as an explanation of a coating option or adjustment of spectacle frame, ranging all the way up to complaint resolution or urgent referrals.

Read on for a breakdown of each of the six reflective stages of Gibbs' cycle.

DESCRIPTION

As the name implies, the purpose of this stage of the cycle is to describe the event you wish to reflect on. Depending on the nature of the event you are considering, this may never be seen by anyone other than yourself, but what is important here is that you are objective and include as much detail as you can. It should be obvious that the more time that passes between the event

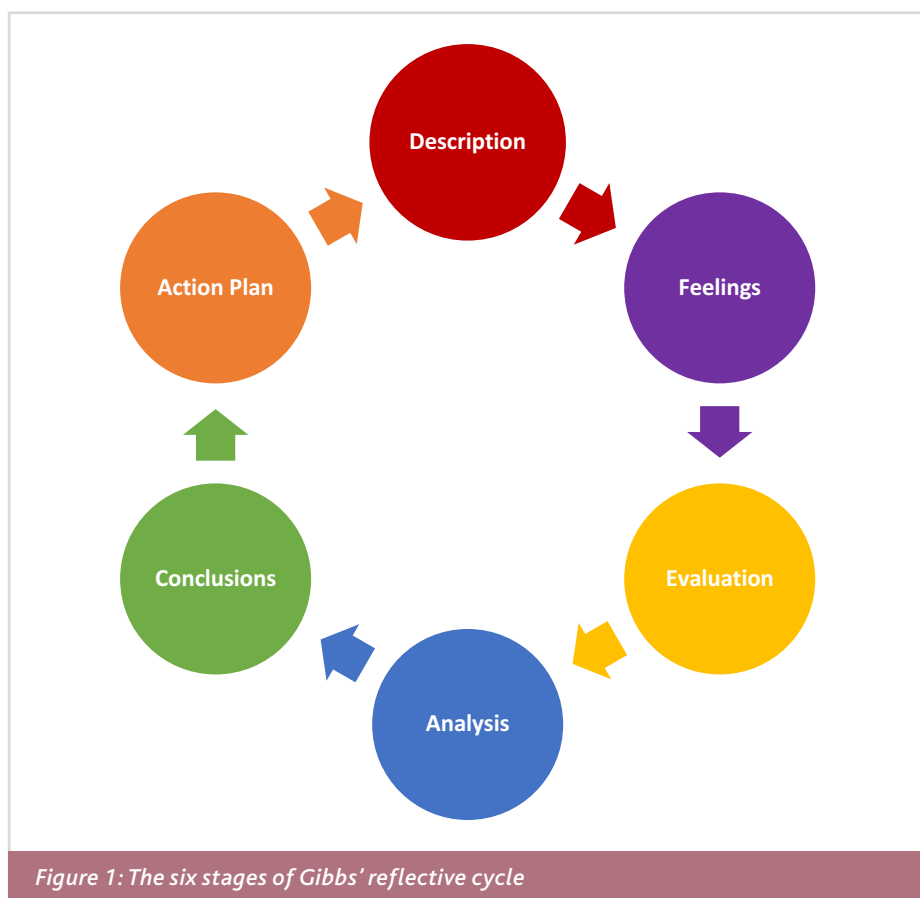


Figure 1: The six stages of Gibbs' reflective cycle

and your choosing to record it, the less likely it will be that you can recall the full events. Jasper¹ gives a series of prompting questions to allow for a full description:

- Where were you and why?
- What happened?
- When did it happen?
- Who else was there?
- What were you doing?
- What were other people doing?
- What was your part in this?
- What parts did other people play?
- How did you react?
- What was the result?

While it seems that some of these prompting questions may overlap, answering them will give a complete picture of the event.

FEELINGS

This is a fairly personal stage of the reflective process as you are examining what was going through your mind at the time. Were you ashamed, frustrated, angry? Were you proud, or satisfied? It is often these feelings that make us aware of the importance of the event.

- How were you feeling when the event started?
- What were you thinking at the time?
- What did other people's actions/words make you think?
- What did these make you feel?
- What do you think about it now?
- List the emotions you felt in this event and identify the most important to you

EVALUATION

- The main two questions here are:
 - What was good about the experience?
 - What was bad about the experience?
- Evaluation measures the event against a standard and gives it value.

ANALYSIS

Here we go deeper than simple evaluation. We need to examine the separate parts of the incident as opposed to the whole.

- What specifically went well?
- What did I do well?
- What did others do well?
- What went wrong, or did not go as expected?
- How did I contribute to this?
- What knowledge/skills did I use?
- What knowledge/skills am I lacking?
- What other options were available to me?
- Why might these things have happened?

CONCLUSION

While the earlier evaluation may have felt like drawing conclusions about the event, that was before any detailed analysis. Now that we have more information, we can draw meaningful insights into our practice and behaviour, and clearly identify any potential shortcomings. This can be uncomfortable as we may find that we did not perform to the best of our abilities, however, you should remember that is the purpose of this reflective practice: to learn from an experience and to continually improve.

It should also be remembered that identifying and maintaining good practice is just as important as improving. If the earlier stages of the cycle are not fully applied, then key aspects of the event can be missed, or glossed over. This can produce a shallow and distorted reflection which defeats the purpose of the exercise. Be honest, but don't beat yourself up.

ACTION PLAN

This is where we plan to apply the changes we have identified as beneficial. This could be something along the lines of attending CET events on a specific topic, or conducting independent learning. It may be to change your approach to a dispense or product. It may be that you are satisfied with your practice but have identified a need for training in your support staff? The key question for this section is simply, 'What will you do better next time?'

The following example is a basic application of Gibbs' cycle in a practice



What could you do better next time?

situation. Deeper levels of reflection are possible with practice but for now, I would advise you to try reflecting on some simple occurrences from your own professional practice. You may want to keep a portfolio of your reflections to evidence your CPD and to monitor your progress.

APPLIED EXAMPLE OF GIBBS' CYCLE

Description: what happened?

While locuming in a High Street practice, one of the optical assistants (OAs) approached me to ask for a paediatric dispense to be checked off. It was late afternoon and the clinics had been running behind time since lunchtime, due to some complex cases. I told them I would be right over once I had finished with my current patient, which shouldn't be long.

A few minutes later after I was free, I went over to the dispensing desk where the OA was waiting with the patient and their father. I could see that the patient was very nervous, so I knelt down on his level to introduce myself, and told him I was just going to check his spectacles over before we ordered them. At this point, the patient's father cut in asking how much longer this would all take. I apologised for the waiting time and explained that it was important that we check everything about the specs now.

Reviewing the child's prescription, he was quite hyperopic and had an accommodative esotropia in his right eye. The OA had chosen the same frames as the patient's previous dispense, however, it was clear that these were no longer appropriate as the patient had grown (as young children do) and they no longer fit. When I tried to explain this to the child, they grew quite upset, insisting that they 'wanted those ones'.

Upon hearing this, the patient's father started complaining loudly that they had already had a long enough wait and that I should just let it go. Not wanting to escalate the situation, I calmly tried to explain the importance of a correct fitting pair of spectacles to the father. I used the analogy of wearing clothes a size too small that are tight and uncomfortable. This seemed to get through to him and he calmed down.

I then asked the child to come take a look at new frames with me, and while reluctant at first, he came after his father encouraged him. After a few minutes, we found a frame very similar in shape; large enough to suit his current head and temple widths, but not so large as to result in overly thick and heavy lenses.

We returned to the dispensing desk where I adjusted the frames to fit, including shortening the sides, which were slightly long, and rechecked the measurements with covered monos. Once the dispense was concluded, I made them a collection appointment with myself in a week's time so that I could ensure they were fully fitted once glazed.

After they had left, the OA said to me that they didn't want to say no to the dad about the frame choice as he was quite upset about the delay before his son's sight test, and wanted to get out as soon as possible.

FEELINGS: WHAT WERE YOU THINKING AND FEELING?

Initially, I was feeling mildly stressed, though this is normal for me when clinics run behind. When I went over to see the patient, I had no strong emotions, however, when the father questioned the time taken I was mildly annoyed as it was clearly busy

in the practice. When it became apparent that the frame would need to be changed, I felt sorry for the young patient as they were so attached to the current frames, but the change was necessary.

When the father interjected again, I found myself quite upset. Could he not see that what we were doing was for the benefit of his son? Once the reasons behind the changes were explained and the new frame was chosen, I felt satisfied and proud. I had provided the patient with a suitable frame that will hopefully last another 12 months.

I was disappointed with the OA for not acting in the best interests of the patient. In hindsight, I can see why the patient's father was exasperated by the delays on the day, but at the time I found him quite frustrating.

EVALUATION: WHAT WAS GOOD AND BAD ABOUT THE EXPERIENCE?

