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July 2014



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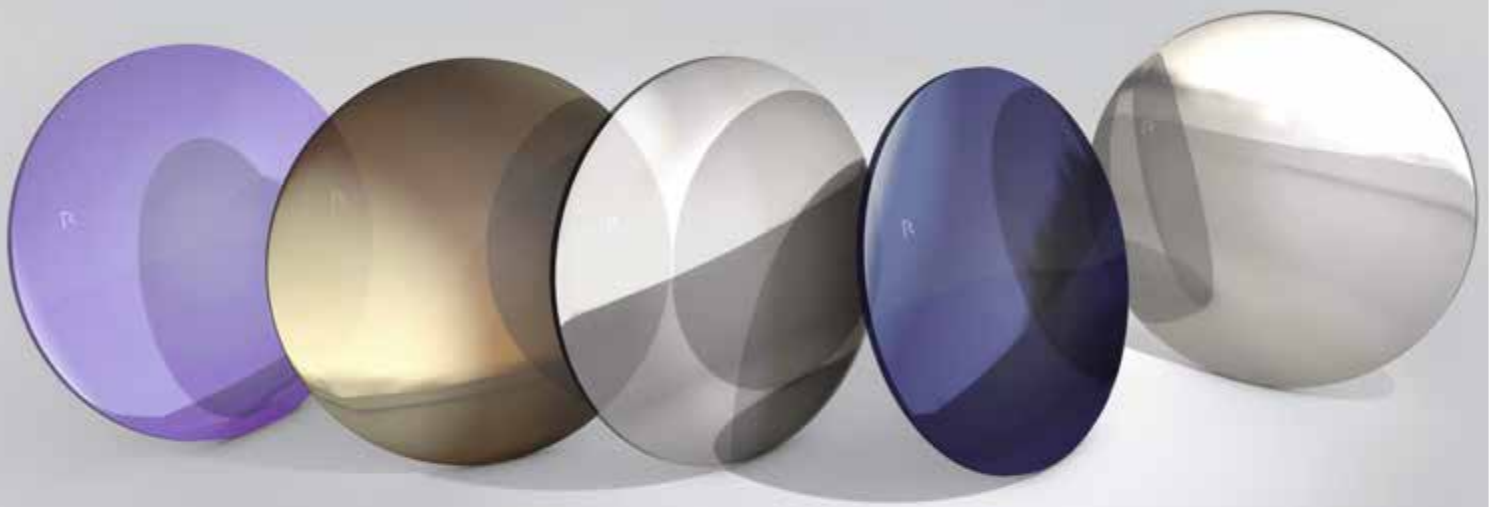
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Studying for a Masters

In his column on page 32, ABDO president Peter Black refers to the exciting possibility of an MSc programme run by ABDO College and Canterbury Christ Church University, starting in the autumn of 2015.

For members contemplating adding to their academic qualifications, now is the time to start thinking about what sort of research they would like to do, what will be professionally beneficial to them and what may be beneficial to the wider profession.

Earlier this year, I reported on the decision of the ABDO board to create a new Research Trust Fund to support members embarking on postgraduate studies, which were of benefit to the profession. I am delighted to say that the fund is now fully open for business



Front cover: Intuitiv – The only progressive lens that adapts to the postures of right and left-handed wearers

Cover point

and that it has been approved by the Charity Commission. This means that we are now in a position to attract charitable donations from individuals and companies to expand the fund and support more members.

In addition to the proposed Canterbury programme, the trustees of the fund will be very happy to consider applications from members wishing to study at other universities around the country.

The fund will make a contribution toward both course fees and students' expenses based on individual circumstances and the relevance of the study to the future of the profession. Whilst this programme is tied to the profession, it is open to members who may have their original degree in a different area of study.

We have many members who have come into the profession having previously studied a completely different subject, and it is important that they realise that they are just as welcome to apply as those who have recently achieved a BSc through Canterbury Christ Church University

Time to put your thinking caps on!

Members may contact me in the first instance if they want more information on how to proceed.

Tony Garrett ■

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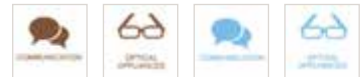


Freeform: optimise or individualise? Part 1

By Phil Gilbert FBDO

Competences covered:

Dispensing opticians: Communication, Optical Appliances
Optometrists: Communication, Optical Appliances



It is nearly 15 years since Zeiss and Rodenstock introduced freeform-generated progressive lenses into the marketplace. In their infancy these lenses were looked upon as complex and expensive products, which many in both the industry and profession said would never catch on.

After having recently completed the 2014 ABDO publication, Ophthalmic Lenses Availability, it is evident that this production process has been adopted by all of the major manufacturers and is definitely here to stay. Not only has the freeform process been utilised for progressive lenses, but there is increasing use of the technology on every other type of spectacle lens, including an example of freeform bifocals.

To say that the technology took off very slowly in the UK is evident in the chart reproduced with data from the 2009 and 2014 Ophthalmic Lenses

Availability (OLA) editions as seen in **Table 1**. Although freeform production had already been in evidence for nine years, there were only 43 freeform produced progressive lenses and three single vision lenses listed in 2009. Compare this to 2014 and the tide has changed dramatically, listing 247 progressive options and 69 single vision.

Most major lens manufacturers now supply the majority of their products using freeform production and this can be seen by the 474 per cent increase in freeform progressive offerings in comparison to the 77 per cent reduction in conventionally produced lenses. In reality, the production methods have reversed their roles completely in the space of only five years leaving conventional processing to a few entry level products from the major manufacturers, with the rest produced by smaller independent laboratories.

Industry benefits of freeform production

Freeform production has distinct benefits to all sectors of the optical industry and profession but, more importantly, there is a direct benefit to the spectacle-wearing public. This factor is the main consideration for all of us who work in optics, and understanding the production process and its benefits are paramount in helping the profession confidently recommend and dispense the vast array of products on offer.

With regard to the industry, prior to the introduction of digital freeform machinery it was necessary to hold large quantities of blanks that were pre-formed by casting in moulds. These semi-finished lens blanks had a finished optical surface on the front side and were boxed and stored in the warehouse according to their material type, blank size, thickness, progressive lens design, base curve

abdo|CET

This article has been approved for 1 CET point by the GOC. It is open to all FBDO members, including associate member optometrists. The multiple-choice questions (MCQs) for this month's CET are available on page 10 and online. Insert your answers to the six MCQs on the inserted sheet or online at www.abdo.org.uk. After log-in, go to 'CET Online'. Please ensure that your email address and GOC number are up-to-date. The pass mark is 60 per cent. The answers will appear in the November 2014 of *Dispensing Optics*. The closing date is 14 October 2014.



C-36374

F-F = Freeform	Clear		Photochromic		Polarised	
	2009	2014	2009	2014	2009	2014
S-V Plastic	96	109	83	76	25	27
S-V Glass	34	38	8	13		
F-F S-V	3	69	5	65	0	19
S-V Sport	0	9	0	4		
F-F S-V Sport	0	36	0	19	0	17
Bifocal Plastic	96	111	26	29	6	7
Bifocal Glass	33	27	16	11		
F-F Bifocals	0	6	0	9	0	1
Trifocal Plastic	14	19	2	5	1	1
Trifocal Glass	7	3	5	3		
Progressive Plastic	262	62	103	34	21	10
Progressive Glass	33	17	6	8		
F-F Prog Plastic	43	247	7	237	3	91
F-F Prog Glass	0	13	0	7		
Progressive Sport	0	6	0	3		
F-F Prog Sport	0	34	0	29	0	25
Degressive Plastic	19	15	0	0		
Degressive Glass	0	1				
F-F Degressive	0	20	0	6		
Prog Vocational	2	2				
F-F Prog Vocational	0	51	0	13		
Pre Presbyopia	0	8	0	5	0	3
F-F Pre Presbyopia	0	19	0	13	0	3
Totals	642	922	261	589	56	204

Table 1: Freeform lens designs in 2009 and 2014

and addition power, with the boxes barcoded for identification. Due to the number of semi-finished products required to fulfil orders, the warehouse of a large lens manufacturer could be vast and contain row after row of racking holding the various blanks awaiting final production, and laps for their production (**Figure 1**).

To give an idea of the quantities of lens blanks required, if you take an average progressive lens type in a single material it is not uncommon to require five different base curves, in 12 different additions, and all of these in right and left. This meant that for one progressive lens type in one refractive index, about 120 different semi-finished lens blanks were needed. In addition, they are available not only in clear material but also plastic photochromic, polarised and glass where the total can rise dramatically with regard to the number of different semi-finished blanks that had to be held in stock. Then add to this several other refractive indices and other lens types

and designs within a manufacturer's range and you can fill a large warehouse very quickly.

With the introduction of freeform production, where more modern production techniques are employed, the need to keep warehouses full of semi-finished lens blanks is diminishing. In recent years, this has freed up space in many factories and reduced

the need for large warehouse facilities. The look of surfacing laboratories has also changed over the years in relation to the equipment used and the process flows associated with it. No longer are surfacing labs the noisy, dirty places they were years ago (**Figure 2**). Today they are modern, cleaner and quieter with more utilisation of robotics, bar codes and computer chip technology.

Continued overleaf

Figure 1: Lab laps awaiting production



Figure 2: Old surfacing equipment



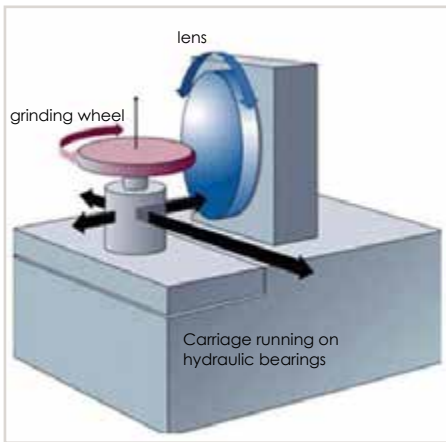


Figure 3: A two-axis generator

A new generation of generators

When using a conventional generator, the back surface of the semi-finished lens blank is left almost opaque and after removal it requires subsequent smoothing and polishing before it can be used as a finished spectacle lens. This requires the use of both smoothing and polishing pads, which are applied to the surfacing lap, and an allowance must be made to the lap with regard to pad thickness in order to maintain the correct curve. The simplest generators are two-axis machines that utilise a diamond impregnated grinding wheel to machine a spherical or toric lens surface, as shown in **Figure 3**.

The emphasis of a conventional two-axis generating process is on throughput and rapid removal of lens material. Any inaccuracy in the shape of the generated lens surface is ultimately corrected during the smoothing process by the rigid lap tool. In particular, the smoothing process with hard lap tools exploits the rotational or axial symmetry of spherical and toric lens surfaces, since these surfaces can be moved over the lap tool using a uniform rocking motion that produces relatively constant smoothing and polishing pressure over the lens blank. The use of hard lap tools during the smoothing and polishing processes, therefore, restricts the range of possible lens surface shapes to simple spherical and toric surfaces.

The tool used on a freeform generator is in principle a diamond tipped point, as can be seen in **Figure 4**. This has a three-axis capability which not only removes the surface material but the



Figure 4: A freeform generator

finished result, when the lens is taken off the generator, means that the lens is extremely smooth and clear and also very accurate with regard to power. This is termed 'cut-to-polish' technology. With this technology the lenses no longer need to undergo the aggressive smoothing and polishing required with conventional surfacing. They do, however, require final polishing and this is now undertaken by a soft pad polishing technique that is very gentle on the lens surfaces and does not alter the very accurate curves that were generated initially (**Figure 5**).

Due to the motion of the soft lap polishing process over a complex surface shape with varying curvature, dozens of polishing parameters must be carefully adjusted in order to ensure uniform polishing over the entire surface. Otherwise, errors from the desired surface shape may result,



Figure 5: A soft polisher

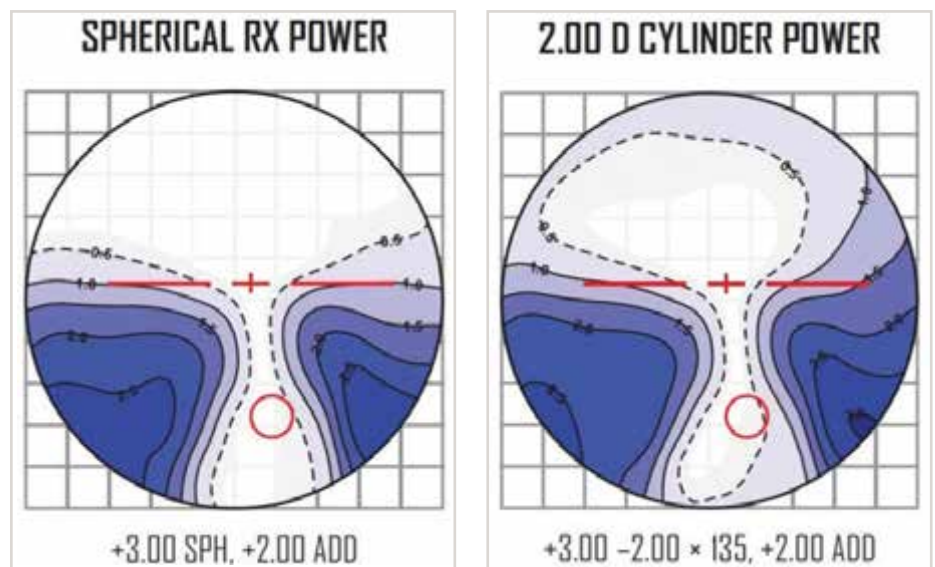
including unwanted waves. Although the process steps for final polishing are complex, the amount of time required to complete the process has been dramatically reduced – as has the actual surfacing time.

Freeform optimisation

Until the arrival of freeform generated products, both the optical professional and the spectacle wearer had to accept lens products that may or may not have been the best visually-performing products for some patients. Due to the restrictions that conventionally surfaced products posed, many aspects that we now take for granted were not available years ago leading to potential visual dissatisfaction for certain patients. Advances in production technology before the new millennium, although beneficial for some, amounted only to the choice between using a 'hard' or

Continued overleaf

Figures 6a and 6b: Impact of a 2D cylinder on a conventionally surfaced progressive lens





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'soft' design for progressive lenses or latterly choosing whether to use a long or short corridor design.

Optimisation of the progressive design to take into account peripheral distortion or position of wear only became possible with the advent of freeform production. Many practitioners relied on manufacturers' published ISO cylinder plots that gave them an indication of the intended progressive design. These, however, were all based on plano with a +2.00D addition at which power many ISO plots looked very good but did not reflect the true design implications when 'real' prescription values were used in comparison. In **Figure 6** we can immediately see the impact that the introduction of a 2D cylinder can have on a conventionally surfaced progressive lens.

The optical effects of uncorrected lens aberrations are exacerbated in progressive lenses, which are already subject to optical limitations imposed by the surface astigmatism in the lateral blending regions of the lens design. As the prescription deviates from the ideal prescription associated with a given base curve design, oblique astigmatism interacts optically with the surface astigmatism of the progressive design, causing the viewing zones of clear vision to shrink and to lose clarity.