The patient was ultimately dispensed a suitable frame to fit their head and allowing for a good finish to their lenses. When they returned for the collection appointment, I ensured they fitted correctly and the patient's vision was appropriate. I feel my communication was appropriate throughout the interactions, varying my attention and style between the patient themselves and their father, and I was pleased when my explanation of the importance of the fit reached him.

Sadly, the downsides of this experience were the lack of confidence on the part of the OA to say no to an inappropriate option, leading to a confrontation and a scene on the practice floor. This, in turn, caused upset to the young patient. After they left, I had a conversation with the OA that was quite uncomfortable, iterating the importance of fitting and being able to say no to a patient.

ANALYSIS: WHAT SENSE CAN YOU MAKE OF THE SITUATION?

I feel the second frame selection went particularly well. Once I managed to explain the importance of the fit, finding one the patient liked and that suited the prescription was relatively easy. I also feel my communication with the father was well handled, as evidenced by the positive outcome. It had been a while since I had seen a young patient with accommodative esotropia, and I also felt that my taking of his measurements using covered monos went particularly well. I would not have liked to use canthus to canthus in this case.

There were a number of negative



Don't let frustrations build up

factors to this situation that had contributions by both myself, and others. The clinics running late is a common enough occurrence and often cannot be helped. It is possible that the expectations of the waiting patients were not fully managed, leading to a build-up of frustration. The OA's lack of confidence to say no to an inappropriate frame choice was also a negative, however, should optical assistants be in that position? Is that not why we check paediatric dispenses as qualified professionals?

The stress and tension that the father was feeling also affected the attitude of his son, who was particularly nervous at the start of our interactions. For my own contributing negatives, I should have opened with an apology for the delay in seeing them. Even though this could not be helped, it could have gone a long way to calming the situation before it escalated into loud complaints.

CONCLUSIONS: WHAT ELSE COULD YOU HAVE DONE?

There were other options in my approach to the situation, including the afore mentioned opening apology. I could have asked for a handover from the OA, giving them a chance to voice any concerns that they had about the frame to me, as opposed to confronting that patient's father directly about it.

I need to remain mindful that I should also not expect the same level of knowledge and confidence in dispensing

practice from an unqualified dispenser that I would from a DO.

ACTION PLAN: WHAT WOULD YOU DO IF THIS SITUATION AROSE AGAIN?

I am now more aware of patient attitudes when clinics are running behind time, and make sure to apologise for the delay when I first sit down with them. I will also start booking collection appointments with myself for patients who have experienced problematic delays. This way I can be aware of when they are returning and can ensure that I (or another suitable member of staff) am free to see them.

I have offered training to the OAs relating to frame styling, and communication with patients. I have also taken some time to read up on accommodative esotropia management and methods of measuring patients.

REFERENCE

1. Jasper, M. *Beginning Reflective Practice 2nd edn*. Cengage Learning EMEA: Hampshire. 2013. pp.79-82.

Please look out for supporting resources with reflective practice on the CET area of the ABDO website, coming soon. Next month, we welcome Saima Begum Naroo who will be looking into reviewing and auditing our clinical practice.

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A new set of resources have been launched ahead of this month's Love Your Lenses campaign, writes Antonia Chitty

Landing the message

Every March, the General Optical Council (GOC) runs its Love Your Lenses public awareness campaign to help develop knowledge about good practice when caring for, and wearing, contact lenses. For this year's event, running from 23-30 March, the regulator has produced a set of free resources to help practitioners be more effective when delivering contact lens guidance.

Supporting the campaign and toolkit are the results of a new survey carried out for the GOC, revealing that almost half (48 per cent) of contact lens wearers are not being advised how to wear and look after their lenses. In addition, 35 per cent of survey respondents claimed that advice was not provided, and 17 per cent couldn't recall whether it was or not.

These results don't indicate that practitioners are not giving aftercare advice, more that patients do not seem to recall it. With the public interest at the heart of what they do, the GOC felt there was a need to act on this. Therefore, this year's Love Your Lenses campaign is aiming to increase the number of contact lens wearers complying with aftercare advice – which of course means that patients need to remember what they are told.

Three tools have been developed by a GOC expert panel, that includes Professor Philip Morgan of Manchester University and Dr Kassalou, a behavioural psychologist from Cambridge University. The tools are: a pre-appointment questionnaire for contact lens wearers; a set of lifestyle based questions; and a visual aid for use during appointments.

KEY STEPS TO AFTERCARE

The visual aid is an A4 poster illustrating the key steps to contact lens aftercare, which can be used by practitioners during conversations with contact lens wearers.

Studies show that pictures linked to text increase attention to, and recall of, health education information. In line with behaviour change theory, the poster incorporates key principles and devices that can influence



Free resources for eyecare practitioners

behaviour. It 'chunks' the do's and don'ts into small, memorable groups making the visuals attractive, and uses simple, patient-centred language and messaging.

While it is easy to produce resources like these, the GOC wanted to ensure these were effective and trialled them in four practices during 2018. The results found that the visual aid led to better recall of messages. Practitioners found them easy to use and time efficient, and it helped them remember the importance of delivering messages effectively. Crucially, 95 per cent of patients surveyed recalled receiving the aftercare information.

QUESTION AND ANSWERS

The second resource is a simple questionnaire that contact lens wearers complete before their appointment, for example, while in the waiting room. It asks about their care regimen and awareness of the 'dos and don'ts'. The completed questionnaire can be used as a prompt by the practitioner to actively involve the contact lens wearer in the session.

In line with behaviour change theory, the document incorporates the same principles as the visual aid. In trials, practitioners and patients reported that the questionnaire was easy to use, and a useful way to frame the conversation around aftercare and explain the messages, rather than just saying 'don't do this'.

The questionnaire is versatile and can be emailed as well as printed. All patients surveyed recalled receiving the aftercare information given when this questionnaire was used as a discussion tool.

Keith Tempany of Leightons and Tempany was one of the practitioners testing the resources. He said: "Some of our contact lens wearers know they are picking up bad habits but don't know why certain behaviours are risky. This questionnaire gives us an opportunity to talk about this."

TWO-WAY CONVERSATION

The final tool involves asking two questions about work and leisure activities at the start of the appointment, and then including the patient's responses in the advice given at the end.

Effective physician-patient communication is a key way to improve patient health outcomes. Personalising information, rather than relying on standard written information, improves recall about information relating to medication. Framing the conversation in personally relevant topics helps patients to feel they are active participants in their care.

This would mean using a phrase like, 'To ensure you can continue to X, you must ensure that you Y'. Practitioner feedback showed that this was easy to adopt into practice – integrating the questions becomes habitual and feels natural. It was not time-consuming to weave the questions into normal conversation, and 100 per cent of patients surveyed recalled receiving the aftercare information.

Download these complimentary tools at www.loveyourlenses.com



Antonia Chitty talks to some contact lens opticians making all the difference in practice

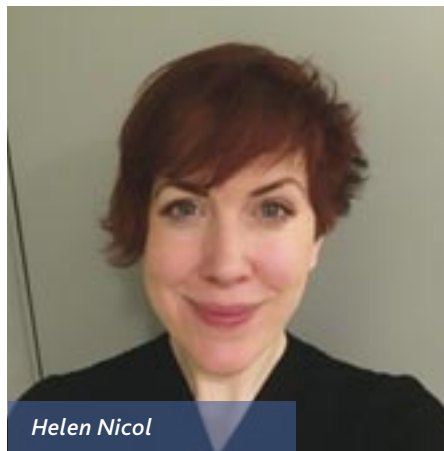
Making the most of MECS

Over the past year, contact lens opticians (CLOs) have been facing fresh challenges and the chance to widen their scope of practice by taking an online course to allow them to participate in minor eye conditions services (MECS) schemes. To date, more than 150 CLOs have enrolled on the course – with the first cohort successfully passing the Wales Optometry Postgraduate Education Centre (WOPEC) objective structured clinical examination (OSCE) last summer.

Speaking about the evolution of the MECS training scheme for CLOs, ABDO deputy chief executive, Barry Duncan, said: "From the outset, ABDO was convinced beyond any doubt that CLOs possessed the skills and competence to deliver MECS to the highest possible level. We felt it was our duty as a membership organisation to create such opportunities. Having engaged with parties externally, notably the Local Optical Committee Support Unit [LOCSU], WOPEC and the General Optical Council, the pathway was created that presented CLOs with the chance to push the boundaries of their current competence and self-develop."

The WOPEC modules are the same as those taken by optometrists, and further ABDO extended services training days will take place this year, along with OSCE sessions to allow those currently studying online to complete their training.

"With an increased number of dispensing opticians enrolling into the CLO course, ABDO is hopeful that many will see this as a natural progression and it will become the norm in years to come," Barry continued. "Additionally, much work has to be done in terms of the political engagement to ensure CLOs can perform services as part



Helen Nicol

of commissioned contracts. Clearly this will be a major piece of work in the coming year, however, with the alteration of the LOCSU pathway in place, we are confident that progress will be made."

In this feature, you can read about some interesting cases that ABDO CLOs have come across both as part of MECS and within regular contact lens clinics.

LASHINGS OF DISCOMFORT

Helen Nicol recently saw a very unhappy lady as part of her MECS clinic.

She recalls: "This particular patient had sore, red and puffy eyelids, both right and left, top lids only. Careful questioning revealed that this had begun after application of her most recent set of eyelash extensions, with the symptoms getting gradually worse over the ensuing two days. She was a long-term wearer of eyelash extensions and had never previously had an issue. There was no discharge or photophobia, and her vision was unaffected.

"Eyelash extensions have become hugely popular over the last 10 years or so. The lashes can be manufactured synthetically or made from mink fur or

horse hair. Individual lashes can be applied in a 1:1 ratio with the wearer's natural lashes. Alternatively, volume lashes, which appear as tiny fans of two to six lashes, can be applied to the wearer's own eyelashes giving a fuller and fluffier appearance.

"The eyelashes are attached with cyanoacrylate glue by a trained professional. To avoid eye irritation, it is essential that neither the glue nor the extensions come into contact with the delicate eyelid skin.

"On slit lamp examination, I could see that she was wearing volume fans, the bases of which were pressing into her eyelids. It wasn't possible to determine whether this was due to swelling caused by a reaction to the glue, or if the extensions had been applied too close to the eyelash follicles. Her eyelid skin was very irritated and inflamed along the lash margin.

"Due to the contact dermatitis type reaction she was experiencing, she had also collected quite a lot of skin flakes in the eyelashes. The skin flakes may have exacerbated the reaction as they created a breeding ground for staphylococcus bacteria. Her conjunctiva and cornea were both clear and unaffected.

"I recommended a cold compress to relieve the immediate symptoms [Eye Mask Ice] and that she had the extensions removed as soon as possible. I also suggested she use Blephasol to remove the skin flakes and to maintain lid hygiene after the lash extensions were removed.

"A week later, her eyelids had returned to a normal appearance and there was no discomfort or swelling."

MAKE-UP MYSTERY SOLVED

A 14-year-old girl attended for a contact lens check-up with Elizabeth Ralph.

Elizabeth recounts: "She was wearing

Total One daily contact lenses and displayed significant giant papillary conjunctivitis [GPC]. She generally wore a lot of eye make-up, but I couldn't think what could be causing the GPC as I had never seen it before with Total One. I asked her about her wearing habits, and she said she didn't sleep in the lenses, always washed her hands and so on. But I was suspicious.

"I told her to cease lens wear, recommended Olopatertidine drops, and suggested we refitted the lenses once the condition had resolved. This took months due to the severity of condition. I refitted the patient with Oasys one-day lenses six months later and asked both mother and daughter to sign the advice sheet on contact lenses wear, which includes no sleeping in lenses. At that point, the mother looked at her daughter and said: 'It says here no sleeping in lenses'. The daughter then admitted to sleeping in one pair of lenses for up to one week, and not removing her make-up.

"My thought was that the lens was actually amazing; it was the make-up getting stuck to the lens then the patient sleeping in them that actually caused the problem. The patient is now back in Total One, which she wears on a daily basis and there have been no problems since."

HANDLING WITH KID GLOVES

Beth had another clinically interesting encounter with a young contact lens wearer.

She explains: "I was working as a locum and it was my first day in a new store. A 14-year-old female patient attended for an aftercare appointment with her grandmother. One eye was amblyopic, the other in the region of +5.00DS with a -2.00DC cylinder. The previous practitioner had fitted her with monthly toric lenses. She seemed a bit nervous but I put her at ease.

"On examination, there was a minor corneal abrasion to her central left cornea, so I recommended that she left the lenses out for a few days and I would check it again before she resumed wear. I also suggested that she could wear her spectacles in the meantime.

"At this point, the patient broke down in tears. Her grandmother explained that she wouldn't wear her spectacles, that she never had, and that she 'must' have contact lenses. She also added that the young girl 'had problems'. I suspected mental ill health, possibly anxiety or depression. However, in my mind, the patient's grandmother was not helping the situation, reinforcing the fact that her grandchild would not wear her glasses."



Beth Ralph with a contact lens patient

Looking in the records, Beth could find no signed disclaimer or advice sheet, and no information about wear times. She recalls: "Alarm bells were ringing, so I decide to start again. I stood by my advice of no lens wear, and booked her in for review the following week. I insisted that I wanted to see her spectacles at her next appointment, and I ordered My Day Toric daily disposable lenses to be fitted then."

The following week, the abrasion was healed, however, Beth was still concerned about poor compliance: overwear and continuing to wear lenses even if she had a problem. She says: "The patient's specs were in good condition, cosmetically attractive with high index lenses. I coaxed her to put them on, which she did with reluctance.

"She was definitely anxious about wearing them, so I suggested she try them on for five minutes a day and build up by adding a minute at a time. She had a phoria when tired if not corrected, so I recommended that her grandmother take a photo of her when her phoria was active and compare it to a photo in her specs. We talked about different hair styles with her specs and taking selfies with different styles. It actually became a sort of counselling session."

Beth refitted daily disposable lenses to

help with good compliance, which the family were happy to pay for – but had not been offered. She adds: "I went through my own wear and care advice sheet and it was signed by both the patient and her grandmother. Follow-up aftercare went well; the patient wore her specs for five minutes in the room which was a start, although it is still a work in progress. Her next review would be in three months.

"I also advised both the store manager and area manager regarding my concerns on fitting children. I very much believe that all children should have the option of contact lenses but daily disposable should be the first choice. Advice, prices, risks and wear times should be clear and always issued in writing. After all, it might be rare, but wearing contact lenses can lead to blindness."

CLOs interested in extending into MECS can email Barry Duncan at bduncan@abdolondon.org.uk for a code for the online WOPEC course. All ABDO extended service training days are listed in the Events section of the ABDO website.

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

ABDO's long-serving general secretary talks to Robina Moss about the past, present and future

20 years at the helm

ABDO general secretary, Sir Anthony Garrett CBE, celebrates 20 years at the helm of the Association this year. In his steady hands, the organisation has grown in size and influence – not just in the UK but abroad as well. Indeed, in the last two decades, ABDO has grown from less than 4,000 members to 10,000 worldwide, with 6,000 in UK practice at its core. "It's been a slow and steady increase for ABDO – an evolution rather than a great revolution," says Tony.

Looking back on the development of the organisation, Tony reflects: "Originally, we were based in a unit on a small trading estate in Hurlingham, where all the staff were based apart from those producing our monthly journal, *Dispensing Optics*. Today, we have premises at Godmersham Park in Kent and 199 Gloucester Terrace in London.

"We also created a CET Department, which we didn't have at the start. There was no compulsory CET back then, so we set up our own department. Paula Stevens was the first employee and she has made a huge success of the department.

"We have other staff all around the UK now working remotely, so we have grown hugely," he adds. "Over recent years, we have created roles in professional services, marketing and communications. In November 2016, we recruited Nick Walsh for his sector skills to be our sector skills development officer, tasking him with setting up the new Business Support Hub, which is aimed at practice owners.

"Former president Barry Duncan, now our deputy chief executive, has been instrumental in a lot of major new initiatives such as revamping the regional structure of ABDO. In addition, he has led ABDO's initiative on minor eye conditions services [MECS] and we now have a number of members running MECS in their practices. This would not have been possible 20 years ago."



Tony in his office in London

HIGH POINTS AND CHALLENGES

Among his many personal highlights in the evolution of the Association, Tony cites the creation of ABDO College, 199 Gloucester Terrace, which ABDO shares with the Federation of Manufacturing Opticians and the Federation of Ophthalmic and Dispensing Opticians, and establishing the National Resource Centre (NRC) in Birmingham, with the latter credited as being "a major part of our lives now".

"These three events have enabled us to make changes to the profession and allowed the Association to grow," emphasises Tony. "The setting up of ABDO College was very fulfilling. Jo Underwood was recruited as principal and the College has grown from day one. She recruited a great team of lecturers and now we have a high student intake.

"The opening of the NRC last year was a major milestone for developing the profession, leading to future expansion in the role of the practitioner, along with MECS training – which has enormous implications for contact lens opticians," he adds.

Another highlight for Tony was having the FBDO qualification assessed by Ofqual [Office of Qualifications and Examinations Regulation], which resulted in it being recognised as a Level 6 qualification. "This, in turn," Tony explains, "has led us to develop a degree programme for the profession."

Such major advancements for ABDO and the profession have not been without challenges though. "There have been both internal and external challenges along the way, which we have had to overcome," Tony admits. "Internally, there were some people who were very negative about change and moving forwards. They had a kneejerk reaction and we had to find a way of working past them. The ABDO presidents all worked extremely hard to make progress for the good of our members, and we managed to implement changes despite a small number of people opposing them.