In **Figure 7** it can be seen how each base curve used in a conventional progressive is optimised for one and only one prescription. This optimal Rx (indicated in dark green) will have the maximum possible clarity for that curve. Aberrations increase as the Rx gets further from the ideal (through yellow orange and red), reducing clarity and increasing peripheral blur. Freeform surfacing technology allows the lens manufacturer to optimise the complex Rx surface for each individual prescription enabling every lens to give the maximum possible visual performance.

The production process of freeform surfaced lenses means that every lens produced by this method enables the manufacturer to introduce real time Rx optimisation into the design of the lens. This constitutes a large advance over the previous production methods

using semi-finished blanks whereby any Rx optimisation could only be effected on the spherical and addition components.

Freeform is a production platform and it is important to be able to define the technology. With regard to the generation of power, one could define a freeform surface as an optically continuous surface, often of complex form with no symmetry, individually computed and manufactured for a specific prescription. As far as the method of production is concerned, freeform technology is a process in which freeform surfaces can be generated and polished to individual prescription; this is also known as direct or digital surfacing.

With regard to defining the machining of freeform surfaces, it can be said that for this kind of machining, the tool has to move in at least three axes simultaneously whilst processing the work piece. Sometimes five-axis milling machines are used to reach an optimised angle between it and the lens surface. It should also be noted that simpler surfaces that can be manufactured by conventional methods may also be produced by freeform technology, but these should not be termed freeform surfaces.

Technological advantages

So what were the major technological advantages that came about with the introduction of digital surfacing that benefitted our patients, and what advances have been made since the introduction of this revolutionary production method?

The major advantages of digital surfacing have been twofold in that not only could lenses now be made more accurately, but also the manufacturing platform combined with enhanced computer processing power enabled a much higher degree of flexibility with regard to lens design. Early innovations linked to digitally surfaced lenses fell into the three categories as described below, and they were indeed revolutionary in comparison to their conventionally-produced predecessors.

The first digitally surfaced lenses were marketed with variations that allowed for the computer processing

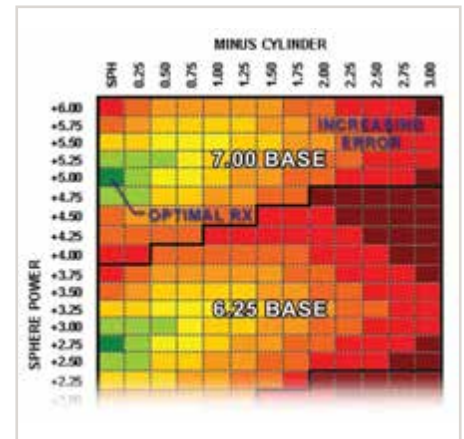


Figure 7: Base curves in a conventional progressive are optimised for one prescription only

capabilities at the time. These were:

- Freeform generated lenses taking into account the characteristics of the patient's frame
- Freeform generated lenses taking into account the patient's physiology
- Freeform generated lenses mathematically taking into account surface power distribution

These initial separate design capabilities have now, to a large extent, divided into either freeform Rx optimised designs or freeform individualised designs giving the profession the benefit of choice dependent on the degree of sophistication required by the patient. The International Standards body is currently working on a new Technical Report (TR 18476) in which much more information will be made available to all interested parties regarding the whole subject of freeform production.

So how far have we come over the last 14 years and what new factors have been introduced? One of the great strengths of the digital surfacing platform has been the ability to work every element of a progressive lens onto one surface. This means that the progressive design, the prescription and the addition are all incorporated on one surface with just a nominal spherical curve remaining on the opposite surface. Manufacturing using this form has the benefit of reducing both surfacing time and cost and many of the most popular freeform lenses are classed as back surface progressives.

The flexibility of the production platform has been a major influence in lens design and it has enabled manufacturers to incorporate the use

of both lens surfaces if the power of the lens or the design warrants it. Of course, it is not necessary to only generate the back surface and some designs are classed as front surface progressives with a nominal curve on the back surface. Splitting curvature and power between both surfaces also has advantages, and a number of manufacturers do employ both surfaces either as standard or if the Rx and computer results dictate it.

Another milestone has been the ability to incorporate variable corridor lengths into the design of progressive lenses. Early attempts by manufacturers to design effective short corridor lenses proved somewhat difficult without compromising the performance of the intermediate area, but very quickly both standard and short corridor digitally surfaced progressives were offered by most major manufacturers. The next logical step was, therefore, the introduction of variable corridor lengths, a move pioneered by Zeiss in 2006. Many major manufacturers now offer this facility in their top-of-the-range digitally surfaced lenses and these can be measured and ordered manually in 1mm steps. Practices that have invested in digital measuring equipment can even order progression lengths in 1/10th mm steps from some manufacturers if required.

Patient adaptation

Patients changing from conventional progressives to freeform-generated products have been known to experience early adaptation difficulties and it is always wise to prepare patients in advance. This is mainly due to the fact that conventional progressive lenses were derived from semi-finished lens blanks with a fixed corridor and addition power on the front surface. The actual Rx was worked on the back surface but it was not Rx optimised. There was no change in curvature of the tool and no change in the frontal curves, inset or corridor length.

With freeform lenses, the curvatures are Rx optimised and are re-calculated for vergence, ray paths etc; this can lead to the need for a patient to adapt to the new form in comparison to their previous

product. Verification or compensated powers are also very important with the advent of freeform progressive lenses, whether this is associated with the average or actual position of wear. This is due to a realisation that compensation for 'position of wear' is extremely important and factors such as lens tilt, vertex distance, and oblique refraction at near can result in effective power changes to the sphere and cylinder prescription components.

Lenses optimised for the 'as worn position' generally require small changes to the prescription as measured by a conventional focimeter. In these cases, a compensated prescription is provided for power verification purposes, which is printed separately, or alternatively on the lens packets. A compensated prescription is the prescription that is read in a focimeter if the lens is to provide the correct prescription for the wearer in its position of wear, and BS EN 21987:2009 states that the same tolerances as for non-compensated powers are applicable.

Also of note is the fact that when freeform lenses are read in a focimeter, the reading addition may appear to read differently to the actual ordered power and it is advisable to compare the addition with the one prescribed using the manufacturer's temporal micro engraving, as well as verifying the Rx against the compensated powers given. Further, it is a recommendation for the optometrist to always use a full subjective addition when prescribing, i.e. stronger rather than weaker if there is any doubt over which addition to use.

In conclusion, there are a wide variety of digitally surfaced lenses available now, ranging from basic entry level freeform surfaced lenses through to fully customised and individualised products requiring very accurate extra measurements. Even entry-level products that are digitally surfaced will give an improved visual performance over conventional products, particularly with regard to prescriptions with higher cylinder powers and prismatic corrections.

The ultimate, fully individualised products will continue to give our patients the best possible vision experience – particularly if they have

chosen frames that have an unusual or difficult fitting. The impact of full individualisation will be expanded upon in Part 2.

With thanks to ABDO and Carl Zeiss Vision for the images reproduced in this article.

Further reading

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Phil Gilbert is a qualified dispensing optician with more than 40 years' experience. He currently works for Carl Zeiss Vision UK as an ophthalmic lens consultant. He is a committee member of BSI TC/172/WG3 Ophthalmic Lenses and the chairman of the Standards Panel of the Federation of Manufacturing Opticians. He has produced many articles for the benefit of educating ophthalmic professionals and is the editor of the ABDO College publication, Ophthalmic Lenses Availability, which lists and describes every spectacle lens available in the UK. ■

Multiple choice questions (MCQs)

Freeform: optimise or individualise? Part 1

1. Which statement is true?

- a. The term 'cut to polish' is used to describe the single process used to generate a finished lens surface using freeform technology
- b. The design features of a conventionally generated progressive power lens surface can be accurately determined by observing isocylinder plots
- c. Where prescribed astigmatism combines with the oblique astigmatism of a conventionally generated progressive design, areas of clear vision become constricted
- d. Most base curves available for a traditionally generated progressive power lens will eliminate peripheral aberrations

2. Which option is correct? The definition of a freeform surface manufactured for a specific prescription is...

- a. a progressive surface of complex form with no symmetry, individually computed
- b. an optically complex, symmetrical surface specifically computed
- c. any surface individually designed and generated by more than five-axes milling machines
- d. an optically continuous surface, often of complex asymmetrical form, individually computed

3. The use of a 6.25 base curve for conventional progressives will provide the maximum clarity for which one of these prescriptions?

- a. +3.00D sphere and up to -0.50 cylinder
- b. +2.50 to +3.00 sphere with a -0.25 cylinder
- c. +2.75D sphere
- d. +5.00D sphere and up to -1.25 cylinder

4. Which option is correct? When the power of the near addition of a digitally-generated lens is measured with a focimeter, the measured value can appear...

- a. up to 0.25D weak
- b. up to 0.25D strong
- c. to have an unwanted cylinder
- d. uncompensated

5. Which option is correct? Hard lap tools for smoothing and polishing...

- a. can only be used on spherical and toroidal surfaces
- b. rectify under-compensation of surface power
- c. can produce rotationally-symmetrical aspheric surfaces
- d. provide a non-aggressive finishing process for digital surfacing

6. Which statement is true?

- a. Entry level products that are digitally surfaced will tend to exhibit the same visual performance as conventional products
- b. First generation short corridor lenses dispensed in relatively shallow frames provided ideal intermediate, distance and near zones
- c. Traditional progressive power lenses were semi-finished with a fixed corridor and addition power on the back surface
- d. The optimisation of a progressive design can only be accomplished using digital surfacing technology

The deadline for posted or faxed response is 14 October 2014. The module code is C-36374.

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After the closing date, the answers can be viewed on the 'CET Online' page of www.abdo.org.uk. To download, print or save your results letter, go to 'View your CET record'. If you would prefer to receive a posted results letter, contact the CET Office 01206 734155 or email cet@abdocet.infoman.org.uk

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Obituary: Patricia Gilbert

It is with great sadness that we announce the passing of Patricia Gilbert, who died suddenly but peacefully in her sleep on 7 May 2014.

Pat, aged 61, was the wife of dispensing optician Philip Gilbert and she was the co-author of the ABDO College publication, *Ophthalmic Lenses Availability*.

Pat was well known in the optical world as she had worked for Zeiss in customer services for more than 12 years where she met and married Phil. Since then, she continued to be associated with the industry and profession often accompanying Phil, who works for Carl Zeiss Vision, on his visits to optical practices, exhibitions and CET events around the country. Her industry contacts were also wide and many knew her for her bubbly personality and infectious smile.

Phil is a committee member for British Standards and Pat often travelled abroad with Phil where she would become the ultimate 'after meeting' hostess at evening events.

The International Standards Members and her UK optical friends knew her well and all are deeply saddened at her sudden passing. ■

CET answers: What are you on? Part 2

1. Which statement is correct?

- a. Fluorescein is essentially a pH indicator
- b. Fluorescein but has similar staining characteristics to Rose Bengal
- c. Lissamine Green does not cross cell membranes
- d. Lissamine Green is both CE marked and a P medicine

a is the correct answer. Fluorescein is an orange-red dye, which fluoresces in high dilution. Unlike Rose Bengal and Lissamine Green, fluorescein does not actually stain tissues, it merely colours the tear film. The normal corneal epithelium is impermeable to the tear film and substances dissolved in it. However, if this barrier is breached the tear film can gain access to the deeper corneal layers. There is a pH difference between the corneal surface and the deeper tissues and this causes a green colour in the area of desquamation. Lissamine Green is CE marked only.

2. The eye is vulnerable to the effects of systemic drugs because:

- a. Distortion when viewing an Amsler grid
- b. It has a limited blood supply
- c. It has a rich blood supply and a large mass
- d. It is avascular

c is the correct answer. As the eye has a rich blood supply and small mass, it exhibits an unusually high susceptibility to toxic substances. Drug molecules can reach the eye by way of the uveal or retinal vasculature.

3. Which statement is false?

- a. Ibuprofen is available as a GSL medicine
- b. Tamsulosin is available over the counter
- c. Hyoscine is available as a P medicine
- d. Ranitidine is a POM medicine only

d is the correct answer. Ranitidine (Zantac 75) is available over the counter as a GSL product.

4. Which drug is most likely to cause blurred vision?

- a. Codeine phosphate
- b. Warfarin
- c. Fluoxetine
- d. Tamsulosin

c is the correct answer. The POM Fluoxetine (Prozac), commonly prescribed for depression, can cause (amongst other side-effects), blurred vision.

5. If an eyecare practitioner suspects that a drug is causing a side effect they should:

- a. Inform the GP and advise the patient to stop taking the medication
- b. Inform the GP and advise the patient to continue taking the medication
- c. Record their findings in the patient's record card only
- d. Fill out a yellow card and send it to the patient's GP

b is the correct answer. The eyecare practitioner should advise the prescribing practitioner, usually the patient's general practitioner (GP) so that appropriate action can be taken. The patient should **not** be advised to stop taking medication.

6. Corneal ulcers have been reported to be associated with which one of the following?

- a. Cannabis
- b. LSD
- c. Crack cocaine
- d. Opium

c is the correct answer. Crack cocaine, a highly addictive and socially damaging drug, has been recorded as causing corneal ulceration.

To download, print or save your CET result letter, go to www.abdo.org.uk. Log-in and go to 'View your CET record'.

Call to Action – a “massive opportunity”

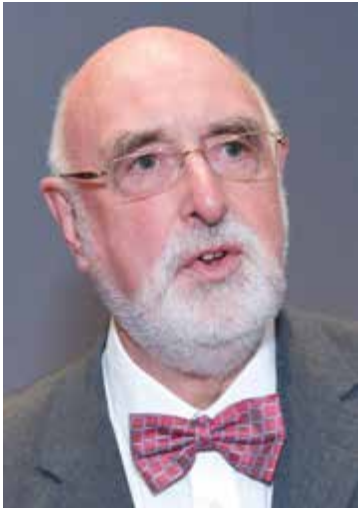
The Optical Confederation and LOCSU have welcomed the Call to Action for eye health launched on 12 June by NHS England. They are urging optometrists and opticians to respond and put optical practices at the heart of a new-look, community-based, patient-centred NHS.

Improving eye health and reducing sight loss, a Call to Action seeks the views of eye health stakeholders on the role that primary care services can play in tackling the wider challenges facing the NHS, including how the increasing demand for NHS eye health services can be met within NHS budgets.

The three-month consultation will focus on a more preventative approach, early accurate detection by primary care services and effective management in the community. NHS England wants the public, patients and professionals to engage with the Call to Action and help review the current system and develop a sustainable long-term approach.

Optical sector chiefs are urging opticians and optometrists to follow the discussion, get involved in local events and involve their local CCGs, help shape the policy and show how community optics can play its part in helping the NHS adapt to new public health and delivery challenges. A briefing note is available from LOCSU, www.lcosu.co.uk, and more information will become available on how to respond and participate in local events.

Don Grocott, chairman of the Optical Confederation, said: “NHS England's Call to Action to improve eye health and reduce sight loss is very welcome. The optical sector workforce is dedicated to these two aims and will be able to respond fully and helpfully.” ■



Keith Cavaye, chairman,
reports on the last meeting of
the ABDO CET Committee

CET Committee update

The ABDO CET Committee met at 199 Gloucester Terrace on 21 May for its second meeting of a very busy CET year.