"The external challenges included having to build bridges with optometry, business, industry, employers and



199 Gloucester Terrace in London



Celebrating the opening of the ABDO National Resource Centre

manufacturers,” explains Tony. “We also had to build a relationship with the General Optical Council, which has also grown hugely in numbers and influence in the sector.”

Fortunately for the Association, Tony’s long background in politics has stood him in good stead for the choppy waters he has had to help navigate. He spent 27 years in politics, five of them as director of campaigning for the Conservative party, the only employed executive on its board.

LIKE-MINDED TEAM

Like many people in optics, Tony’s entry into the profession was unexpected: “William

Hague’s people had begun a major review of the party, and I didn’t agree with what they were proposing. So I left,” he explains simply.

Recalling how he came to be in optics, he says: “I was unemployed after leaving politics – and when I saw the ABDO advert for a general secretary I applied. I was completely new to optics, but I had an idea about how to run things. As it turned out, my predecessors had been from outside of optics too.

I started my induction course in January, getting to know the people and the organisation, and then started work in the March. I was delighted to find that they were such nice people at ABDO.”



Tony with Clive Marchant (right) and Keith Cavaye at Optrafair

Inevitably after such a long time in the role of general secretary, thoughts of retirement are on the horizon – but to the relief of the Association and many in the profession, retirement won’t be for a while yet. “I will retire in the next few years – as you can’t go on forever,” Tony confesses. “I love the job and there is a fantastic team at ABDO with a low staff turnover, which I am very proud of. However, I will be very sad to leave the colleagues I see on a daily basis when I do retire.”

In retirement from ABDO, Tony hopes to still be involved with ABDO College but is looking forward to spending more time with his family and his two dogs. “I will always keep an eye on what’s going on in optics as it’s been a huge part of my life,” he muses.

HOPES FOR THE FUTURE

So, what are Tony’s hopes for the future of ABDO? “I hope as an organisation we can help the profession to grow in the UK, and further increase our scope of practice,” he says. “I hope we will be able to bring more and more students down the degree route.

“I also hope we will continue to develop quite a significant international presence,” he adds. “We have students from more than 20 countries on our distance learning programme, who also sit our examinations. We have a major relationship with Malaysia and India and are looking to develop closer ties with Australia and China too.”

And what about hopes for the wider profession and industry? “I implore optometry and optics to work more closely together to try to make the best use of the new technology available. If we don’t work together, the sector will look very fractured.

“Already in technology there are very clear threats to optometry and optics,” he warns. “In optometry, it’s remote clinics and booths where people miles away interpret the results. In optics, it’s online sales, – but most people still want, and need, bespoke services. As practitioners, we must be united and explain to patients that it’s always best that they are seen face-to-face for consultations and fittings,” he concludes.

When you work with a Dispensing Optician, you get more than ‘just a DO’
Meet a new DO every month in Dispensing Optics, search #NJADO on social media or visit www.bit.ly/NJADO to read more

Jim Cox
Product Specialist

Jim Cox FBDO says, “I use my knowledge of optics and lens design to feed into software and hardware development to produce a product that meets real world requirements. All my skills were learnt working as a Dispensing Optician.”

#NotJustaDO



Wales and Northern Ireland regional leads, Kevin Milsom and Geri Dynan, report on activities in their respective regions



Progress in the regions

Following a successful day of CET in April 2018, the CET Department has another day planned for Sunday 14 April. This will be a full day with a good number of CET points available, and will take place in the Holiday Inn Cardiff City Centre opposite Cardiff Castle. Just a reminder that if anyone wants to arrange some local CET, please contact the ABDO CET Department direct. As long as you have a venue then you can use ABDO Go Local for an event.

In Wales, we have three regional optical committees (ROCs), which dispensing opticians can become members of. Some of these have DO representatives but not all. I would like to ask anyone who is interested, to either get in touch with their local committee or me – so we can arrange an introduction if necessary.

Once you are a member of an ROC, you are eligible to apply for a place on a national committee. Each ROC has members who represent them on Optometry Wales, the representative body for optometrists and DOs in Wales, where getting involved could lead to being part of discussions on how the profession moves forward in Wales.



April CET day planned in Cardiff city centre

Each ROC has the opportunity to nominate a DO to be a member of the Welsh Optometric Committee, which is a strategy advisory committee to the Welsh government, where you can be part of discussions that could influence how DOs can extend their roles in Wales. The low vision accreditation is open to DOs in Wales, and I understand that many DOs have already applied. Being able to treat low vision patients in practice brings yet

another opportunity to support patients to the best of your ability.

Recently, a number of our contact lens optician (CLO) colleagues undertook accreditation for minor eye conditions services (MECS). The pass rate for those who did the accreditation was 100 per cent in certain English local optical committees and these accredited CLOs can now offer MECS. A second cohort of CLOs is about to undergo further training and accreditation at the ABDO National Resource Centre (NRC) in Birmingham.

In Wales, CLOs who work with a MECS accredited optometrist will shortly be able to apply for the accreditation process. Being in practice with an optometrist allows for the upward referral of the patient if required. Anyone who wishes to apply for accreditation can get a login code from Barry Duncan at ABDO.

For any further advice on regional matters, or to offer any feedback, please get in touch with me by emailing kmilsom@abdolondon.org

KEVIN MILSOM FBDO R FEAOO is a locum dispensing optician, past ABDO president and ABDO practical examiner.

Ongoing negotiations

In the early part of 2018, we had a very successful CET event and it was well attended by our members as well as our optometrist colleagues.

The feedback was very positive and it was great to see a lot of familiar faces along with newly qualified colleagues and student DOs attending their first event. It was a valuable networking opportunity and both sponsors and delegates felt it was a very worthwhile event.

Our next event is on 22 May in Antrim, and we look forward to welcoming all

attendees, both regular and new. It's a wonderful opportunity to meet like-minded DOs and other colleagues from the profession, and it encourages other members to become involved at a local level.

Last year, ABDO held a meeting with the head of ophthalmic services. It was a very positive encounter, which covered aspirations for the future of the DO workforce, MECS, refraction and low vision services. It was agreed that going forwards, there would be more of an extended role for DOs in practice and that competencies

would need to be agreed in advance of any commissioning; this included optometrists, who would be doing more too. The issue of DOs assessing CET was also raised and the head was supportive of this, which is good news for all our members.

Northern Ireland consists of five regional health and social care trusts, which were created on 1 April 2007 by the then Department of Health, Social Services and Public Safety. Each individual trust is responsible for the delivery of primary, secondary and community health care.

MECS has been rolled out across the Northern, Southern and Belfast Trusts. Initially, it was piloted in the Southern Trust, but now includes the Belfast and Northern Trusts.

Optometry Northern Ireland (ONI) was instrumental in negotiating fees at the start of the process. Initially, this was for optometrists who had undertaken the Wales Optometry Postgraduate Education Centre (WOPEC) MECS training and we are hopeful that CLOs will be included moving forwards. Indeed, we have given the number of CLOs in Northern Ireland and are hoping this can be easily implemented.

CHALLENGES TO OVERCOME

The initial MECS assessment appointment fee has been negotiated at £40 with a follow-up appointment of £20 (only if clinically necessary). Each practice accredited with the MECS scheme must be able to offer a patient an appointment within 48 hours. This could prove challenging for a practice in terms of managing diary appointments, ensuring there

are enough available slots for emergencies and so on. Hence, having accredited CLOs in practice would provide more flexibility, in addition to their valuable expertise.

Many practices have opted in to the electronic referral pathway. At the moment, there is no login facility for DOs to provide electronic referrals. With fewer GP surgeries accepting paper referrals, this has become an issue which we've raised with ONI and the head of ophthalmic services – and we are intent on resolving this issue as soon as possible. We're working hard to ensure local DOs have no difficulty accessing or implementing their role of duty to refer.

There have also been some discussions regarding provision of a diabetic eye screening programme and the best way to implement it. This is a work-in-progress and something for us to focus on this year and beyond.

In other news, the next ONI AGM is in May and we are planning to promote this meeting to our members, inviting them to come along and be active participants at a local level. Our sub-regional lead, Deirdre

McAree, represents ABDO on the ONI, as well as on the GOC's Companies and Standards Committees – and she ensures our continued involvement in every aspect.

As is widely reported, there has been no working government here in Northern Ireland for almost two years, with very little indication that this will change in the near future. This has led to many negotiations, decisions and progress being hindered by the political impasse. We have no local health minister either. In fact, the GOS fee increase for April 2018 was only recently confirmed.

This situation has proved a challenge but we are working hard to keep the lines of communication open to maintain relationships moving forward.