In her update, ABDO CET coordinator Paula Stevens advised members that there were now four interactive distance learning modules designed to help those restoring to the register, and worth three points each, costing £15 for members and £20 for non-members. These take three to four hours to complete, and dispensing opticians have interaction with a personal tutor as they work through the module.

A new NES event was due to take place on the last weekend in May in Edinburgh (see report on page 31), which had been approved for a huge 24 points. This would be run as a pilot then hopefully would be delivered elsewhere. The use of scanners at Area meetings was then discussed. The plan is to issue them to all areas, so that accurate recording of attendance would become easier.

Conference 2014 feedback

A long session followed with honest feedback on what had worked and what had not at the 2014 ABDO Conference in the Country, with an aim to enhance next year's

conference. Delegates said they felt there were some fantastic quality speakers, but that some of the rooms too were big. It was suggested that the brochure should contain abstracts of the lectures rather than just a title, so delegates would be more informed about the content of lectures.

I then tabled a paper setting out both positive and negative comments on the conference, made through the website, which included scores against each speaker and workshop leader. In response to the feedback, many suggestions were made over future speakers and workshops. Various venues for the 2015 conference had been considered, with Manchester looking like a possible winner (this was later confirmed at the President's Consultation Day). Some debate over using a Saturday to Sunday mix or a Sunday to Monday was not conclusive. A suggestion was made to ask the membership via a survey for their preference.

Members' support update

In his update Barry Duncan, ABDO members' support manager, said that the team was trying to plan Area events much further in advance, as this was helpful for members. Because

2015 was the final year of the cycle, they were trying to encourage the areas to think about venues and dates for next year. They hoped that by August they would have a clear vision of events for 2015 and a programme available for 1 January 2015.

There followed a long discussion about charges for Area CET events, with some areas wanting to make a charge to encourage people, having booked, to turn up. The ABDO board's view was that there should be no charge for CET, with the exception of the conference. Barry accepted that there were problems when people who had booked did not turn up, and ABDO president Peter Black recommended sending out two reminders prior to the event, encouraging people to attend or to let them know if they could not, so the place could be freed up.

The CET Committee would make a plea for all members to advise their areas if they could not attend a meeting that they had booked, as usually there was a waiting list. The next meeting is planned for September 2014.

Contact Keith Cavaye on
kscavaye@hotmail.com ■



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A record 12 out of 13 ABDO Areas were represented at the latest President's Consultation Day, held on 14 May at the Medical Society of London

Best-ever attended President's Consultation Day

In his opening address ABDO president, Peter Black, highlighted his activities since the last meeting, noting in particular work with the Optical Confederation on legislative changes that the Confederation would like to see incorporated in a new Opticians Act.

It had subsequently transpired that due to insufficient parliamentary time, changes would only be made to the sections of the Act relating to the constitution of the General Optical Council (GOC). Notwithstanding, it had been encouraging to achieve a pan-Confederation view that all the professions should seek to expand their scope of practice in the future, a view supported by the College of Optometrists. The president noted that a Royal Commission Bill on healthcare regulation would give the regulatory bodies increased powers to change their rules without the need for parliamentary approval.

The president's other activities had included attendance at the College of Optometrists' research excellence lecture, with the general secretary. He hoped that ABDO would be able to give similar recognition to research in the field of dispensing optics in a few years' time.

The president reported that at its recent strategy meeting the board had decided to take forward the training of

optical assistants in collaboration with the Worshipful Company of Spectacle Makers (WCSM). It was not proposed that ABDO should provide the training but that it should support the WCSM in its training programmes. At the same strategy meeting, the board had confirmed CET as a top priority and the president noted a small success in achieving government funding for 'safeguarding' training for members in Wales. Another priority was the improvement of dispensing opticians' engagement with LOCs and local eye health networks.

It was noted that the president and general secretary had held a meeting with the GOC to discuss refraction by dispensing opticians. Since relevant changes could not now be made to the Opticians Act, and as there was a moratorium on Statutory Instruments

and Section 60 Orders, no progress could be made in this area at present. The president also reported that ABDO had established a research fund, for which Charity Commission approval was currently being sought.

Promotion and illegal supply

The president outlined initiatives aimed at increasing the profession's profile. A particularly successful initiative had been the involvement of ABDO in ITN's health information channel on the ITN website. ITN Productions had approached ABDO for input to the eyecare section, and selected the Association as an 'honest broker' in eyecare matters. Several video clips had been developed involving ABDO members and staff, watched by attendees later in the meeting. There had been no cost to ABDO and it was hoped that ITN





Productions would work with ABDO on further programmes.

It was noted that the president and members' support manager, Barry Duncan, had visited the new Zeiss site in Birmingham to discuss the possibility of joint CET provision using the company's new facilities. The president had also attended a discussion panel, hosted by the WCSM, relating to online sales and the profession's future. The president reported that the situation at Anglia Ruskin University remained unresolved and that no students had yet qualified through that route. He also mentioned proposed new optometry degree courses at Hertfordshire and Central Lancashire Universities.

The president drew members' attention to the current consultation by the GOC on the illegal supply of optical appliances. ABDO had submitted a corporate response and he urged members to submit their individual views. He noted that the GOC was also consulting on equality, diversity and inclusion. The president said that the current GOC system for returners routinely discriminated against part-time workers, especially mothers returning to practice after a break for childcare. He invited members to join him in responding to this consultation.

Conference feedback and plans

Elaine Grisdale, ABDO head of

professional services, then gave a report on the conference that had taken place in April at Kenilworth. More than 600 delegates had registered, which represented a 10 per cent increase over the previous conference, despite several other events happening at around the same time. Some 300 people had attended the gala dinner and feedback had been very positive for the whole conference. A total of 2,564 CET points had been available on the Sunday, and 2,067 CET points on the Monday.

The contact lens stream had again been poorly attended and thought had to be given to ways of increasing CLOs' presence. There remained some lessons to be learnt with regard to the programme, operation and promotion; these would be addressed for the next conference and a working party had been set up for the purpose. Thanks were expressed to the head of marketing, Michael Potter, for his publicity initiatives and for organising the presence of ITN Productions at the conference. Thanks were also expressed to all the volunteers who had manned the lecture rooms to scan delegates' attendance cards.

Elaine said that in view of the event's ongoing success, the ABDO board had agreed to revert to annual conferences to be held in September. She paid tribute to the huge contribution made by Event Exchange to the consistent

increase in popularity of the conferences. The dates for the next conference would be 19, 20 and 21 September 2015. After visiting several venues, it had been decided to hold it in Manchester, using the Midland Hotel for accommodation, and Manchester Central for the CET programme.

The hotel had undergone a £2m refurbishment since ABDO's last visit, Elaine explained, and Manchester Central had a self-contained suite with its own entrance and space for at least 50 exhibitors. The hotel would be used for the gala dinner. The conference would open with a drinks party and would include CET for ABDO and AOP members, a student programme, a stream for optical assistants, practice management sessions and a poster session. Members were invited to send in suggestions for topics and speakers.

Latest on CET scheme

Paula Stevens, ABDO CET coordinator, outlined the current GOC enhanced CET scheme. This required dispensing opticians to obtain 36 points in the three-year cycle, 18 of which had to be obtained by interactive CET. All nine core competencies had to be covered and CLOs were required to undertake a peer discussion. Restoration to the register required 12 points and practitioners also had to make up any shortfall from the period before leaving the register.

At the beginning of 2014, restoration to the register had become even more onerous, as returners had to obtain 12 points plus any shortfall, half of which had to be obtained by interactive CET and had to cover all nine competencies. Paula felt that it was virtually impossible to achieve this in a short period of time and thus people's livelihoods were affected. She expressed concern at an apparent lack of consistency in advice given by GOC staff and on its website.

It was noted that a new member of staff, Joanne Abbott, had joined the CET team in 2013, providing invaluable additional support. The CET coordinator reported that most members had managed to obtain their six-point requirement for 2013, although a small minority were reluctant to meet the challenges imposed by the requirement for interactive CET. She mentioned a new CET modality that had been developed, a small group-focused interaction at Area meetings based on visual recognition tests. The department offered discussion workshop kits, with nine titles available for a one-hour discussion, generating three points each.

Peer discussion kits were available, with four case collections. Four interactive distance-learning modules were available, designed mainly for returners to the register, and it was hoped that in time these would cover all the core competencies. In summary, ABDO had provided 187 approved CET elements in nine different learning modalities, had built a resource library and had developed interactive distance learning, thus meeting all its 2013 objectives for CET.

Area strategies improved

ABDO members' support manager, Barry Duncan, reminded Areas of the situation two years ago, when he had first asked them to develop their own strategies, plan for the year ahead, and improve communications. Since then, there had been improvements in every Area, with 252 events available in 2013, an average day attendance of nearly 100 delegates, and an average evening attendance of nearly 50 delegates.

Barry highlighted the problems arising from members who booked but failed



to attend events without notice. The issue of non-attendance was particularly vexatious since this wasted resources and was unfair to other members, especially when there was a waiting list for the event. The issue would be raised in *Dispensing Optics* and non-attendance would be monitored.

Barry then invited Areas to begin planning for 2015. The aim was to create an overall programme in partnership with Areas and industry partners, in order to maximise sponsorship. Barry stressed that he and his assistant were happy to support Areas in any way. He hoped to develop an overall outline programme by August 2014 so that he could present this to potential sponsors. Some discussion ensued about the possibility of running an ABDO CET roadshow.

Discussion reverted to the nationally negotiated sponsorship fee for each Area. For some Areas, the current amount was reported to be considerably less than they were achieving previously. Those Areas either had to attract more sponsors or cover fewer of their costs, and it was questioned whether the current fee

was a realistic figure. Comment was made that suppliers were much more willing to support meetings since attendance levels had improved, making it more worthwhile for them. Caution was urged in increasing the cost of events locally at a time when there were plenty of other events in the optical calendar, including the ABDO conference.

Membership benefits enhanced

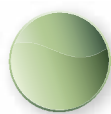
In her presentation Katie Docker, ABDO head of membership services, mentioned the success of the lifestyle benefits offered to members. She then outlined the organisational procedures involved in setting up the online administration for Area events bookings and payments. She highlighted the difficulties that arose from incorrect or incomplete information, which resulted in each booking having to be individually checked. She also highlighted the problem of non-attendance without notice, despite reminder emails being sent to all delegates before each event.

It was suggested that text messages might be more effective reminders than





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emails and after some discussion of the pros and cons, Katie agreed to look into the possibility and investigate any data protection implications. The view was expressed that the only way to ensure attendance was to make a charge for the event. The president reminded Areas of the board's decision to provide CET to members free of charge wherever possible.

It was suggested that the online administration would be facilitated if the software would allow auto-fill of members' ABDO membership number. The current system did not allow this but the general secretary mentioned that the whole of ABDO's software package might be changed in a couple of years' time, at which point it might be possible to build in such facilities.

Local Eye Health Networks

ABDO general secretary, Tony Garrett, reported that local authorities now had a legal obligation to report on eye health as part of the new structure of local healthcare networks, which included eyecare. The (now former) head of operational services at ABDO College, Michelle Derbyshire, was taking the lead in this area and she presented the background to this recent development, noting that the information applied only to England.

Michelle indicated that the NHS structure had changed in April 2013, when 27 clinical commissioning groups

(CCGs) had been established around England; these were responsible for two-thirds of the NHS budget. An integral part of the new structure was the formation of local professional networks to facilitate clinical engagement for dentists, pharmacists and optometrists, with the aim of providing a vehicle for clinically led strategy and development, working in conjunction with the CCGs.

With regard to eyecare, activities this year had included eye health needs assessments at a local level. The data from these would be used to influence resource allocation and service design. In this connection, Michelle mentioned the Introduction to Ophthalmic Public Health course, which would take place on 9-11 June 2014. This would be presented by Professor Darren Shickle and hosted by ABDO College. The course was a repeat of a similar course run in 2013 and a few ABDO-sponsored places were still available at the time.

Michelle then outlined the structure and potential membership of local eye health networks (LEHNs). She mentioned a useful guide produced by the LOC Support Unit (LOCSU), which set out a suggested framework for membership and operation. She described the structure of the LEHN in which she was personally involved, and outlined its key priorities: service integration, access to sight tests for hard-to-reach groups, eye health needs assessments and community

involvement. Networks varied from area to area, and unfortunately in at least one area the network was viewed simply as a talking shop.

Members were urged to find out what was happening in their own Areas and to consider participating. Michelle was more than willing to come to Area meetings to talk about LEHNs and a considerable amount of support was available from ABDO and LOCSU. There was a need to identify 100 or so members to represent the profession in these local networks. The general secretary reinforced the importance of members' involvement both for ABDO and for the profession, since the networks provided a real opportunity for input at the outset of service developments. It was vital for the profession to be represented when decisions were made about local eyecare, he said.

Area reports

Area 1: attendance at events had improved exponentially with the change in CET requirements and events were nearly always fully subscribed. Two events had been held to date, of which one had related to contact lens practice and had been less well attended, which reinforced the point made by Elaine Grisdale in relation to the conference. The other event had been the Area's first full day CET and only a couple of delegates had failed to attend. Another full day event was arranged for 1 June and a





charge of £10 would be made to cover some of the catering costs.

Area 2: a one-day CET event had been held in October 2013 and an evening meeting in March 2014. Both had been well attended; 105 of 120 booked delegates had attended in October, and 109 of 114 booked delegates had attended in March. Another meeting had been arranged for June and 100 bookings had already been made out of the 130 places available. A student revision day had been arranged and another CET day was planned for October, this would be the first event for which a charge would be made.

Area 3: the new chairman highlighted the success of the CET event in October 2013 at Manchester Airport, which had been supported by 25 sponsors. The CET had been a mixture of workshops and lectures and a charge of £135 had been made; 118 delegates had attended and there had been four non-attenders. A low vision event had been held in May. Fourteen points had been provided and a charge of £50 had been made. Feedback from delegates and exhibitors had been positive. Two more events were planned – a half day event in July at a charge of £15, and a full day in October at a charge of £20. Two members had retired from the committee and a new member had joined.

Area 4: nine meetings were planned, including the Area's first full CET day in

September. Every effort was made to maximise points for evening events as well, and one evening event had provided 11 points. At a recent meeting arranged in collaboration with the LOC and hosted by a local private hospital, only 10 delegates had attended out of an anticipated 18. This had been highly embarrassing and detrimental to other members as there had been a waiting list for places. A discussion followed on ways to prevent this from happening.

Area 5: two peer discussion sessions had been held in January, providing five points each. No charge had been made. A CET day had been held in March, when 176 paying delegates had attended out of 180 booked and nine CET points had been available. The committee used Holiday Inn Express hotels, as they were inexpensive and could be found in many areas. A charge was made for all CET events although the 'early bird' rate barely covered the cost of catering. Increased attendance resulted in the need for larger venues, which cost more so that more sponsors had to be found.

The current annual grant of £250 was insufficient; over the year, an average charge of £20 per delegate per event had generated £3,600, which had enabled more events to be run than the grant would have covered. It was felt that the Board needed to reconsider its decision to offer all CET free of charge. The suggestion was made that it might be useful, at the

next President's Consultation Day, to review each Area's expenditure in order to provide a comparison between Areas.

Area 6: the committee was still finding it difficult to attract new members. Notwithstanding, a successful CET day had been held in February, with nearly 100 delegates and three non-attenders. No charge had been made. Sponsorship had been obtained, 10 CET points had been provided and six core competencies had been covered. The next CET day was planned for October and the programme was under development.

Area 7: an evening event would take place in June in Exeter and 53 delegates had booked to date. A CET day would be held in September in Plymouth, and would be repeated in Bristol. Each event would offer eight CET points. Lessons had been learnt from previous events and steps had been taken to improve the layout and facilities for exhibitors. Thirteen sponsors had come forward so far; a maximum of 14 would provide more than adequate funding. It was felt that CET should be free of charge; members incurred costs in travelling to the venues and usually took a day out of practice in order to attend, losing a day's pay. Deposits were taken and refunded directly on the day, without using the central system. It was felt that delegates' details should not be given to sponsors.



Area 8: although not very active last year, an event had been held in September 2013 organised by the chairman, who expressed her thanks to Katie Docker for her support. Another event had taken place in February 2014, attended by 36 delegates. Delegates had all expressed their willingness to pay a fee of £10 to £30 per event towards catering costs. A CET evening had been arranged for May offering six points, and it was hoped to run a CET day in September for over 100 delegates.



Area 9: evening events had been held in Guildford, Worthing, Arundel and Hickstead. Plans were in place for another two events this year. An average of 60 delegates attended each event and a similar programme was run each time. It was suggested that hiring a small room twice, with sponsors attending twice, would probably cost less than hiring a larger venue and having more delegates. Local knowledge of appropriate venues was crucial and was one reason why events should not be organised centrally. The committee was unwilling to make a charge for events.

Area 10: members' feedback had indicated a preference for evening events and six evenings had been organised for the year. One would take the form of a semi-social event for the first time. The aim was to spread the events geographically around the Area to see which venues proved the most popular. Events had been held in March and May, the social event would take place in July, and further CET evenings would be held in September and at the AGM later in the year.

Area 11: a workshop had been held last year on handmade frames, with 60 delegates in attendance, at a charge of £60 per head. Feedback from delegates indicated that they had considered the workshop to be good value for the money. A meeting had been held in February 2014 for 80 delegates, at a charge of £10 per head and providing four CET points. An event would take place in May, again for 80 delegates, providing five points and a poster quiz, at a charge of £11.50 for the catering. Sponsorship had been

obtained. Meetings had been arranged for September and November.

Area 12: in January ABDO had had its own side event at a major conference in Scotland, and the chairman and her colleagues had facilitated a paediatric workshop for optometrists. A major CET event would take place later in May, and would be free of charge as it was funded by NHS Scotland (see report on page 31). The event had deliberately been over-booked by 20 per cent to ensure that all places were taken up. A social event had been planned for September at Edinburgh Castle, with a CET day attached. As this was an ABDO event, sponsorship would be sought. Evening meetings were no longer arranged as Scotland was too big an area geographically.

Katie Docker congratulated Areas 8 and 10 on their success in reviving activities for their local members. She thanked all the Areas for their hard work on members' behalf.

Looking to the future

Following a discussion on the pros and cons of centralising administration and

sponsorship for Area events, the president encouraged Areas to bear in mind the profession's political aspirations when delivering CET. Paediatric dispensing and supply of low vision appliances to visually impaired people were the elements of dispensing practice that kept practitioners on the GOC register and it was particularly important to keep children's eyecare at the forefront of local awareness, he said.

CET should also reflect the profession's aspirations to expand its scope of practice, for example by means of low vision workshops. In addition it was essential to encompass technological advances. Dispensing opticians had to demonstrate, through their CET, their ability to meet local needs and engage with the wider healthcare community at a local level if they were to influence commissioning decisions.

In closing the meeting, the president thanked members for attending and noted that there had been the best attendance ever – with 12 out of the 13 Areas represented. ■



A close-up photograph of a woman's face, smiling slightly, with her hand holding a contact lens up to her eye. The background is blurred, focusing attention on the woman and the lens.

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In a class of her own

The historic HQS Wellington was the splendid setting for a very special farewell party for Sheila Hope on her retirement from *Dispensing Optics*

As a special thank you for her long and dedicated service to *Dispensing Optics*, ABDO secretary general, Tony Garrett, invited more than 100 of Sheila Hope's friends and colleagues from the profession and industry to a farewell drinks reception and presentation to mark her recent retirement aboard the historic HQS Wellington on the River Thames.



Now serving as the Livery Hall for the Honorable Company of Master Mariners (HCMM), the Wellington was built in 1933 and is the last surviving member of the Grimsby class of sloops. During her war service, Wellington steamed more than 240,000 miles and provided escort either alone or in part to 103 convoys. She also rescued more than 450 merchant navy crew members who had survived the sinking of their ships, and shared in the destruction of one German U-Boat. A

boat and a friend and colleague in a class of their own, some might say.

As the sun shone down on the party, ABDO president Peter Black made a special presentation of a top-of-the-range digital camera to his honorary guest to help her on her way with her new hobby of photography. Long-time colleague and friend, Deanne Gray, presented Sheila with a beautiful bouquet and told assembled guests





that while they might not see her so often, she still would as they lived just a few doors apart. "I've still got her!" declared Deanne.

In her farewell speech, Sheila said: "I cannot believe that it is nearly 27 years since I started working for ABDO. There have been many changes since then and my two small children now have small children of their own! Thank you to everyone for coming to my

retirement party and to ABDO for organising such a splendid do. I have enjoyed producing *Dispensing Optics* and working with so many wonderful colleagues and members of the Association. As I close this chapter of my life and open the next, I won't miss the deadlines but I will miss you all – although I hope to stay in touch. I am looking forward to spending more time in my garden and more time with my family and friends. Thank you, again." ■



Nick Howard reports on last month's BCLA conference in Birmingham

A 'take away' in Brum

Approaching the imposing International Convention Centre (ICC) in Birmingham, the sun was shining once again and rekindled fond memories of the British Contact Lens Association's (BCLA) conference held at the same venue two years ago. The message of this year's event was, 'What will you take away?' – and for a moment I reflected on my BCLA Fellowship, taken home in June 2012, as I thought about what I might take away after this four-day marathon of world class lectures, workshops and clinical spotlights.

Taking a careful look at the conference programme, and becoming a little dizzy, making rational, balanced decisions on which lectures were absolute 'no brainers' and those which would sadly need to be sacrificed, it soon became apparent as to what I would take away. With five separate tracks – offering everything from science, development, business and 'hands on' workshops – my provisional plans would need constant updates, with an action plan akin to the D-Day landings – the 70th anniversary of which fell upon the opening day. Combined with a schedule that included my own participation in two short presentations and a clinical workshop, I decided to 'go with the flow'.

International this conference is. A brief look around the theatre and 'household' names from overseas were just about everywhere. Professor Nathan Efron triumphantly defied the fact that this event was held at the 'convention' centre. Professor Brien

Holden added to the Antipodean flavour along with fellow countryman Professor Noel Brennan providing a support act from 'OZ' in more ways than one. Talking of convention and Aussies, Peter Frampton took to the stage in a shirt that, once again, defied convention. But the clinical expertise and communication style certainly left something to admire, consider and reflect upon.

Focus on the opportunities

Kicking off on Friday 6 June, the programme quickly got on to the subject of excessive and relentless contact lens dropout rates, a subject repeated in many themes and formats over the weekend. Our ability to score spectacular 'own goals' when it comes to looking after contact lens patients is a little worrying just days before the first ball is booted in anger at the FIFA World Cup. It seems at times we have about the same ability to retain a handle on contact lens wearers as we do on that elusive trophy; the number of delegates who thought England might bring the trophy back was a total of nil in a quick poll conducted by the excellent Marcella McParland (UK) of Johnson & Johnson Vision Care at the Partner sponsor's highly entertaining Top Trumps event on the Sunday evening.

Also early in proceedings was a session on myopia management. This massive arena is an incredible opportunity for the profession to change and reshape the future. Contact lenses have such a large part to play in the long-term approach to myopia control, which has now been recognised as a



So much to 'take away' at #BCLA2014

worldwide epidemic. For the first time, we have a real opportunity to shape and improve the vision of the future and have a very real impact on the short, and, more importantly, the long-term effects of myopia and its potentially damaging effects in our more advanced years. It is almost a decade since Hong Kong's Professor Pauline Cho brought to BCLA the results of the LORIC study and Professor Earl Smith's (USA) iconic lecture on 'The biology of myopia' at BCLA 2010. There still seems a touch of scepticism in the UK that we really do have the ability to make a difference.

Whoever said 'size doesn't matter' needed to be in the 'hands-on' workshop run by Contamac's Martin Conway (UK) and Professor Pat Caroline (USA). With a number of established experts from the UK facilitating and supervising the fitting routines of four designs of large diameter, mini scleral RGP lenses, delegates from across the continents were treated to a level of comfort and handling experiences which raised more than a few eyebrows. A couple of attendees from Singapore could be heard debating how to implement their newly learned techniques once home in the Far East.

Differences of opinion

Saturday delivered similar promise, but what emerged was something of a difference of opinion between keynote speaker Dr Motozumi Itoi from Japan and the aforementioned Pat Caroline from the States, on the management of keratoconus. Moving on to possibly Scotland's most famous son since



Ian Cameron chairs the grand rounds



Nick at the gala dinner with Angela McNamee, Keith Cavaye and Marc Bennett

Braveheart, the dynamic Ian Cameron superbly chaired a grand rounds session entitled 'The curious incident of the stye in the nighttime.' It was a brilliant routine of debate from the armchair with Sarah Farrant (UK), Gillian Bruce (UK) and Peter Frampton. Real life, day-to-day acute and chronic ocular events were discussed and debated with a hilarious attack from a six-inch Demodex – a quite unsubtle reminder of these irritating pests and the trouble they cause. I was pleased to learn that these mites are eradicated by tea tree oil or 100 per cent alcohol; they may be in my lashes but don't stand a chance in my liver.

More personal involvement via the Exhibitors' Pavilion resulted in me sadly missing the start of the famous 'On the sofa' session with Professors Lyndon Jones and Phil Morgan, so I took the time to visit the extensive and varied range of exhibitors – discovering a number of hidden diamonds. Sometimes the lure of Hall 1 can result in missing some wonderful and very new, very simple innovations. All exhibitors deserve the full attention of visitors and I am at the time of writing developing some fantastic new projects from the smallest of acorns.

A highlight of the Saturday evening gala dinner was undoubtedly the acceptance by Dr Jennifer Choo (Japan) of Dr Paul Rose's (New Zealand) inaugural BCLA Industry Award. But much more important for me was witnessing great friends and colleagues proudly and ceremoniously stepping up one by one to receive their BCLA Fellowship certificates, crowned by Aston University's own Dr Shezhad Naroo collecting his Honorary Membership and giving an emotional acceptance speech.

Changing people's lives

So on to Monday and the dilemma of having to choose between watching 'live' cataract surgery performed by Professor Sunil Shah (UK), attending Dr Catharine Chisholm's (UK) topical attention to the growing menace and incidence of keratoconus and its detection with corneal topography, or supporting the workshop on presbyopic contact lens fitting ably directed by double award winning CLO Keith Tempny (UK) with friends Indie Grewal (UK), Shail Patel (UK) and Ros Mussa (UK).

Antonio Calossi's stellar-like image of a perfect piggyback fit made sure Italy scored a spectacular late goal on the final day as he picked up the BCLA Photographic Competition prize, awarded in memory of Diane Gould (UK). With a careful eye on the watch, it was important I did not miss the final hour and the BCLA Medal Address. Around 20 or so delegates had just observed an excellent practical demonstration from Sarah Farrant (UK) on innovative blepharitis management as we filed quietly in to Hall 1.

'Changing the world with contact lenses', eloquently delivered by Professor Phil Morgan, carefully reflected on the way contact lenses have changed people's lives in the past, the present and indeed the future. New developments within the contact lens industry may sound like stuff from a James Bond movie, but they are real, some imminent, some already happening, and will change lives worldwide. The splendid work of Phil Morgan, Dr Carole Maldonado-Codina (UK) *et al* at the Eurolens research centre will continue to stimulate new and exciting projects.

As the audience applauded at the end of Phil's stunning delivery, I caught the eye of Jonathan Walker (UK) and we nodded in a wonderful moment of non-verbal agreement. That was some way to close the conference.

So. What did I take away from BCLA 2014? Easy. I took away a reflection. Internationally recognised and respected researchers, presenters and educators not already mentioned briefly included the UK's leading lights such as Professor James Wolffsohn, Professor Bruce Evans, Caroline Christie, Judith Morris, Susan Bowers, Robert Conway, Brian Tompkins, Teifi James, Sarah Morgan and the fabulous Dr Christine Purslow whose brilliant work on dry eye and its management is having a massive effect on patient comfort and contact lens success.

The BCLA team, capably directed by CEO Cheryl Donnelly, organised a contact lens event widely recognised as the best in the world. Vast amounts of knowledge and skill are shared freely amongst delegates who include some of the world's most talented contact lens practitioners. When it comes to football, a UK team may not lift the World Cup, but when it comes to contact lenses – Britain truly is best.

Nick Howard FBDO Hons CL, FBCLA, is a contact lens optician working as clinical support manager for No7 Contact Lenses and part-time in an award winning practice in Lancashire. A BCLA Fellow and Faculty Speaker with a special interest in complex contact lenses, he is also a guest lecturer at universities, hospitals and conferences at local, national and international events. ■



This month, Antonia Chitty explores issues of trust in practice

Trust in practice

Do your patients trust you, your staff and your business? It may seem like an obvious question, but there is more to developing trust than you might think. In this article you can learn about the key components of trust and how to maximise trust in your business, build your relationships with both staff and patients, and see your business grow.

Dr Graham Dietz is a senior lecturer at Durham University Business School where he researches trust in business. He says: "Lots of people think trust is complicated but research shows there is a single universal dynamic, although it plays out in different ways in different situations."

There are a number of stages in trusting someone that are worth understanding when you consider a new patient walking into your practice. Dr Dietz explains: "When we trust someone we are willing to rely on them in a position of vulnerability. Trust occurs when we are confident and positive about their likely future behaviour. This is stronger than hope, but short of certainty – things can still go wrong but, with trust, are likely to work out."

Characteristics of trust

Dr Dietz continues: "Research has found four characteristics inform how we judge someone's trustworthiness. Firstly, people look for someone's ability. In practice, this might mean your technical skills and knowledge. Secondly, they will assess your level of benevolence. This is all

about exploring your motives; the patient will ask does the practitioner have my interest at heart, is he or she on my side? Thirdly, the patient will be looking at your integrity. They will want to know that you will be honest and fair in your dealings with them.