Please get in touch with any queries or suggestions at gdyan@abdolondon.org.uk

GERI DYNAN FBDO works in an independent practice in Belfast. She is an ABDO practical examiner both in the UK and overseas, an ABDO College trustee and ABDO College tutor.

RESTRUCTURE AT FODO

The Federation of Ophthalmic and Dispensing Opticians (FODO) has appointed Harjit Sandhu as its first-ever managing director.

Harjit, who was previously director of policy and strategy at the National Community Hearing Association (NCHA), will now run the four FODO businesses: FODO, FODO Ireland, the NCHA and ophthalmology partnerships.



New FODO MD, Harjit Sandhu

Harjit said: "I am delighted to take on

this key role with such a wide remit, especially at this important and challenging time for the eye and hearing health sectors. We will continue to support sector growth and ensure that our members remain at the forefront of meeting the nation's eye and hearing health needs by carving out new opportunities and tackling emerging risks head on."

David Hewlett, current FODO CEO, will take up the new post of director for leadership, transformation and strategic partnerships. Ann Blackmore, FODO's current director of policy and strategy, is leaving to work as a consultant.

FODO UK chair, Lynda Oliver, said: "We are extraordinarily lucky to have Harjit re-joining the optical sector in this important leadership role at a vital time for eyecare in the UK and Ireland. There are few people with his combination of analytical, clinical and health economics skills, and he even

has the advantage of having started out as an optometrist."

David Hewlett said: "Harjit's appointment is great news for the FOD business." He also paid tribute to Ann Blackmore who, he said, had "contributed so much over the past five years".

Peter Ormerod, NCHA chair, commented said: "Harjit and David, both experts in health policy and strategy, have been crucial in providing support to and developing the hearing care sector. The new structure will make the NCHA even more agile at a time when more than ever the sector needs the NCHA's support".

Garvin Mulligan, chair of FODO Ireland, added: "The optical sector in Ireland has gone through major changes in recent years and FODO has been instrumental in making sure government and regulators got those changes right. We are confident that this new structure will continue to serve us well."

NEW CHAIR FOR PEC

The Local Optical Committee Support Unit (LOCSU) has announced the appointment of Mike Fegan as chairman of the board of Primary Eyecare Services.

"Mike brings a wealth of business and finance experience, which is invaluable as the company continues to grow," LOCSU said in a statement.

An experienced finance director with 15 years' experience working at FTSE 100 companies, Mike has held roles at ITV, Granada, Forte and the Football Association. He is currently a director of the Association of Optometrists and was recently appointed as chair of LOCSU.

Trevor Warburton, who was the interim initial PEC Services chair, will remain on the board.



Mike Fegan



Steve Hertz reports on ABDO's thought-provoking CET workshops at 100% Optical

Ideas and insights

The advancement of technology and artificial intelligence (AI) is not slowing down. Smartphones are now simply known as 'phones', a 'smart television' is now just a 'television', and a watch can now tell you how many times your heart beat three Tuesdays ago and whether that is better or worse than this week.

As consumers, we are 'tech' obsessed. The issues surrounding the incorporation of modern and future technologies in optical practice should therefore be at the forefront of debate and discussion between all parties concerned. Fiona Anderson brought this debate to the floor at 100% Optical with her CET session entitled, 'Man and machine'.

With not a spare seat to be found, and attendees from across the profession, the

discussion around the first case, 'AI or human eye?', was hugely varied. Contributions ranged from the case for full AI integration in practice, to off-site professionals reviewing optical coherence tomography, to concerns over reliability and the need for human contact in a world where this is becoming rarer and rarer.

Moorfields Eye Hospital's recently published research indicates that a new AI system can correctly refer patients with 94 per cent accuracy in more than 50 different eye diseases. This is a match for the success rate of world leading experts. Whether we realise it or not, AI for optics is already here and available. Whichever side of the fence you sit on, an ever-increasing population – and an ageing one at that – means the subject of how we use technology in practice will only become more and more pressing. It would be an interesting experiment to run



Fiona Anderson with workshop delegates

this session in five years to see how the discussion has progressed.

The second case, 'Dispensing tool or dispensing touch?', brought the conversation back to the practice floor. Digital dispensing tools were discussed as a concept, as well as the pros and cons of their use. These issues were then compared to the traditional 'measure by hand' approaches. It was interesting to hear that many colleagues are already using a combination of digital and traditional approaches to try to strike a balance between giving the patient the 'theatre' of a digital dispensing aid and the familiarity and trust in more familiar methods.

One colleague made an interesting point that their practice will only use digital aids when those measurements cannot be done by the dispensing optician, such as those required for new progressive lens designs that need tablet-based programmes to track eye movements when reading. The reasoning given was that pointing a tablet at someone's face does not give the impression of a trained professional performing their craft – despite requiring a high level of training to interpret the results given and check their reliability. This was an interesting concept, especially in the light of the online glasses market.

Following on from this came the final discussion case of, 'Self-screen or be seen?' This related to the use of online programmes and apps that indicate to the user the potential requirement to be seen for a full eye examination. Delegates were generally able to see the benefits that such services

Thinking inside the box

'Thinking inside the box' was the title of ABDO's third CET discussion workshop at 100% Optical. Presented by Joanne Abbott, ABDO regional CET coordinator, the session explored four themes that a registrant would encounter in practice. Groups were given a box containing the items for consideration.

The first, spectacle lenses with different coloured anti-reflection (AR) coatings, engaged attendees to think about how and why lenses have different AR reflex colours and what the benefits could be for the patient.

The second set of items was an assortment of paediatric frames. Attendees were asked to describe the frames considering age suitability, durability, and any disadvantages or possible hazards. Attendees were reminded to look out for choking hazards and because of the very soft cartilage on the ears and nose, the potential harm of supplying a curl side frame to very young children.

Next the attendees looked at simple low vision aids, and were asked to consider what services and recommendations they could provide for patients, and the suitability of different low vision aids considering visual needs, tasks and patient dexterity.

Lastly, delegates were given an assortment of nose pads and asked to consider what the pads were made from and their suitability for the patient and dispense. Glass nose pads were a revelation to all attendees.

could bring – in that it was thought that many users, especially younger people, might not have had the benefit of an eye examination to date. Or that it may have been many years prior, meaning any methods that promote these services could only be positive.

Concerns were, however, raised that some app-based systems did not contain the recommendation to seek out a full eye examination, potentially meaning users would be misinformed or continue on in ignorance of potential problems.

WHAT WOULD YOU DO?

How many times have we talked to colleagues about a scenario and the inevitable, 'But what if?' phrase arrives; the damned if you do, damned if you don't situations. 'What to do, what to do, what to do?' was the title of the second CET session, led by Alex Webster, ABDO head of CET, and discussions centred on situations around the supply of contact lenses.

We've all been in the position where we consider how a colleague has approached a scenario and thought we would do it differently/questioned their thought pattern.

This was the basis of the first discussion where a dispensing optician considered a



Alex Webster interacts with delegates

patient suitable for contact lenses, in spite of the patient assuming they were not and a 'Discussed contact lenses' box being ticked on the record. Themes discussed included the temptation to box tick without thorough conversations occurring, the importance of communicating available options as part of an effective handover, and a positive working relationship with colleagues where clarifying thought patterns is encouraged as a learning method.

The correct minimum age to dispense contact lenses to children is a contentious issue. Age is, in reality, just a number – and the considerations of the prescriber should

be maturity, hygiene, discipline, etc. However, the discussion around this issue did raise some interesting points.

One contributor cited the fact that there wasn't any clear guidance from policy makers and so the registrant in question, who was ultimately responsible, should be free to make their own judgement. Another colleague explained that in her practice, the shop floor team had age-related guidance from the optometrist to refer to when discussing the potential to fit contact lenses – so as to not create disappointment for the patient.

Best practice around record keeping and aftercare periods was a typically 'hot topic' with a range of contributions – all with differing habits and methods. The consistent theme arising, however, was how useful regular peer review could be.

Many delegates took new ideas back with them to their practice and, if this session was anything to go by, continued discussions between colleagues from all parts of the industry can only benefit both professionals and patients.

STEVE HERTZ FBDO is assistant head of operational services at ABDO College.

Fit for business

In his presentation in the Optical Academy at 100% Optical, Nick Walsh looked at the importance of training plans and personal development plans (PDPs), ensuring that they meet and support the optician's business needs and business plans.

Beginning his session, entitled 'Optical career pathways fit for your business', Nick cited the latest Optical Goods Retailing report from Mintel (February 2018), which found that 85 per cent of people rated 'knowledgeable staff' as the most important factor when choosing an optician. The report also found that 39 per cent of people were happy with the knowledge of staff at their opticians.

"When it comes to business planning," Nick advised, "we must always link this to learning and development. The reason is that it can give you a competitive advantage and impacts on staff retention, which has many hidden costs. Staff development is always valuable, even if your staff leave. Staff retention leads to consistency and trust."