"And I'd argue for a fourth characteristic: predictability. You can have someone with all the previous characteristics but they also need to be predictable. If they are erratic, a maverick, or even get out of the wrong side of the bed some days, it reduces trust." All four characteristics, summarised as ABIP, need to be demonstrated in order for a potential customer to trust your business and staff, and you need to demonstrate those characteristics as a manager if you want your staff to trust you.

Dr Dietz says: "Any patient is taking a risk when they come into the practice so understanding how trust is built is very useful for practitioners. The patient is sharing access to their eyes, trusting the optometrist with their eyecare, and this is a vulnerable position. For the patient, if things go wrong it can be catastrophic. Trust is particularly vital if the patient is nervous or scared."

Trust is vital to a long-term relationship with patients. Dr Dietz says: "Someone's experience of an optometrist one year may secure long-term repeat business. If they take the risk and it works out, that feeds back

fresh information which gives them confidence to do it again. If you let them down, the relationship may be over – there are plenty of other options on the High Street the next time they need eyecare." The ABIP model of trust has been found in research into cultures around the world.

Dr Dietz says: "This plays out in different ways; different national cultures have different measures of trust. In China, for example, you need a recommendation from a personal network before they trust you, in the US they might want you to sign a contract first." Taking this back to practice level, he says: "For opticians, demonstrations of ability and demonstrations of benevolence will help. Once you understand the concepts behind how trust develops, it is easier to consciously develop it in your business. Think about elements such as the layout of your practice,

Dr Graham Dietz



the way your staff are trained, and your motives, and you will be able to better build trust."

Developing deeper trust

Looking in more depth into some of the specific areas that you can work on to develop trust, the first thing Dr Dietz mentions is the layout of the practice. He says: "Does your practice have barriers as soon as you walk in? If a display of specs stops you getting a clear view into the practice it can be off-putting. The practice layout should reassure, make visitors feel comfortable, feel familiar and have the chance to speak to someone if they want. Most practices are fairly conventional; you may want to experiment with what is most comfortable for the customers." As a further example, to demonstrate your ability, have qualifications and testimonials on prominent display.

Beyond practice layout, the way staff interact with customers is obviously key to trust. Dr Dietz explains: "As a manager, train your staff in understanding how trust is built through ability, benevolence, integrity and predictability. If you demonstrate this, it can help staff do and say the right things to give patients confidence."

It is important to ensure that the customer knows that your motives are in line with theirs. In a practice where staff work on commission, this shouldn't leak into the relationship between patient and practitioner. If you want to guide someone to purchase a higher-end frame, you need to listen to their needs first.

Dr Dietz suggests: "Customers go in expecting to be sold to. No-one is naïve enough to think that your practice is a charity. Nonetheless, you need to persuade each patient that a particular pair of glasses are the best choice for them personally, and that you have their interests at heart. What's more, you need to respond to them; if someone resists high end frames, you still need to satisfy their interest and avoid the hard sell.

"As one example, if a member of staff says to a patient, 'Thinking about the shape of your face, and what has worked well for other people with a

similar shape, I would suggest this type of frame'. Using the patient's face shape shows you have thought about their interests. Backing this up with your previous experiences demonstrates further factors that will build trust," adds Dr Dietz.

Every practitioner will have faced patients who are unhappy at some point in their eyecare journey. If something has gone wrong, perhaps a pair of specs hasn't worked out as the patient expected, there are two agendas, according to Dr Dietz. He says: "Do you want to recover the trust and protect the relationship and at the same time protect your profit margins? If it is a mistake, apologise and put it right. Apologies are quick, cheap and very efficient at rebuilding trust.

"If you haven't done anything wrong, you don't have to apologise as this can imply guilt and that can lower perception of integrity. Instead offer regrets or an explanation and look for solutions. People can usually accept a disappointing outcome if you explain and they understand what has happened and why. How much you put into building trust will depend on how valuable is the relationship with the patient. You may want to consider, is the person a potential repeat customer? Are they valuable for their contacts in the community?

"So the steps I would advise include an apology or expressions of regret, or even a denial if you are definitely not at fault, followed by an explanation of what happened and why. Consider whether you should then offer compensation, or put in place things to make sure it doesn't happen again. This will meet the customer's needs, demonstrate your integrity and rebuild trust. You can also consider 'hostage posting', saying, 'We regret that happened, if it happens again, this will happen'. Alongside considering the customer's needs and desires, you need to calculate what you can 'sacrifice' to maintain that relationship."

Manager-staff trust

As well as the practitioner-patient relationship, trust is vital in the manager-staff relationship. Dr Dietz says: "Without trust in their boss, staff

become miserable and less inclined to go the extra mile on behalf of customers. Bosses who are trusted engender extra effort which translates into repeat business in a competitive market."

The theory behind building trust can also help you if you feel that there are issues between you and your staff. Dr Dietz says: "If you feel that things aren't right in your practice, you can make yourself vulnerable by recognising the issues and saying, 'Let's talk it out'. Then you are in the same situation as with a customer: you need to ask yourself, 'What is the trust repair response to the issue?' Maybe explain your decisions more; if they have caused hurt you may want to offer an apology, or express regret.

"You can also consider hostage posting: what you might do if the issue occurs again, and commit to a change in behaviour. Do consider as a manager how receptive you are to changing your own behaviour. People respond to leaders who are firm, fair and empathetic, semi-detached but with their finger on the pulse of the workplace atmosphere."

Dr Dietz has some tips to encourage trust in the workplace. He suggests: "Pay people well enough, build their skills and give them a sense of progression. While this can sound like common sense, all of this is demonstrating your trustworthiness." He concludes: "Thinking about developing trust is vital whether it is dealing with a new customer, customer complaints, or staff issues. Every so often when I sit on my glasses I have to get the frame straightened and they do it for free – it makes me grateful and more likely to return when I need a new pair."

Resources

Dr Graham Dietz delivers workshops on building trust in business. Contact him via Durham University Business School or on 0191 334 5401.

Former optometrist Antonia Chitty now writes on business topics. She has written books including 'Making Money Online', 'Blogging: The Essential Guide' and 'Marketing: The Essential Guide', providing effective ways to grow your practice. ■

For self-confessed dinosaur, Dave Wright, it will be all right on the night come Armageddon

Jurassic Lark

Well readers it's official, I'm now without question a fully paid up member of The Dinosaur Club. In truth, I've probably realised this for a year or two now but the reality of it has really started to kick in.

The advancement of technology within our industry has now almost rendered me unemployable in some practices, with new end-to-end systems where once the eye examination is completed the patient information (or data) zooms through directly from the test room (whatever happened to the optometrist's 'handover'?) onto a VDU screen in the dispensing area (or pod) accompanied by a list of 10 zillion lens options and frame style recommendations. And if you are not concentrating 100 per cent you can accidentally wipe out the National Grid never mind the day's business.

I can envisage dispensings where the dispensing optician concerned makes no eye contact whatsoever with the patient until it's time to take measurements, or payment, and even then they would immediately have to nervously return their gaze to the screen to ensure that they had entered all the information correctly.

Occasionally, in the past, I could be seconded to work in practice to cover for illness, holidays etc, but not much chance of that now. I'm not a great fan of the TV programme *Little Britain*, however, the lethargic character in that series of comic sketches who sits at the computer and repeatedly replies to customers, who

have posed the most reasonable request, in a totally uninterested manner: "Computer says no" would now appear to have become a distinct reality.

Prehistoric notions

I read so often in the pages of *Dispensing Optics* members emphasising the importance of the personal touch and, truth be told, I perhaps over-played this when in practice as friends tell me I could talk for Scotland. But by all accounts the patients loved it and still wave over when we pass in the street asking after my family and me theirs – a decade on. Occasionally, I still manage to bat a six for The Fossils CC when the inevitable systems crash occurs and I'm dispatched to help in some forlorn practice with only my trusty Serelo in hand, my Hoya hole-in-the-lens MAR coat demonstrator (in its wee blue box) and a lab order pad. And you know what – it still works.

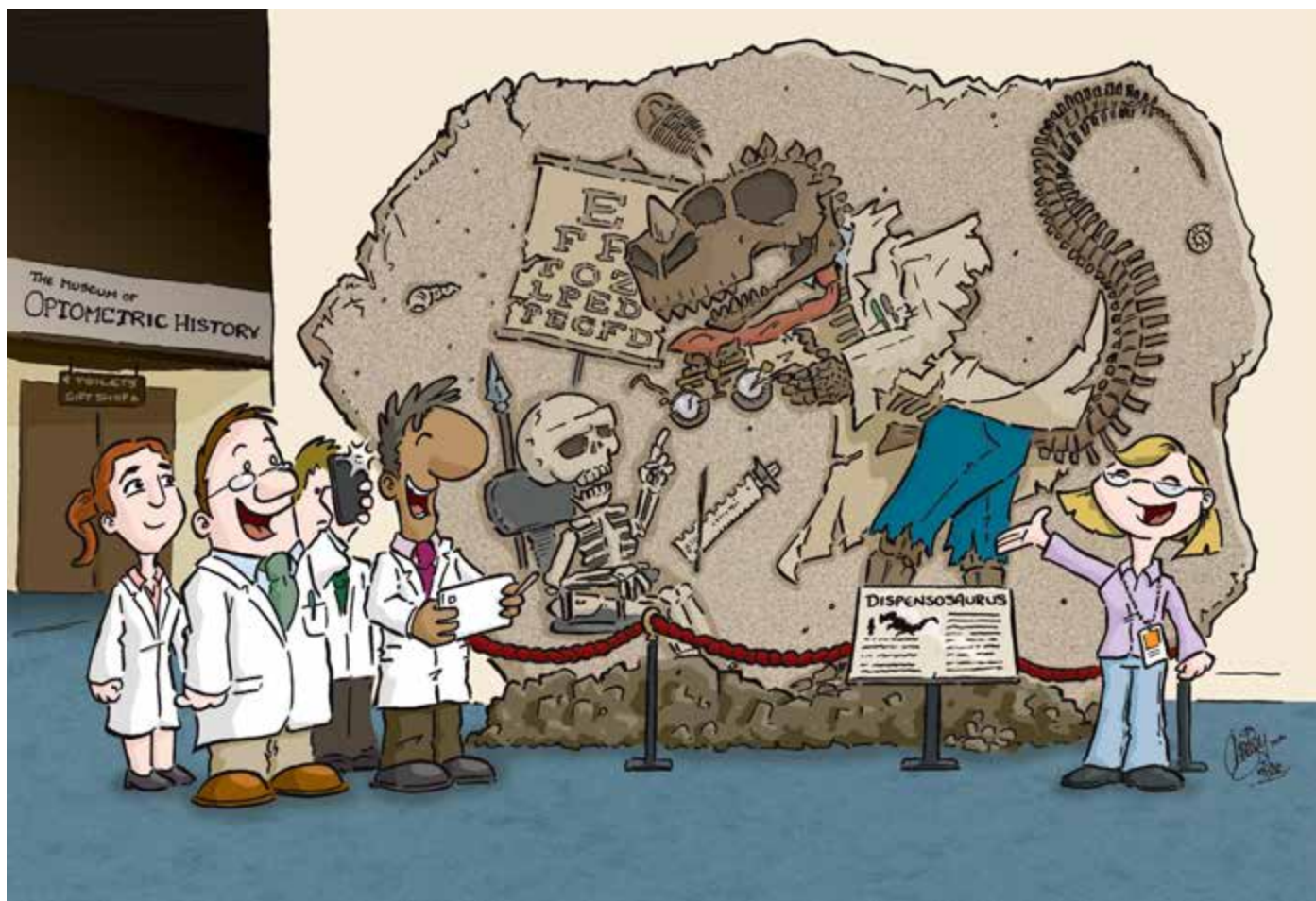
Well, when I say it works, I mean that I chat to the optometrist and the patient, spend a reasonable time trying on frames and discussing and recommending appropriate lenses (never try to baffle the average patient with the science of megapixel, high definition lenses with seven micron zone-separation) take a deposit, thank the patient for their custom, escort them to the door, a brief handshake and cheerio, write out the order, fax it to the lab – job done.

I'm a great admirer of those amongst us who grasp technology, and I too appreciate anything that can make

life easier, but not every new system, process or gadget works, well not for me. Our IT department recently presented me with my new work iPhone and I must admit it's brilliant, but the only app they set up for me was the one that makes the touch screen keys and icons larger. Oh yes, and they installed Pac-man!

I have on file somewhere an appraisal by my line manager, from not that long ago actually, which contained words like 'loyal', 'trustworthy', 'hard-working', 'conscientious'; words which my dear departed mother would have been so proud to have heard relating to her often errant son. However, these attributes are only awarded with level 2 recognition, where level 0 indicates 'needs improvement'; 1 is 'performs adequately'; 2 is 'exceeds expectations'; and 3 is 'excellent performance'. I think the only appraisal comments that could elevate me to level 3 status would have to contain words like 'dynamic', 'self-assured', 'technologically forward-thinking' or 'aspirational'. So I suppose I must resign myself to the fact that I'm destined to be a number 2 – but without reinventing myself at age 56 that's my lot for now I should think.

Other areas of my life also reveal me as prehistoric, for example, no Suzuki Hayabusa motorcycle for me as I have maintained my Harley Davidson with a 12-piece socket set, two Allen keys, an adjustable spanner, mole grips, a Phillips screwdriver and WD40 for more than 20 years and it runs like a Swiss watch. I wear Levi 501s, Dr Marten



boots and play a Gretsch Guitar through a Fender valve amp (and if I don't get a freebie after the above product placement it's not for the want of trying).

Still all is not lost, I shouldn't despair because if, or when, Armageddon

comes and like Water World or Death Race 2000 all bets are off and computers are confined to history, in a world with no electricity, no IT departments, there I'll be dressed in what remains of the previously mentioned attire. But if I still have my Serelo ruler, a pencil, some paper and

a half decent treadle powered surfacing machine then unlike the dinosaurs – I will survive.

Dave Wright is now in his 40th year as a member of ABDO and is a client relationship director in occupational eyecare for Duncan and Todd. ■

New research grants total nearly £2m

Fight for Sight has awarded nine project grants, one clinical fellowship, one partnership grant and one early career investigator award for research into AMD, inherited retinal diseases, glaucoma, Behcet's disease, bacterial keratitis, diabetic retinopathy and retinopathy of prematurity.

The grants are highly competitive and from the 29 full applications received only 10 grants were awarded. The recipients are based at universities and institutions across the UK including the University of Liverpool, University of Manchester, University of Cambridge, UCL Institute of Ophthalmology, University of Birmingham, University of York, University of Glasgow and UCL Institute of Child Health.

Dr Dolores Conroy, director of research of Fight for Sight, said: "Currently, there are many eye conditions that we do not know enough about, and which have few treatment options. It is crucial that we invest as much as we can into research, which could bring us closer to finding new ways to treat these conditions. We hope our commitment to funding pioneering research will bring us even closer to a future everyone can see."

* Tanveer Asaria joined thousands of runners to complete the BUPA 10k run in May, running in support of Fight for Sight and completing the course in 54 minutes. Tanveer, from Harrow, works as an optometrist at The Vision Clinic. She said: "It was a great achievement crossing the finish line, especially being able to raise awareness for Fight for Sight and the vital work they do."



Tanveer Asaria with Noel Thatcher MBE



Peter Black supports Area 1's rimless repair workshop



Area 1 members get hands-on with Silhouette frames

Area news

Area 1 (North): Inaugural conference success

Report by Claire Leadbitter

Area 1 hosted our first one-day conference on Sunday 1 June at Newcastle Novotel Airport. We had an excellent turnout of around 75 delegates for a full CET programme. The day was very successful and included various CET competencies in the form of lectures, workshops and a poster quiz. Delegates enjoyed a warm welcome and hospitality from the venue with a fabulous two-course lunch with time to mingle with the many exhibitors who kindly supported the event.

We enjoyed a workshop by ABDO president, Peter Black, and members' support manager, Barry Duncan, who guided us through paediatric dispensing and for many of us this was our first opportunity to get hands-on with the paediatric heads. Members found this very informative and thought provoking.

Members also enjoyed lectures from Lesley Oglethorpe and Liz Stringer on paediatric eyecare and on contact lenses by Mark Tomlinson of Alcon. In her talk on dry eye, Dr Sarah Smith of Spectrum Thea gave everyone food for thought and delegates

reported that they had found these very relevant to everyday life in practice.

A workshop by John Heritage from Hoya on non-adaptation and procedure, and the rimless repair workshop by Peter Black and Silhouette proved to be incredibly popular. Liz Stringer guided us through the LVA pathology in pictures workshop, which gave us a different approach to the usual appliances we think of with low vision. Andrew Watson talked us through the ocular signs and symptoms workshop, which was a very interesting end to the day. A prize draw followed with prizes kindly donated by Menrad, Silhouette, Safilo, Charmant, Stepper and ABDO Area 1.

We would like to thank our exhibitors from Hoya, Silhouette, Nikon, Safilo, MC2 Eyewear, Orange Eyewear, Menrad, Spectrum Thea, OWP, Charmant and Alcon for their support. Special thanks goes to the ABDO Membership Department and CET office whose assistance was invaluable in organising the conference, and to the Area 1 Committee for giving up their free time and for their tireless hard work to make the day a success.

Area 2 (North East): Supporting our students

Report by Lynda Matthias, Area 2 secretary

This past month the Area 2 committee has been keeping busy, not least with the facilitation of a third-year student FQE revision day at Bradford College. The event saw around 30 students from around the country coming in to a hot and sunny college to get some practical revision and advice in preparation for their upcoming exams.

We decided to change the format this year to make the day much more hands on, making the most of the skills of Alex Webster and Amy Seaman who are both ABDO examiners. The feedback has been very good and the day was excellent value at only £45. On the back of this success, we are already arranging next year's revision day for May 2015.

At the time of writing, we were looking forward to welcoming Barry Duncan and Peter Black to another sell-out evening meeting, on 4 June at SnoZone on Junction 32 of the M62, to facilitate workshops discussing paediatric dispensing and ocular pathology. The evening was set to provide more than 110 delegates the

chance to gain eight CET points, and thanks to sponsorship from William Morris London and Shamir, at no cost to members.

We held our last committee meeting on 28 May, during which we began finalising details for our CET day on 19 October at the Village North, Leeds. We will provide more information next month, but we would encourage all members in the area to keep the day free as we are going to be covering essential skills – from using NLP to close sales and build long-term customer relationships, to gaining confidence in dispensing bespoke frames and lenses. The theme of the day is to strengthen our profession and differentiate us from online sellers of spectacles.

Area 5 (Midlands): Planning ahead

Area 5's next CET day will take place on Monday 29 September at the Manor Hotel, Meridan, Solihull. The aim is to provide a minimum of six CET points over a day of lectures and presentations covering the range of core competencies. The cost for the whole day is £20 per ABDO member and £45 per non-member, which includes all lectures, coffee breaks throughout the day and a hot/cold buffet lunch.



London meeting sponsor, Erin's World Frames



Area 11 members working together

Places are limited to 180 delegates, of which 50 per cent are already booked, so to avoid disappointment, email Ian Hardwick at ianh.abdoarea5@gmail.com for further information or details of how to book your place.

**Area 11 (London):
Recognising the signs
Report by Ian Anderson,
Area 11 chairman**

More than 80 members attended our area meeting on 15 May at the Holiday Inn Bloomsbury. The first task for attendees after booking in was to complete the Visual Recognition Test on Paediatric Eyecare, a small group discussion, worth two interactive CET points. Posters were dotted around the room and on the exhibitor stands and, once into groups of four, members sought out the questions, discussed them and completed their answer sheets.

There were five sponsors for this meeting – Franklin Frames, Carina Eyewear, Centrostyle, Optelec and Erin's World Frames – and the feedback from the sponsors and the delegates was very good. With the support of the sponsors, we were able to offer a buffet to the members. Later in the evening we all took a seat for a 'Low vision

pathology in pictures' workshop worth three interactive CET points. Pictures of different pathology of the eye were discussed in groups of 10 and led by Frances Mecoy, so each group were able to express their opinions.

The evening ended at 9pm and we all went home happy and with five extra CET points. The next London Area meeting will be held on 16 September at the same venue, so please make sure you register for the event.

**Area 12 (Scotland):
Revisiting the FQE
Report by Fiona Anderson,
Area 12 chair**

In association with Optometry Scotland, ABDO coordinated an NHS Education for Scotland (NES) optical training day, entitled 'Dispensing skills: professional qualification revisited', held on 25 May at Heriot-Watt University, Edinburgh, and to which all Area members were invited.

Designed for optical professionals and support staff currently providing care to NHS patients in Scotland, the fully funded event covered the ABDO Final Qualifying Examination (FQE) in ophthalmic dispensing. As the day dawned, the Area 12

Committee met with the conference coordinator, Aileen Coyle, at the pre-agreed time of 7.30am to 'tweak' the final few points for the day. The day started well – then the rain came on and many, if not most, of our 115 delegates got soaked on arrival at the venue.

It was not only the delegates who got wet – the electrical distribution board did too, throwing our conference room and foyer into darkness so that all that could be heard was the unending shriek of alarms as the power went off! However, we in Scotland are made from girders (steel ones at that) so we went to plan 'B' then back to plan 'A' again and we started our CET day with only a 15-minute delay.

The day was entitled 'Professional qualification revisited' and that was exactly what it was: a broad look at what we do as DOs in practice and all aspects of the ABDO Final Qualifying Examination. The day was a mixture of lectures and interactive skills and discussion workshops. The good news is that the day was worth 24 interactive CET points with all nine DO competencies covered and 16 interactive CET points for our optometrist colleagues who attended the day.

The day was run as a trial, and our friends at the General Optical Council (GOC) had expressed some concerns about awarding two-thirds of the three-year cycle of CET points, and more than the three-year requirement of interactive points, in one day. Hopefully the feedback the delegates and presenters give on this event will be enough for the GOC to approve the day, so that we have the green light to roll it out across the land.

From 9am to 5.30pm, the day was packed from beginning to end. Frame and facial measurements were followed by lens identification, manual skills and repairs, then abnormal ocular conditions. A discussion workshop followed lunch, then communication and lastly the dreaded viva on prescription analysis (I think all we DOs have stories to tell about our viva experiences). All of the delegates joined in wholeheartedly to the discussion workshops and there was a really positive vibe in the room. I would like to thank everyone who attended for supporting the event, and especially for their patience in the early morning whilst I was having a 'controlled meltdown'! My thanks also goes to all the speakers,



Peter Black

Black arts

Can you guess the weight?

Spring is a busy time for the whole ABDO team, and this year especially so with additional optical events added to an already packed calendar. Some days I find myself moving from one business three-course meal to another with barely a break in between and the presidential belly is growing as a result, so perhaps it is time to take up an idea I gleaned from colleagues at the recent Worshipful Company of Spectacle Makers lunch.

Apparently a good number of London Livery Companies weigh their incoming Master and then set up a book to wager on their weight at the end of their term of office – all proceeds going to charity of course. I'm not sure whether this would give me the motivation to keep the pounds off, or to maximise the losses for the most foolhardy gambler but it sounds like a bit of fun. Aside from the challenge to the waistline, it is an honour to be invited to represent the Association at so many dinners and events, and a joy to meet so many interesting people from across the global eyecare sector and beyond.

Wine, wine, everywhere...
I always have one gripe at these dinners and that is, as

someone who doesn't drink wine, the general lack of beer! As a result when the inevitable dietary requirement request comes round, I have taken to saying, "Don't drink wine, prefer beer to water!" So far only two organisations have risen to the challenge, and one, rather embarrassingly, had a waiter ready to greet me with a beer and a whole load of mickey taking fuss as I arrived.

But there is a serious point here. As a non-paying guest I can hardly complain if I don't drink wine, but at all the dinners in the optical calendar, ordinary opticians and optometrists, or our suppliers, are paying good money to be there, and I wonder how many more people would attend if wine wasn't included in the price? Certainly a couple of members have raised this very point with me.

Many people don't drink alcohol, or perhaps are driving to an event, so have no wish for the half bottle of wine that is inevitably included in the ticket price, and an interesting new trend is emerging for events where the ticket includes water on the table, but wine can be ordered separately in advance per table, or drinks ordered from waiters or at the bar on the evening.

This reduces headline ticket prices by £10 to £20 and is more attractive to all delegates not just teetotal ones. So it is perhaps food for thought?

Worrying trend at exams

During June I spent a few days examining at Aston, both part one exams and final qualifying exams. In the main, students are a pleasure to examine, and despite their nerves and a long and arduous day, do very well. However, there are a few disturbing trends emerging, which I hope employers and supervisors can stamp out. Many candidates explained to me how the near centration distance (NCD) is always 3mm less than the distance PD, and that even though it might measure differently they have been instructed to always knock off 3mm.

A cursory glance at the NCD table in Ophthalmic Lens Availability shows that the difference between PD and NCD is a geometric problem and can indeed be calculated from the distance PD providing the working distance is also taken into account. A difference of 3mm is rarely accurate within half a millimetre, and more likely than not will fall outside of British Standards in the majority of cases. Opticians

who are monocular, amblyopic or unable to wink have a good excuse for calculating the Px PD from the NCD, although the PD isn't exactly difficult for these practitioners if they use a pupilometer or computerised measuring device that the leading progressive lens manufacturers sell.

It is bad enough that "just knock 3mm off" has become the norm in some practices but what is most disturbing is that these self-same people (and presumably the optical assistants they work with) are also dispensing tailor-made PPLs and seem to think it is ok to use estimated and average measurements. An individualised lens made using averages and assumptions is exactly the same as a basic freeform varifocal at half the price. If you condone your colleagues using guesswork, at least stop them fleecing their customers and destroying your practice's reputation when patients perceive no tangible benefit from top-of-the-range lenses because they've been made to an off the peg design.

Wonders of interactive CET

During May and June I personally facilitated/

Black arts

presented CET to more than 500 ABDO members and I have been heartened by the engagement of dispensing opticians and contact lens opticians with the new requirements of interactive CET. I am always at pains to point out that I believe interactive CET is the best thing to have happened to our profession in the last 25 years, and even more encouraged that so many opticians nod in agreement when I make such comments.

What is also clear is that ophthalmic dispensing has been in the wilderness for the past quarter of a century, and whilst standards in many quarters have remained high, in others the understanding of the rules, regulations, and duty of care to patients has started to wane, despite recent fitness to practise cases serving as a timely reminder. It is easy when the playing field is not level to allow oneself to slip to the level of the lowest common denominator – especially with regard to supervision of regulated dispensing. As several members have commented, it is easy for kids to get specs online, so what's the point of sticking to the rules. The point is: you are a registered professional

so behave like one. As nice as 41 Harley Street is, an invitation to attend is the last thing you want.

Challenges of supervision

Of course, supervision of regulated functions is not easy, especially in part-time practices or where the responsible registrant is stuck in a test room all day. It is important to realise that a dispense starts at the point of handover from the prescriber, includes all activity relating to the dispense: frame and lens selection, measurements, advice to patient and parents, ordering, checking, etc. It is only nominally complete at the point of collection as regulated dispensing has been defined to also include all aftercare service, repairs, etc, provided subsequent to the collection.

Of particular concern to members who have attended paediatric dispensing workshops is what happens in their practices on their day off, or when they are out to lunch when support staff have previously been used to breaking the rules. Registrants are reminded that they must be in a position to intervene and if they do, delegate any

activity surrounding regulated dispensing that they are completely satisfied that the person they are delegating to is competent to carry out the delegated task and, most importantly, knows the limits of their knowledge and skill levels and when to ask their registrant supervisor for help. Only registered staff can make clinical decisions and, therefore, only they can make a decision that may not follow the letter of the law providing it is in the best interest of the patient.

Standing out as a professional

Thinking about what makes a registered optician different to an online retailer or a non-registered colleague I have been a little surprised by the lack of engagement with certain core competencies by a minority of members. It may be that people are shy and don't like putting their hands up, but it seems that many opticians don't often check BVD for prescriptions over 5.00 dioptres, despite it being a legal requirement. Whilst some members are altering prescriptions for effective power twice a week, others seem not to have done it in the past year. Perhaps it is time they

reviewed their approach to higher power dispensing?

One area where members seem very keen to increase their knowledge is ocular pathology, anterior eye disease and referral protocols and it is great to see so many members turning up for CET in these topics. Dispensing opticians are perfectly placed to triage patients, indeed, we do it every day, ensuring concerned patients are directed to the correct eyecare practitioner appropriate to their needs, whether that be optometrist, contact lens optician, ophthalmologist or whether they choose to look after the patient themselves.

It is great to see CET have a direct benefit to patients, to practitioners and to practices, and this is exactly the kind of interactive CET that ABDO seeks to provide. If any member has any suggestions for CET, either out of interest, or because they are struggling to obtain CET in certain competency areas, please do not hesitate to get in touch via general@abdo.org.uk or complete our online surveys when you receive them.

Peter Black ■

Area news continued...

workshop leaders, facilitators, Peter Rafferty from Glasgow Caledonian University for the use of essential equipment, Norville Optical for its very generous donation of lenses and equipment, Optometry Scotland, my right-hand woman and all round Girl Friday, Brenda Rennie, and of course Barry Duncan, ABDO members' support manager.

Last but by no means least, my grateful thanks goes to NES Optometry without whom the day would never have got beyond the planning stages. The financial commitment from NES allowed us to bring this exceptional event to our members in Scotland and we are very aware that we are the most fortunate ABDO members there are to have government funded CET. ■

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Patrick Myers



Tony Tindale

Practice support firms announce merger

Myers La Roche and Total Marketing Resource, two of optics' best known practice support organisations, have merged.

Georgina Myers said: "Our new company gives customers confidence that with the combined knowledge and experience of both the original founders

Patrick Myers and Tony Tindale, together with our dedicated team of professionals, we cover all aspects of practice development and, when required, the benefit of well-planned exit strategies."

The firm will continue to operate from offices in Hampshire and Cheshire. ■

ABDO CET

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Nominate now for DO of the Year

Elaine Davis, James Dawson and Lesley Oglethorpe have been shortlisted for the accolade, Dispensing Optician of the Year, in this year's AOP Awards.