Nick suggested that opticians have a structured training programme. "One size doesn't fit all," he said. "Look at your

Nicky Collinson reports on Nick Walsh's business presentation at 100% Optical



Nick Walsh

business needs, undertake a training needs analysis, devise PDPs for your staff, and then begin the relevant training."

Highlighting the fact that a PDP template was available to download from the ABDO Business Support Hub, Nick invited delegates to use this to help develop staff career pathways.

Turning to the idea of 'learning while you're earning', Nick explained how the concept could help reduce the time that staff are away from practice – with many online courses available. He again invited delegates

to visit the ABDO College website to review entry level courses available.

"Timing is key to training," continued Nick, "as is having the right culture in your practice for when staff come back to work. You need to look at accommodating their new learning within the practice and ensure the benefits for both staff and patients."

Summing up, Nick had the following advice:

- Consider short-term cost for long-term gain
- Use the TNA process to assess what 'now' looks like
- Use the PDP to plan individual training (it's not one size fits all)
- Ensure that your business plans are supported by training plans
- Think about personal satisfaction for an individual and how this helps your staff retention (and avoids recruitment costs)
- During and following training, help individuals develop those newly learned skills back on the shop floor
- Look for training programmes with various 'stepping off' points to better match individual needs

Keith Tempany reports from the world's only conference dedicated to specialty contact lenses

Viva specialty lenses

Organised annually by *Contact Lens Spectrum*, the Global Specialty Lens Symposium (GSLs) is a three-and-a-half day continuing education and networking conference focusing on the successful management of ocular conditions using specialty contact lenses. Taking place at the Tropicana Las Vegas from 24-27 January, this would be my first time attending this annual gathering of 'contact lens geeks'.

Flying over the snow-capped mountains and then the desert and the Hoover Dam, Las Vegas appears suddenly out of nowhere. I couldn't help wondering whether the next few days would reflect this stark contrast – between all the knowledge gathered at the GSLs and real-life, everyday practice. But with a list of presenters like the 'who's who' of global contact lens specialists, I shouldn't have been surprised I was able to bring so many pearls of wisdom back to practice.

Indeed, the first slide of Tom Aller's opening talk gave me my number one reason for being in Vegas. It was a quote from Stephen Hawking: "*The greatest enemy of knowledge is not ignorance, it is the illusion of knowledge*". My quest for knowledge had begun – with more than 90 sessions on scleral lenses, keratoconus, myopia management, orthokeratology, soft lenses, care and compliance to choose from.

FITTING ISSUES AND INSIGHTS

One of the first things I learned, was that there is evidence to suggest that keratoconus is more prevalent than we originally thought. Original data from 1959 shows 50 cases per 100,000 population using retinoscopy, but data from the Netherlands using topography suggests this could be as high as 265 per 100,000. As this is a progressive disease with multi-factorial aetiology, with its greatest progression being amongst younger patients, perhaps those of us with topographers should be screening our 16 to 18-year-old patients routinely?



Host city, Las Vegas

It was unanimously felt that young patients should be referred for corneal cross-linking (CXL) without the need for documentation of progression because they would progress more quickly – especially if the central corneal thickness was <400 microns.

Working with the ophthalmologist to understand the type of CXL undertaken was important, we heard, because this would determine how soon you could refit this patient with contact lenses. As a rule of thumb, this should be one week post 'epi on' and one month after 'epi off' – but it was worth constantly monitoring these patients as there might be a resurgence of the progression after 10 years or so.

Scleral lenses and semi scleral lenses are big (forgive the pun) in the States and it was nice to see the late Tim Bowden remembered for his work documenting the history of this modality for Lynnette Johns. There was so much on this topic: how to fit, how to adjust, shunts, micro vaults, tear reservoir debris, foggy lenses, tight lens syndrome, epithelial bogging and solution induced toxic reactions, with sometimes different terminology for the same issue.

There was far too much to digest to be able to go into much detail here, suffice to say it was reassuring to learn that other practitioners were experiencing similar problems. There were a few hints and tips

to put into practice, but the underlying message was that it was important to be familiar with all the designs that you used in practice, and to understand that selecting diameters was patient (and even eye) specific. We were also urged not to be afraid to ask for help from the manufacturers' consultants or from colleagues via social media forums.

There are probably more questions than answers regarding fitting vaulting contact lenses such as: why is there considerable variation between patients?; and what factors influence the settling, physiological, lens fit and even application techniques? There is also a lot of discussion about raised intraocular pressure with this type of lens, although the jury is still out. Don't forget that up to 60 per cent or so of your patients will have a toroidal sclera around the landing zone, and fitting these lenses without some form of scleral profiler is like fitting corneal rigid gas permeable (RGP) contact lenses without having the K readings.

SPOTLIGHT ON MYOPIA MANAGEMENT

Myopia management was high on the agenda despite the fact there are (as yet) no licensed contact lens products for controlling myopia progression available in the USA. Even so, there were plenty of learnings from this fast-changing aspect of contact lenses. Probably one of the most



Professor Pauline Cho discusses myopia management

important pieces of advice came from Professor Pauline Cho – and this was to ensure that you were an evidence-based practice, and to keep up-to-date with the latest thinking and research.

For me, as a contact lens optician, the most relevant take-home points came via the various talks on hygiene, compliance and care of specialist lenses. I have been recently been working with the General Optical Council on a pilot scheme looking at ways to gain greater compliance, and can personally recommend we take time out to reassess what, how and when we check compliance with our patients.

Astonishingly, up to 45 per cent of patients don't realise the importance of cleaning procedures. It is not enough just to tell our patients, or their parents, what to do; we must also explain why and what the outcomes might be if they don't follow the correct procedures.

This was highlighted by the case of an eight-year-old boy fitted with orthokeratology lenses, whose mother was responsible for their care and cleaning. Two years of trouble-free lens wear ensued but after this time, the care was passed over to the patient. However, with inadequate instruction about not using tap water to rinse the lenses, sadly bilateral acanthamoeba keratitis (AK) caused irreparable damage. According to one study, 83

per cent of RGP solutions recommend using tap water as a rinsing agent, so please do check what information you're handing to your patients.

A presentation by Professors Lyndon Jones and Chris Lievens made a case for prescribing hydrogen peroxide disinfecting systems as a first choice. The reason they gave was that they could promote greater compliance than multipurpose solutions, explaining that users of these systems were four times more likely to use fresh solutions, and seven times more likely to replace their lens case within three months.

With their unique mechanism of producing free radicals to destroy cell membranes and components, the presenters suggested that peroxide disinfecting solutions could be more effective against biofilms. In addition, dependent on the strain used, studies typically showed better efficacy against acanthamoeba, although some data suggested better efficacy with multipurpose solutions against the acanthamoeba cysts. In general, examination of cases from AK outbreaks had shown little association between hydrogen peroxide solution use and AK.

It is relevant to remember here the study in 1999 by David Seal *et al* requiring complete water avoidance aside from hand washing. From 150 subjects, no



Poster award winner and speaker, Professor Lyndon Jones

acanthamoeba, *P.aeruginosa* or *S.aureus* was discovered at a time when normal rates for acanthamoeba from contact lens cases was around five to 13 per cent. Pause for thought: compliance is the key to healthy and safe contact lens wear for *all* ages.

Next year's GSLS will take place from 23-26 January and I hope that many of my fellow CLOs will make a date in their diary for it – to discover new insights and learning into this fascinating, if challenging, area of contact lens practice. Find out more at www.clspectrum.com

CLOs who don't want to trek all the way to the States for similar learnings should attend the British Contact Lens Association (BCLA) clinical conference and exhibition in Manchester from 30 May to 1 June. A speciality lens session will be run by Dr Eef van der Worp, with keynote speakers, Professors Lyndon and Eric Papas, and Dr Jeff Walline, one of the world's leading myopia management specialists.

KEITH TEMPANY FBDO CL FBCLA opened his contact lens only practice in 2002 winning multiple Optician Awards. He is now store director of Leightons & Tempany Opticians & Hearing Care, consultant and KOL to the profession. He is also immediate past president of the BCLA.

GSLS photos courtesy of PentaVision LLC.



The accompanying manufacturers' exhibition



Lauren Smith reports on an "amazing" first VAO assignment to Sierra Leone

An incredible experience

Last November I had the amazing opportunity to travel to Sierra Leone for two weeks as part of the volunteer programme with Vision Aid Overseas (VAO). This was something that I had wanted to do since starting my career in the optical profession at the age of 16 – and here I was nine years later achieving my goal. I was off on my first ever assignment, and hopefully the first of many.

I must admit I did have a few calls from the head office before I took the plunge and said yes, but all I would say is do not hesitate and just go for it. You will have plenty of time to plan, although once I had made the decision the time flew.