Chosen for their "encyclopaedic lens knowledge, which they utilise by finding creative solutions for each patient's individual needs", the winner will be "dedicated to keeping informed of new innovations in frames and lenses" and will be "a leader

within the practice, supporting colleagues and promoting eye health".

There are 11 categories to vote for, including two new categories for 2014 – 'Young Practice of the Year' and 'Specialist Practice of the Year'. Vote at www.optometry.co.uk/awards by midnight on 31 August. The winners will be announced at the national AOP Awards ceremony on 23 October in Birmingham. ■

New features and format at #BCLA2014

Held at the ICC Birmingham from 6 to 9 June, the 38th British Contact Lens Association (BCLA) conference and exhibition attracted more than 1,000 registered delegates and exhibition visitors from 46 countries – and hosted 44 exhibitors.

In one of the many new programme features, a 'live surgery' event saw Professor Sunil Shah undertake a standard modern day phacoemulsification procedure with implantation of an intraocular lens, followed by a Lensar femtosecond laser cataract procedure with a premium lens implant. The procedures were transmitted 'live' to the ICC before Professor Shah returned to the auditorium to join in the discussion.

More than 400 guests attended a 'Strictly Contact Lenses' themed gala dinner at

the Ricoh Arena in Coventry, during which two special presentations took place: Dr Paul Rose, inventor of the Rose K lens for keratoconus, was named as the recipient of the first-ever BCLA Industry Award; and Dr Shehzad Naroo, editor in chief of the BCLA peer-review journal *Contact Lens & Anterior Eye*, was awarded an Honorary Life Membership.

Nick Rumney, BCLA conference programme coordinator, said: "I've greatly enjoyed my first full conference responsible for the programme – but only now can appreciate what a sustained effort it takes by many people to stage. One or two key ideas clearly worked, namely the business track and the over subscribed myopia session. Highlights will undoubtedly be the BCLA/Vision Expo International Global Contact Lens Forum, 'On the sofa'



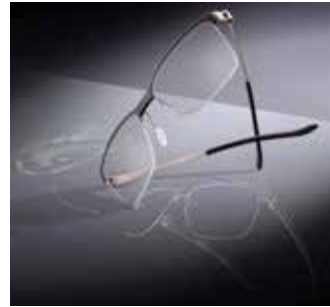
'Live' surgery at #BCLA2014

and 'live surgery' sessions. I look forward to seeing you all in Liverpool in 2015."

The 39th BCLA conference will take place at the ACC Liverpool from 29 May to 1 June 2015. ■



Student marshals at a fun run



Mercedes-Benz eyewear



Dr Catharine Chisholm

Students do their bit for the homeless

Optometry students from Aston University turned out in force recently to support a good cause that was close to home.

A team of undergraduates volunteered to act as marshals for the Knowle Lions Club five mile fun-run which took place in wonderful sunshine. With more than 2,000 runners, the event raised more than £50,000 for the Lions, which in turn is making a generous £10,000 donation to the Vision Care for Homeless

People's clinic in Birmingham.

Well supported and with recent generous technology donations from Mainline Instruments and Haag Streit, the Sifa Fireside Clinic is always keen to hear from volunteer optoms and dispensing opticians who have a few hours to spare. Pictured from left to right are some of the volunteer Aston students: Jon Antonio, Ramita Anand, Rosie Pattison and Emma Percy. ■

“We are better together”

The inaugural conference of the Optical Confederation (OC) in May welcomed Lord Howe, Parliamentary Under Secretary of State for Health, to speak about the future of eye health and eyecare.

In his opening remarks, conference chair Don Grocott said that by working together, sharing resources and thereby reducing costs, the five bodies in the OC – which include ABDO – had made a difference in a way that was not possible in the past. He cited the sector's reaction to the discontinuation of the supply of fluorescein strips as an example of the Confederation pooling expert knowledge and achieving an excellent outcome for patients.

“Trusting each other has enabled optics to have representation on a wide range of committees and councils that make a difference to patients but which have previously lacked optical input,” Don told delegates.

The conference also welcomed Samantha Peters, General Optical Council chief executive and registrar, to speak on the Health Regulation Bill and optics, and Julie-Anne Little, the president of ECOO, to discuss ‘New horizons for eye health in Europe’. ■

Precision eyewear engineering

The Mercedes-Benz Style Eyewear Collection has made its UK debut with 20 pairs of sunglasses and ophthalmic frames, all inspired by the Mercedes-Benz design philosophy of “sensual purity” to create a range of modern, luxurious eyewear.

The frames have been designed and crafted by Rodenstock in partnership with the automobile designers at Mercedes-Benz to create the ultimate

in German engineering. Damien Klevge, Rodenstock's business manager, eyewear, said: “Clear forms, exciting proportions and conscious accents give the Mercedes-Benz Style products their distinct, unmistakable design. All the products feature outstanding quality, superb materials and perfect workmanship, and are available as part of Rodenstock's Complete Spectacles packages.” ■

New role in clinical affairs

Dr Catharine Chisholm has been appointed as Topcon clinical affairs manager for the UK and Ireland.

With more than 20 years' experience in research and academia at the UK's leading university optometry departments, Dr Chisholm joins Topcon from the University of Bradford School of Optometry and Vision Science. She is past president of the British Contact Lens Association (BCLA) and has also worked in independent practice.

In her new role, Catharine will support practitioners in harnessing the benefits and capabilities of Topcon ophthalmic products, including the latest OCT instrumentation, help the

company build stronger links with university optometry departments, the government and NHS, and help build up the Topcon University.

“We are delighted that Catharine is joining us at this exciting time as we further invest in our UK and Ireland clinical support team,” said Topcon managing director, Andy Yorke.

Catharine said: “The enthusiasm and passion shown by the team at Topcon is second to none and I am very much looking forward to joining them. My role at Topcon will combine many of the areas I most enjoy, such as research, clinical matters and management in a fast-moving field.” ■



BCLA president, Susan Bowers



David Hall

BCLA welcomes new president

The British Contact Lens Association (BCLA) has welcomed Susan Bowers as its president for the year 2014-15. The new president elect is Brian Tompkins.

Outgoing president, Andy Yorke, presented Susan with the BCLA presidential chain of office at the Association's gala dinner last month held at the Ricoh Arena in Coventry – Susan's hometown.

Susan commented: "It is a great honour to become BCLA president at this exciting time. I plan to use my term to support members in encouraging many more patients to try contact lenses during their eye examination. I would also like to help raise the

profile of prescribing children and young people with contact lenses, as the benefits can be truly life changing.

"The BCLA works hard to educate its members but I believe the public needs educating too about the value of professional eyecare. It is incumbent upon us all to address this however and whenever we can, whether through social media, marketing or face-to-face in practice. I look forward to the challenges and activities of the year ahead," Susan added.

The BCLA has appointed two new optometric representatives to its council – Dr Christine Purslow and Andrew Elder Smith ■

New GM at contact lens firm

Johnson & Johnson Vision Care has named David Hall as general manager, responsible for the UK and Ireland.

David, who joined Johnson & Johnson 10 years ago, was most recently the commercial director for Johnson & Johnson Consumer, Ireland. He said:

"I am excited to be joining this team and I look forward to working with them to build on the superior levels of support that we currently offer eyecare professionals through our business development and educational programmes as well and continue to drive innovation in our first class product offering." ■

Insurance check reminder

ABDO Membership Services would like to remind members that when carrying out any contact lens prescribing in places other than within the practice, to check that they are adequately insured.

"Whether you are working on a film set, fashion show or at a sports event, you must make sure that this work is covered in your insurance," said Katie Docker, ABDO head of membership services. Members can call the ABDO insurance broker on 01832 720000 to discuss any 'out of practice' dispensing. ■

Maturity is key for young contact lens wearers

A survey into contact lens prescribing habits for children and young people has found that the patient's maturity was more important than age in deciding whether they were suitable to be prescribed contact lenses.

A total of 748 optometrists participated in the research, presented at last month's BCLA conference, and undertaken by the College of Optometrists and co-funded by the College and Johnson & Johnson Vision Care. While more than

half of respondents said their criteria for fitting contact lenses had not changed over the last five years, the results suggest that a percentage of the optometric profession are more likely to fit contact lenses now than they were five years ago.

While spectacles remain the main form of recommended vision correction for children/young people, the frequency with which practitioners recommend contact lenses, either as the primary or

secondary approach to vision correction, increased with age, with 76.2 per cent saying they would be likely to recommend contact lenses as part of the approach to vision correction for children aged 10 to 12 years. By age 15, less than one per cent would routinely only recommend spectacles, and 44.6 per cent would recommend contact lenses as the primary correction.

View the report at www.college-optometrists.org/ResearchCL ■



IGA campaign poster

Glaucoma awareness drive

During last month's National Glaucoma Awareness Week (9 to 15 June), the International Glaucoma Association (IGA) revealed that one in 10 of Britons over 40 were putting themselves at risk of glaucoma by not having had an eye examination in the last five years.

Even among people who are aware of glaucoma, less than half of those surveyed (48 per cent) knew glaucoma had no

obvious early symptoms that could only be detected by an eyecare professional.

Russell Young, CEO, IGA commented: "The good news is 49 per cent of people over the age of 40 are having an eye test every two or three years and 32 per cent every year, but, what's worrying, is that a significant minority still aren't visiting opticians regularly, despite free eye tests available to groups most at risk." ■

GOC reports surplus for 2013-14

The General Optical Council (GOC) financial performance report for the year 2013-14 shows that the regulator achieved a surplus of £379,000 against a budget of £6m.

The biggest contribution to the surplus was a rebate of business rates from Westminster City Council after the GOC was awarded charitable status, said the regulator. This was a one-off receipt to the GOC of £282,000. The GOC also achieved efficiency savings in areas including insurance, media monitoring, transcribing

hearings and travel booking.

Samantha Peters, GOC chief executive and registrar, said: "As we rely almost entirely on registrants' fees for our funding, we know how important it is to use that money efficiently. The rebate has helped us to achieve a good headline figure but it shouldn't distract from the hard work that has gone on throughout the GOC to make numerous smaller savings, the cumulative effect of which is also significant." ■



David Bray receives the Continental Cup

Sunshine at the Sandiway

Continental Eyewear held its annual golf day recently at Sandiway Golf Club in Cheshire.

A total of 64 golfers from 'optics plc' took part in this ever-popular event on the optical golf circuit calendar, enjoying beautiful sunshine

during the day and a lovely meal at the club in the evening. The winner of the prestigious Continental Cup was David Bray of Matlock. David is pictured in the centre receiving the winner's trophy from Continental's directors, Bob Sutton (left) and Derek Cox. ■

DO Tomison takes the FODO helm

Dispensing optician Glenn Tomison has replaced Jayne Rawlinson as chair of the FODO board of directors.

The announcement was made at the FODO AGM, held in conjunction with the inaugural Optical Confederation conference. Glenn is a dispensing optician with more than 30 years' experience working across the independent, multiple and domiciliary sector and as an educator at the University of Manchester and University of Singapore.

The AGM marked the publication of the FODO Annual Report and also saw a change to the FODO Articles of Association to formalise the link with newly established sister-company the National Community

Hearing Association (NCHA). Brian Carroll was presented with Honorary Lifetime Membership as he stepped down from the board after many years' distinguished service.

Glenn Tomison said: "Jayne's dedicated service, as our longest serving chairperson, has brought stability and continuity over a period of great change and growth for the organisation and wider sector. I look forward to the role as FODO continues to look to the future and adapt to new challenges. I hope I can bring a new perspective to the role whilst staying true to Jayne's open-minded, transparent and consensus-building approach." ■



Carolina Herrera eyewear



New Hoya Sensity

Luxury and refinement in a frame

The CH Carolina Herrera collection, available from De Rigo, embraces a refined and modern aesthetic highlighting the fashion house's signature colours of red, white, black and tortoiseshell with an added touch of yellow and blue creating a fun and youthful feel.

The contrasting colours along with the all-over logos

decorating the temples, complement the ready-to-wear collection, which features delicate and geometrical prints. Reflecting the CH Carolina Herrera handbag, accessory and fragrance collections, the 2014 eyewear collection features patterns and metal inlays such as the ones found in the brand's leather goods and perfumes. ■

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Innovation in photochromics

Hoya's latest innovation in photochromic lenses – called Hoya Sensity – are light reactive lenses that are said to provide unparalleled performance and outstanding user comfort.

Sensity light reactive lenses incorporate Hoya's Stabilight Technology, ensuring consistent performance in different climates and seasons, plus its Photochromic Precision Technology, and offer the widest freeform product range in PAL, single vision and bifocal, said the company.

According to Hoya, the lenses darken to a category three sun lens faster than ever before (up to 45 per cent darker after 90 seconds); they also quickly fade back to full clarity as soon as the ambient light intensity diminishes (up to 23 per cent lighter after one minute). During these rapid transitions, total UV protection remains in place. The Sensity lens is now available in Europe and South Africa, and replaces Hoya's Suntech Intense offer. ■

Funding for new materials to repair eyes

The University of Liverpool has been awarded £1.3m to design and produce advanced materials to combat vision loss.

The five-year Engineering Fellowship for Growth has been awarded to Professor Rachel Williams to bring together expertise from across departments such as eye and vision science, engineering, chemistry and physics to address these issues.

The researchers will work on new materials, which could be used as artificial corneas – removing the need for patients to wait for a transplant. They will also develop contact lenses which are manufactured in a more environmentally friendly way and that can be adapted to carry drugs to help people recover from wounds to the eye or to fight infections. ■

Luxury collection for GQ awards

To coincide with the GQ Men of the Year Awards, to be held in association with luxury lifestyle group Hugo Boss at the Royal Opera House in Covent Garden, London, on 2 September, Boss Eyewear has launched a set of GQ Men of the Year styles.



The sunglass and ophthalmic models feature a clean and subtle design and are characterised by high quality materials and sophisticated details. One of the models (pictured) is a rectangular shape that is said to be extremely comfortable due to integrated flex hinges. The metal core-wire of the temples is detailed with an original geometric micro-texture pattern, clearly visible through the black shaded acetate. The Boss Eyewear collection is produced and distributed by the Safilo Group. ■



Forum to share ideas



Roman holiday awaits practice winners

EIF members meet in Vienna

The Sight Care Group, which established the European Ideas Forum (EIF) four years ago, joined other forum members for its recent annual meeting in Vienna – hosted by United Optics of Austria.

"The objective of the forum is to bring together selected organisations that work with or represent the interests of independent optical practices/shops within Europe to better understand pan European challenges, share best practice, learn from each other's experiences and agree collaborative initiatives that would add value to the independent business

model in each territory" said Paul Surridge, Sight Care chairman.

At this year's meeting representatives from organisations in Austria, Switzerland, Netherlands, Germany, Scandinavia and the UK took part. The meeting sessions gave each participating organisation time to present a market update, a picturing of the current economic climate, their business activities during the year, new ideas introduced, and importantly talk about the challenges facing independents in each country and how they were being tackled. ■

'Selfie' campaign proves a winner

Vision Aid Overseas' (VAO) first ever social media campaign run in May proved a roaring success, raising £2,000 and reaching more than four million people online.