I was part of a team of five: Nina Carlisle, our excellent team leader, Graham Coates, Pam Adams and Priya Bhambra. All of the team apart from myself and Priya had been on assignments before and they instantly put us at ease. They alleviated any worries we had and assured us that it was totally normal to feel apprehensive about your first trip.

WORKING AS A TEAM

The journey began with us catching a flight from Heathrow to Paris then a connecting flight to Freetown in Sierra Leone. As we arrived late that night, we stayed at the airport hotel before an early start the following morning in the (somewhat) bumpy VAO truck to Makeni a couple of hours away. Musa, our very experienced driver, and Allieu, our team coordinator from Kenema in Sierra Leone, would be with us for the duration of our stay. As we were lucky enough to arrive at the weekend, we had time to ask any questions we had and to prepare for the weeks ahead.

Our weekdays involved travelling to different villages; most were not too far away, however, on occasion we did have journeys that were two to three hours long. We started every day with breakfast at the hotel, before setting off to the hospital in Makeni to pick up the rest of our team.



Lauren and her VAO team

We had the pleasure of working with the optical technicians who were trained through VAO and the ophthalmic nurses of Makeni. It was lovely to work with local people and to see how far VAO had come as a charity. To be able to work alongside the people we have trained is amazing and the nurses of the hospital are very hardworking and dedicated. We even had the pleasure of working with the ophthalmologist of the hospital.

Driving to different villages every day was great because we got to really see what Sierra Leone is about; it has the most beautiful landscape and the energy of the culture surrounding us was contagious.

Most of the villages had a health clinic where we set up for the day, and I had the opportunity to work outside amidst the village chickens and goats. The nurses from the clinics were extremely helpful. Half of the team would go to the school and myself and an optometrist would stay at the village with some of the optical technicians and start screening and testing. We would usually attract a crowd of children throughout the day, intrigued by what we were doing. A lot of the villagers would kindly make us traditional African food, which involved a lot of fish and was very spicy.

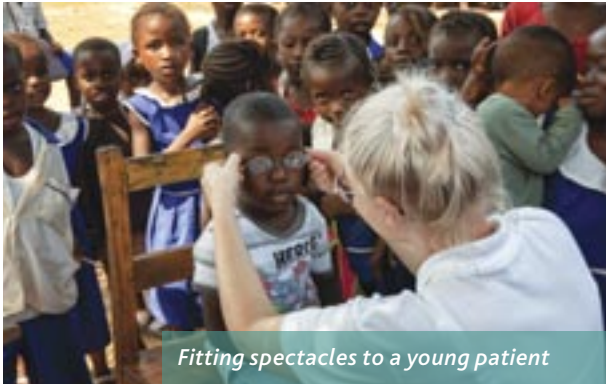
Anyone who needed glasses could choose from a selection of readers at a small fee, or if they needed glasses made up, I filled out an order form and got these made up at the vision centre in Makeni. The team coordinator was well organised, and they would travel on their bikes to go to the centre, make up the spectacles and then deliver them to the villages the following week.

The vision centre had its own stock room with uncut lenses and new spectacle frames and a well-functioning lab; they even had a tint bath. It was nice to be able to give the patients new spectacles rather than used second hand ones.

At one of the villages, we met a young student albino and we were able to provide him with a pair of sunglasses.



Working outside the vision centre



Fitting spectacles to a young patient



Assessing a young girl

Many of the teachers we saw were extremely grateful that they could go away with a pair of ready readers and finally be able to work at ease. We saw a lot of cataracts and glaucoma; a lot more than we would do here. I was able to learn a lot about different eye diseases and pathology and to broaden my knowledge about ocular conditions that you would rarely see in the UK.

MEMORABLE MOMENT

On one of our days, we saw one young man – a 28-year-old footballer. As he was walking to college, he had noticed something going on in the distance (us). He approached only to find out then that we were a charity there for the day, providing eye examinations. He was wearing a broken pair of -15.00D spectacles, which was even more shocking when he told us that he played football without wearing them.

We carried out an examination and discovered he was now an -18.00D. He had been wearing a broken, super-glued pair of spectacles for a very long time. In addition, his left eye had suffered a retinal tear and he only had one functioning eye. As we were not able to make up spectacles

at the vision centre in Makeni, I decided to ask my directors back home to donate a pair of spectacles to this young man.

We decided that I would take the order form home with me, make them up at my practice and get them prepared for the next team that visited in February. I took all necessary measurements and am thankful to Carl Zeiss for their lens donation, and to Karen Hanlon and Arpita Patel for the kind frame donation and glazing facilities. This was one of many moments that will stay with me forever.

Although it was very hot, humid, tiring and at times upsetting when we were unable to help some patients as it was too little, too late, the overall experience was incredible. I definitely would like to do it again in the future as it is such a rewarding experience. You would be amazed at how one small action can be life-changing.

Photos courtesy of Graham Coates.

LAUREN SMITH FBDO is a dispensing optician at Bromptons Opticians in London. She received an ABDO Bursary Award towards her trip.



Business bites

STOCK SELL THROUGH

Can you imagine a business that doesn't monitor its product range to make future buying decisions? A recent study by Stepper indicates that 54 per cent of optical businesses are in this situation, and risk going for long periods of time without their best sellers on display.

Read on for 10 quick wins:

QUICK WINS

1. Monitor stock sell through, be this via an electronic system or a more manual system.
2. Buy what you like, but use validated sales data to back up your choices.
3. Organise your stock into meaningful categories, groups and sub-groups and maintain stock numbers in these groups.
4. Measure sales and review regularly, e.g. every three months.
5. Identify the under-achievers and star performers in your

stock. Increase or reduce frame sub-group stock profiles accordingly.

6. Buy regularly. Weekly buying might suffice, but a couple of successful clinics can leave you short, so be flexible. Make sure that you don't go for periods of time with your best sellers not available.
7. Replace what you sell – keep a note of what has been sold and buy a direct replacement. Maybe try another colour, or a similar new model.
8. Use suppliers' websites to keep up-to-date with their frame collections.
9. Look to see if suppliers offer a next day delivery.
10. Keep in touch with your sales representatives to help you evaluate new styles and current trends.

Read the full article on ABDO's Business Support Hub in the Growth section.



Is there anything tangible in the pipeline for our contact lens patients? asks Graeme Stevenson

Anything to declare?

Often my patients will ask me: "What's new in contact lenses?" Sadly, for a large number of these patients, the answer has been "Nothing" or "Not much" in recent years. So many of our patients wear silicone hydrogel lenses because often there really isn't anything 'better' out there for them.

Since the giant leap forward of the introduction of silicone hydrogel lenses almost 20 years ago, improvements have been small by comparison. As a result of mergers and acquisitions, we have also seen a reduction in the number of big contact lens companies out there. Perhaps I am mistaken but there doesn't seem to be the same strive for new and innovative products that we once saw.

One thing that has changed though is the wide range of parameters available. For example, we can now get a silicone hydrogel daily toric contact lens up to a +6.00D prescription, which was previously unthinkable. We even have the option of custom-made daily torics up to +/10.00D with cylinders up to -5.75D.

Expanding product ranges, and more modern and cheaper products, ensure that contact lenses are available to a wide range of patients at a reasonable price. In fact, CooperVision recently launched its new Live lens – a daily silicone hydrogel lens targeting the 18 to 25-year age group (see *Product Spotlight* page 27). Not only does the lens have an entry level price point, it has a letterbox friendly slimline packaging design which will no doubt appeal to millennials. Perhaps slick packaging and ease of supply will finally help us expand the contact lens market?

RECENT DEVELOPMENTS

Recent times have seen UK-based Waldo and US-based Hubble set up subscription type models of contact lens

The screenshot shows the Hubble website's 'How it works' section. It features three icons and corresponding text:

- START FOR FREE:** With your first shipment you'll get 30 pairs of Hubble Contact Lens. You'll receive the monthly kit for postage & packing.
- KEEP 'EM COMING:** Your £29 monthly subscription brings your lens cost to less than a pencil a day.
- YOU'RE IN CONTROL:** You can easily cancel or modify your Hubble subscription to suit your needs.

Subscription services are popular with consumers

supply, which certainly makes life easy for the patient and puts them in control of their supply. Such services allow patients to opt out very conveniently with the click of a mouse, which is something very few practices offer.

These companies also have a very visible presence on social media, which these days is perceived as a good thing by many consumers. However, some internet-based companies do tend to push the boundaries of what is legal – and I do ask myself at times who the contact lens specifications protect. The patient or the practitioner?

Another innovative product we have seen introduced in recent years has been myopia control soft contact lenses, designed to slow down the rate of myopia progression in children. There can be no doubt that the prevalence of myopia is increasing, however, we are not quite at the epidemic levels being reached in the Far East. There is some debate about how successful such lenses are and how much of a problem increasing myopia is in the UK. However, there are some extremely positive ideas to take from the discussion.

The caveat for success is that in conjunction with the lenses, a healthy outdoor lifestyle should be encouraged to reduce the myopia. Of course, this should be encouraged irrespective of whether the child is myopic or not. Certainly, when asking young patients what they do outside, the answers have changed drastically in the last 20 years. In the past, it was inevitably football for young boys – but that has changed to playing Xbox or PlayStation.

Another positive from the debate is that we are encouraged to prescribe contact lenses to children under eight years of age. Personally, I've never shied away from prescribing contact lenses to children, provided I am comfortable with the arrangements for handling.

Orthokeratology is another method of controlling the progression of myopia, and many have suggested that this method of correction has continued to grow the rigid gas permeable contact lens market. However, figures from the Eurolens International Contact Lens Prescribing in 2018 study would appear to contradict this. The main author of the report, Professor Philip Morgan, tells us that the report is simply a snapshot of contact lens prescribing and that this should be taken into account when considering the results.

Interestingly, of the 1,176 fits reported in the UK, there was not one single fitting of orthokeratology lenses reported. Compare this to 61 per cent in China and five per cent in the Netherlands and perhaps this tells us where the growth in orthokeratology is likely to be in the future. Overall, across all 33 countries included in the study, just two per cent of fittings were for orthokeratology; from

speaking to friends and colleagues within the profession, this average percentage is not very far off the mark.

Given the complexity of offering orthokeratology, and the requirement for a topographer, many practices – and indeed the majority of multiples – have not embraced this form of correction in large numbers. Of course, doing so does lead to a growing number of practices being able to promote themselves as ‘speciality practices’ – and it may well be within the specialist arena of contact lens prescribing that orthokeratology will remain.

PROGRESSIVE IDEAS

Progressive ideas in the contact lens field are often touted at conferences around the globe. They almost always sound wonderful – but are usually yet to see the light of day as commercially available products. Anti-bacterial coatings on contact lenses have been mooted for some time, and indeed sound like a wonderful addition to our portfolio. In fact in December 2018, US company Tangible Science received US Food and Drug Administration approval for the first daily disposable silicone hydrogel contact lens to be coated with a modified formula of Tangible Hydra-PEG.

Such coatings are said to improve lens wettability and, thus, patient comfort. Japanese company SEED also recently launched a new lens called the 1DayPure Moisture lens (see *Product Spotlight page 21*). This lens is made of a non-ionic HEMA material containing a natural moisturising agent known as alginate. Another interesting feature is that rather than supplying packs of 30 lenses for the month, they supply 32 lenses. This could simply be seen as a marketing ploy, but bizarrely it is often such ploys that appeal to the consumer as opposed to the actual performance of the lenses themselves.

Other innovations, such as lenses that release anti-histamines, have been mentioned and could be a godsend for the increasing number of hayfever sufferers in our society. It has been rumoured that Johnson & Johnson Vision is close to releasing one such product – though how they are licensed could have a significant influence on potential success. If they are declared medicines then that complicates factors significantly when compared to medical devices.

Much has also been written about the potential use of contact lenses to monitor the blood sugar levels of patients with diabetes. Will this come to fruition? In my opinion, it seems to over-complicate the process – though it must be a fascinating project to work on for the researchers.

And, of course, there is the much spoken of Google augmented reality contact lens. It has been on, then abandoned and now it appears that a subsidiary company is once again researching the idea. The power source seems to be a big issue and given the apparent difficulties the smartphone companies have in extending battery life, I somehow don't think we are going to see this product any time soon.

One lens that certainly has got me excited, however, is the Acuvue Oasys with Transitions contact lens, which *TIME* magazine declared as the one of the Best Inventions of 2018. Embracing technology never previously used in a contact lens, this truly is ground-breaking and is one product launch that I can't wait for. Interestingly, I purchased my first Transitions spectacles a year or so ago and just love them, however, they will soon become redundant if the contact lens version can replicate them.

Cost will, of course, be interesting with manufacturers



Anti-histamine contact lenses could prove a godsend

being a little contradictory on that subject. On one hand they tell us cost isn't important to patients, yet we see CooperVision introducing a budget silicone hydrogel lens. Certainly, in practice cost is an issue for a large number of patients. Perhaps how we answer the question in a survey regarding the cost of contact lenses is very different to actually handing over hard-earned cash? Location also plays a huge part in patients' attitudes and spending habits. I work between two practices separated by 500 yards and the spending of the patients is like chalk and cheese.

IT'S GOOD TO TALK

Of course, part of our role these days involves attending CET events. With this in mind, I signed up for Eyecare in Glasgow mid-January. One of the great things about such events is catching up with old friends and having a chat. Many of these people are representatives of optical companies and although not registered dispensing opticians or optometrists, they play a huge part in our profession.

Sadly, despite there being more than 400 delegates registered, there didn't seem to be a great deal of engagement taking place within the exhibition hall. One exhibitor I have known for years tells me that most delegates don't engage in conversation at all during the breaks – preferring to look at their phones. Not only is this a concern for the exhibitors who pay good money to sponsor such events, it is also a major concern for our profession.

Communication is a core competency of all registrants. However, I do worry about the communication skills going forward of our young registrants. Perhaps the art of conversation really is dying. Remember when our old friends at British Telecom used to advertise their services with the phrase, 'It's good to talk'? Well, whether it be small talk or asking a friend or colleague for advice, that phrase is more relevant today than ever. With that in mind, maybe I'll see you for a chat at the British Contact Lens Association's clinical conference and exhibition in June?

GRAEME STEVENSON FBDO(HONS)CL is a CLO of 30 years' experience and works full-time in clinical practice. He is a General Optical Council educational visitor, ABDO's representative on the Optometry Scotland Executive, and chair of its Dispensing Committee. He is also a past chair of the Scottish Contact Lens Society.

abdo|CET
2018
What's in a year of CET

Here at ABDO CET we are very proud of what we have achieved throughout the year. The GOC has reported a massive 97% of registrants achieved their points requirement. So we'd like to say a big **WELL DONE** to you all

In a year of 2018

78 CET EVENTS WERE OFFERED BY ABDO CET

We welcomed
3,044 DELEGATES

This works out a whopping
240 HOURS OF CET

We couldn't do this without our helpers
50 Gifts were sent as THANK YOUS to our 2018 dedicated helpers

Changes happened because
ALEXANDRA MEMBER OF THE YEAR 2018

As a result of all this...
114,649 POINTS WERE ISSUED DURING THE CYCLE 2016-2018
This includes interactive and non-interactive

Thank you for your feedback – we use this to plan our 2019 events

THUMBS UP

"Great to meet like-minded people"
"Thank you for organising, I always feel motivated after"
"An excellent event – well worth the journey"
"Engaging and rewarding"
"A very good event, well presented and well organised. A good format and great CET topics"
"A well organised day, most enjoyable and a chance to meet up with colleagues not seen for several months"
"Enjoyed discussing cases with a mixed group of DOs, opticians and technical sales reps"

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ABDO

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7.15pm 'til late

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Tickets cost £85 per person and include a welcome drinks reception, three-course dinner with wine, and entertainment until late.

Book your tickets online at www.abdo.org.uk/events/abdos-optrafair-dinner-and-after-party

ABDO annual meetings

Sunday 31 March 2019

Optrafair, Birmingham NEC

16.45: annual Benevolent Fund meeting
17.00: ABDO annual meeting for members. This will be an informal meeting with a presidential review of the year, along with a chance for members to ask questions of the ABDO board and regional leads
All ABDO members are invited to attend

To book your place, please email Jane Burnand at jburnand@abdolondon.org.uk

EYE-AIDS OF MARCH

This month, we are introducing a new infographic and FAQ topic on astigmatism. We are also sharing a new set of graphics on lid problems.

Our jargon buster for March is all about the words we use when we talk about contact lenses and we will be sharing graphics on glaucoma to coincide with World Glaucoma Week (10 March). We also have a new batch of commonly asked Q&As.

If you missed last month's content, check back on the EyecareFAQ page for an FAQ on macular degeneration, eyecare at home graphics, and a jargon buster on low vision.

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

You can find EyecareFAQ on the ABDO website, Facebook, Twitter, Pinterest and Instagram.

optical jargon
keeping it simple
CONTACT LENSES

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Dioptr	Daily Disposable	Toric
Cornea	Extended Wear	Multifocal

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- Applicants must be working in practice as a trainee dispensing optician for a minimum of 30 hours per week and have the support of their employer

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- Save 20% on Columbus Direct travel insurance policies*
- Get the latest Mobile phones on the best rates available from EE
- Great savings on a wide range of Apple products
- Membership of the International Opticians Association
- Advice and Guidelines

Go to abdo.org.uk for details

*Terms and conditions apply to all benefits. 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 subject to change without notice. All offers correct at time of going to print.



BENEFIT SPOTLIGHT

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