The #VisionWeek campaign invited Twitter and Facebook users to post 'selfie' pictures of themselves in eyewear, in order to raise money and increase awareness of the charity. Rather than asking supporters to donate money themselves, independent optical specialist Eyesite pledged £1 for every picture posted online.

VAO development director, Jeremy Jalie, said: "It was the first time we've utilised social media in this coordinated way, informing people about VAO's work and raising money for our projects overseas."

Jim Green, co-founder and director of Eyesite Brighton, added: "#Vision Week was an exciting campaign and successfully drew a huge level of interest and support for VAO's work." ■

Annual club awards now open

A trip to Rome is the prize waiting for winners of the 2014 Rodenstock Club Awards.

Winners of each award category, together with the Centre of Excellence and runner up, will enjoy a trip to the Eternal City in March 2015. Staying in the heart of the city, the Rodenstock party will tour the historical sites and sample the Italian culture, fine cuisine and hospitality.

Rodenstock general manager, Niels Jensen, said: "I'm delighted that my first task is to invite our highly

valued Club members to participate in the annual awards, which are now in their 23rd year."

The competition runs until 30 November, and the winning practices will be announced at a luncheon and awards ceremony at the Rosewood Hotel, near London's Covent Garden, on 17 December. All of the winners will receive an invitation for two people to join Rodenstock in Rome. As an alternative, category winners can choose to receive a marketing contribution of £3,000 in lieu of their Rome prize. ■

Optician Index - April 2014 summary

- Practice turnover at 173 Index points is the highest value since May 2013
- 74 per cent of eye examinations carried out during April were NHS tests
- The volume of spectacles dispensed has been maintained, over the last 12 months, even though the number of eye examinations carried out has decreased
- Bi/trifocal lenses increased by nine per cent from March to 74 Index points, 10 per cent higher than last April
- Contact lens new fits were up in April by two per cent to 118 Index points and the linear trend is positive
- Solution sales were two per cent higher than last month at 93 Index points, which is 12 per cent higher than April 2013

The full April 2014 Optician Index was published in the 30 May 2014 issue of Optician

Optician

BUSINESS BENCHMARKS



Abi Page

Abi Page describes how a Saturday job took her from her dream of trading the boards to being in the LOCSU boardroom

Any dream will DO

What really saddens me these days is when my professional colleagues describe themselves as 'just' dispensing opticians. I mean what other profession mixes clinical and technical knowledge with managerial and business nous, customer service and fashion sense, while being your own boss and allowing you to develop in the wider optical sector.

I can now add leadership to that list having become one of the few dispensing opticians to come through the LOCSU Leadership module, which aims to identify and coach dispensing opticians and optometrists to become standard-bearers for the optical industry – particularly at such an exciting and challenging time of technological, regulatory and structural, political and demographic change.

It's a world apart from my background growing up in south London. If I'm honest, being an optical practice owner wasn't the career I dreamed about. My dad was an optometrist and after working for a mix of multiples and independents, he had what I now know to be called 'an entrepreneurial seizure' and he decided to start his own practice.

Although I quite enjoyed working at the practice as a Saturday girl from the age of 13, at that point I had no real interest in joining the family business. I

had stars in my eyes and dreamt that one day I might be on stage performing in the latest Andrew Lloyd Webber musical. My parents humoured the idea and my dad even drove me to a few auditions. But following several rejections I realised that I should perhaps pay a bit more attention to my forthcoming GCSEs.

After leaving school that summer, my dad received some disappointing news that was to shape my future career. The young woman he had been training as a DO had passed her final exams and, without any clause in her contract, had then quit. I was duly installed as a full-time receptionist and the rest, as they say, is history.

Passion for optics ignited

I quickly fell in love with my job and soon decided that I wanted to be more than just a receptionist – I wanted to help build a business. First, I completed an NVQ in business administration to give me the skills I needed to systemise the practice. Then I decided to start the DO course after retaking my maths GCSE at evening class after work. I think it's fair to say that by this point my teenage dreams had been replaced with the challenging prospect of a busy career in optics.

I qualified as a dispensing optician in 2002 and have enjoyed several years of what I maintain is one of the most

varied jobs around; mixing clinical, technical, fashion, customer services, administration and in some cases managerial skills into one role. In 2008, I took a short break from optics to start a family. I returned to work but after a few years found myself feeling restless. I still loved my job but wasn't excited by it anymore. I felt I needed a new challenge.

My dad had been a member of the Bexley, Bromley and Greenwich (BBG) LOC for some years and I loved hearing about this more political side of optics. I asked if I could attend a meeting as an observer, but at that point the LOC already had a DO observer. As I wasn't a contractor, I accepted that it wasn't meant to be.

But any career path can be circuitous and in July 2011, I became a director of the new LOC company, Primary Eyecare (BBG) Ltd. The company had been set up by LOCSU to act as a vehicle for commissioning or re-commissioning local enhanced services (now known as community services). When I heard about the role, I jumped at the chance and put myself forward. To be honest, I didn't expect to be elected as I had very little experience in this side of optics.

As company director, there would be some crossover work between company and LOC so I was also co-

Disjointed jottings from a DO's desk . . .

opted onto to the LOC. I had to learn quickly, especially all the acronyms, but have certainly enjoyed the roles. I have been an active LOC member and have been involved in several local projects including the low vision strategy planning group, glaucoma training sessions with local ophthalmologists and the development of a paediatric vision screening pathway.

Learning and leadership

It was while attending the National Optical Conference that I heard about the launch of a new leadership course being run by LOCSU with WOPEC (Wales Optometry Postgraduate Education Centre). I asked if it was open to, and suitable for, dispensing opticians and was delighted to hear that it was. This is a fantastic course and it has given me the skills and the confidence that I need to develop and even apply for the roles that I am undertaking today, including my recent appointment to the LOCSU board.

Although I was the only dispensing optician in my leadership group, I hope that my journey will convince more DOs to get involved in the LOC and follow me into the optical boardrooms. That's why it saddens me to hear DOs describe themselves as 'just' a DO. I am proud to be a dispensing optician and I believe that I can add some business acumen and leadership to the committees and boards that I participate in. We really need DOs to be involved in some of the decision making roles that are helping to shape the future of our profession and for this, strong leadership skills are most important.

I have found that working in the same practice day in, day out can eventually become mundane but that by exploring the wider world of optics, I have reignited my early passion for the job that I love. I would actively encourage anyone looking for something different to find out when their next LOC meeting is and to

express an interest in attending as an observer. I also highly recommend LOCSU's courses, including the leadership module, many of which are suitable for the dispensing optician.

Our business has become a small but successful practice. In fact, we continue to make grand plans for the future. I am filled with pride when I hear my six-year-old tell anyone who will listen that she wants to be an 'optician' and work with her mummy when she is older. I think there will be some exciting times ahead!

Abi Page FBDO runs a practice in London, is a member of BBG LOC, a director of Primary Eyecare (BBG) and sits on the LOCSU board. ■

For information about how to join your LOC, visit www.locsu.co.uk or email info@locsu.co.uk

Frequently asked questions

answered by Kim Devlin FBDO (Hons) CL

Can anyone sell prescription swimming goggles?

The question asked on this occasion was: can anyone sell prescription swimming goggles? A member had seen these for sale at her local swimming pool and wondered if such a sale was legal.

The question was more challenging than it looked at first glance. Prescription swimming goggles are indeed widely available in sports shops, mail order catalogues and, of course, via the internet. They are offered in a range of powers, both plus and minus, with different sizes and styles to choose from.

As we know, anyone can sell spectacles as long as the prospective buyer has an in-date prescription, they are over 16 years of age and not SI or SSI. There is an exception to the age of the prescription caveat when the sale is for ready readers; spectacles solely for the correction of presbyopia when both lenses are of the same SV power that does not exceed +5D.

Prescription swimming goggles do not fit neatly into either category; they are not for the correction of presbyopia nor do they comply with a prescription. They are usually 'best sphere' – but can such a supplier make that call?

The simple answer is that it has never been tested in law so how a court would interpret such a sale is only guesswork. There is more cause for concern where the sale is for a child under 16 years of age. Again, there has been no case law, but since the sale of all optical appliances to children is restricted to registered professionals, it would be difficult to justify such a sale by an unregistered seller.

Until the law has been confirmed by a test case, there is very little advice we can give this member. Since swimming goggles are worn for a relatively short period of time, the use of such appliances by an adult would cause little distress or harm. I do have concerns when such a sale is to a child when there might be longer periods of time when the appliance is worn, and such patients have developing visual systems.

It would be a sensible course of action if sales of such goggles to children were overseen by a registered practitioner, who can make a judgement as to the prescription supplied considering their potential usage.

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

Letter to the Editor

A not-so-outdated opinion

■ I have been sitting on the fence for several months regarding the Disjointed Jottings that Kim Devlin wrote for *Dispensing Optics*' January issue, and the subsequent responses it provoked (see Letters, page 35, March issue). Am I the only one who has had this happen other than Kim? She must be commended for her bravery in admitting to such a sin!

I, too, have had a mum with three noisy 'cherubs' dragged into the practice with the request to adjust a child's specs that had not been fitted properly in the first place by another practice. Firstly, the duty of care rests with the practice/practitioner who supplied the optical appliance. In my case, I did cut and re-

tip the sides that were too long and increased the head width, and generally fit the specs; explaining to the mother that although she did not pay the other practice for the appliance, she signed a voucher that allowed them to be paid for the work they had done, and that she would have to return to them for future adjustments.

Again, in my case, said mum would return weekly with the child, and his younger brother who had just had his new pair, to ask if I would fit them too, as it is such a drag going into the town centre where parking is pricey! After a month of weekly adjustments to now two boisterous boys with specs, I told the mum that I could no longer dedicate my company's time to her

children, just as she could not take her Ford car to a different garage for minor repairs and servicing even if the car was under guarantee. Have you ever dared take your car to another garage and ask them to replace the bulb on your brake light without paying?

When patients call in for fitting and collection of their specs, I invite them to return in the future when their specs will need adjustment (their 3,000-blink service). Occasionally, a patient will offer payment for an adjustment or minor repair. I thank them, and explain that when they purchase the appliance, the aftercare is included. This is why internet purchases are cheaper. Of course, we do occasional

adjustments on specs that were not dispensed by us. Mostly they are under acceptable circumstances.

Was Kim's opinion outdated and unprofessional? Are the members of the ABDO Advice and Guidelines Working Group going to instruct us in the future that we must carry out all necessary measurements and supply free aftercare when a 'customer' wishes to order their specs over the internet? Definitely food for thought...

**Maureen Taylor FBDO
Cheshire** ■

We welcome contributions to our Letters to the Editor page, which we reserve the right to edit. If you would like to air your views please email ncollinson@abdo.uk.com

Closing date for registration of supervisors and practices for those wishing to sit the winter 2014 contact lens examinations

Practical examinations to be held in January 2015

Those planning to sit the winter 2014 practical examinations for the Certificate in Contact Lens Practice should note that the closing date for registering Supervisors and Practices for Provisional Approval is 31 July 2014.

Candidates wishing to sit the contact lens practical examination in winter 2014 must have at the time of their examination application, and throughout the period up to and including their practical examination, a supervisor and practical experience practice on the current ABDO approved register – or have been given provisional approval following completion of a supervisor/practice registration application form.

Completed registration application forms relevant to the winter 2014 sitting must reach the ABDO offices in Kent by 31 July 2014.

Registration documents are available upon request from ABDO Examinations and Registration on 01227 732921/732924 or email examinations@abdo.org.uk ■

Diary of events

Please check event details online for up-to-date information at www.abdo.org.uk

6 July

Area 3 (North West) - CET day, Ribby Hall Village, Ribby Road, Wrea Green, Preston PR4 2PR

6 & 7 July

Independents Day - i-Day and i-Night, Hilton Metropole, Birmingham. For details visit www.independentsday.co.uk

8 July

ABDO Golf Society - Challenge Cup competition, Moseley Golf Club, Birmingham. To play or join the society email Mike Stokes at m.stokes67@ntlworld.com

10 July

Area 10 (Kent) - Social event at the Chequers Inn, Watery Lane, Heaverham, Sevenoaks TN15 6NP. Come and play Bat & Trap, an old Kentish Game, £15 to cover cost of buffet with peer discussion for three CET points. Numbers limited so please apply early by emailing julian@spectrumeyecare.co.uk

30 July

Area 4 (East Anglia) - Novotel Hotel, Stevenage. CET evening sponsored by Alcon. Email abdoarea4@gmail.com

27-31 August

ABDO College - Revision Courses, ABDO College, Godmersham.

16 September

ABDO Golf Society - Stercks Martin Salver competition, Horsley Lodge Golf Club and Hotel, Derbyshire. For details or to join the ABDO Golf Society contact Mike Stokes at m.stokes67@ntlworld.com

18 September

Area 7 (West Country) - CET day, Plymouth. Details to follow

20 September

Area 12 (Scotland) - Entertainment evening, Edinburgh area. Details TBC

21 September

Area 12 (Scotland) - CET day, Edinburgh area. Details TBC

22 September

Area 10 (Kent) - CET evening, 6.30pm, the Queen's Inn, Hawkhurst, Kent. Email julian@spectrumeyecare.co.uk

22-28 September

National Eye Health Week - Visit www.visionmatters.org.uk

24 September

BCLA - Presidential Address with Susan Bowers. Royal College of Physicians. www.bcla.org.uk

26-29 September

Silmo 2014, Paris - Visit www.silmo.fr

28 September

Area 4 (East Anglia) - CET day. Radisson Blu Hotel, Stansted Airport, Essex. Up to 18 CET points available. Email abdoarea4@gmail.com

29 September

Area 5 (Midlands) - CET day, Manor Hotel, Meridan, Solihull. For details and booking email ianh.abdoarea5@gmail.com

2 October

Area 7 (West Country) - CET day, Bristol. Details to follow

23-24 October

NOC 2014 - Hilton Birmingham Metropole Hotel. Contact the events team at the AOP on 020 7549 2062 or email events@aop.org.uk

24-30 October

30th Biennial Convention of the International Opticians Association - Sheraton Imperial Hotel, Kuala Lumpur, Malaysia. Visit www.ioaoptician.org

27 & 28 October

J&J Vision Care - 'Practice made perfect - bringing it all together', two-day course at the Vision Care Institute, Wokingham. For details visit www.thevisioncareinstitute.co.uk/tvci-courses

5 November

Nystagmus Network's Wobbly Wednesday campaign - For an information pack, email info@nystagmusnet.org

16 & 17 November

National Eyecare Group - 'Building for success' conference, East Midlands Conference Centre. Visit www.nationaleyecare.co.uk

26 November

ABDO - Graduation and Prize Giving Ceremony, Canterbury Cathedral

30 January 2015

Nystagmus Network - Professionals training day. Email john.sanders@nystagmusnet.org

7-9 February 2015

100% Optical - NEC Birmingham. www.optrafair.co.uk

18-20 April 2015

Optrafair - NEC Birmingham. www.optrafair.co.uk ■

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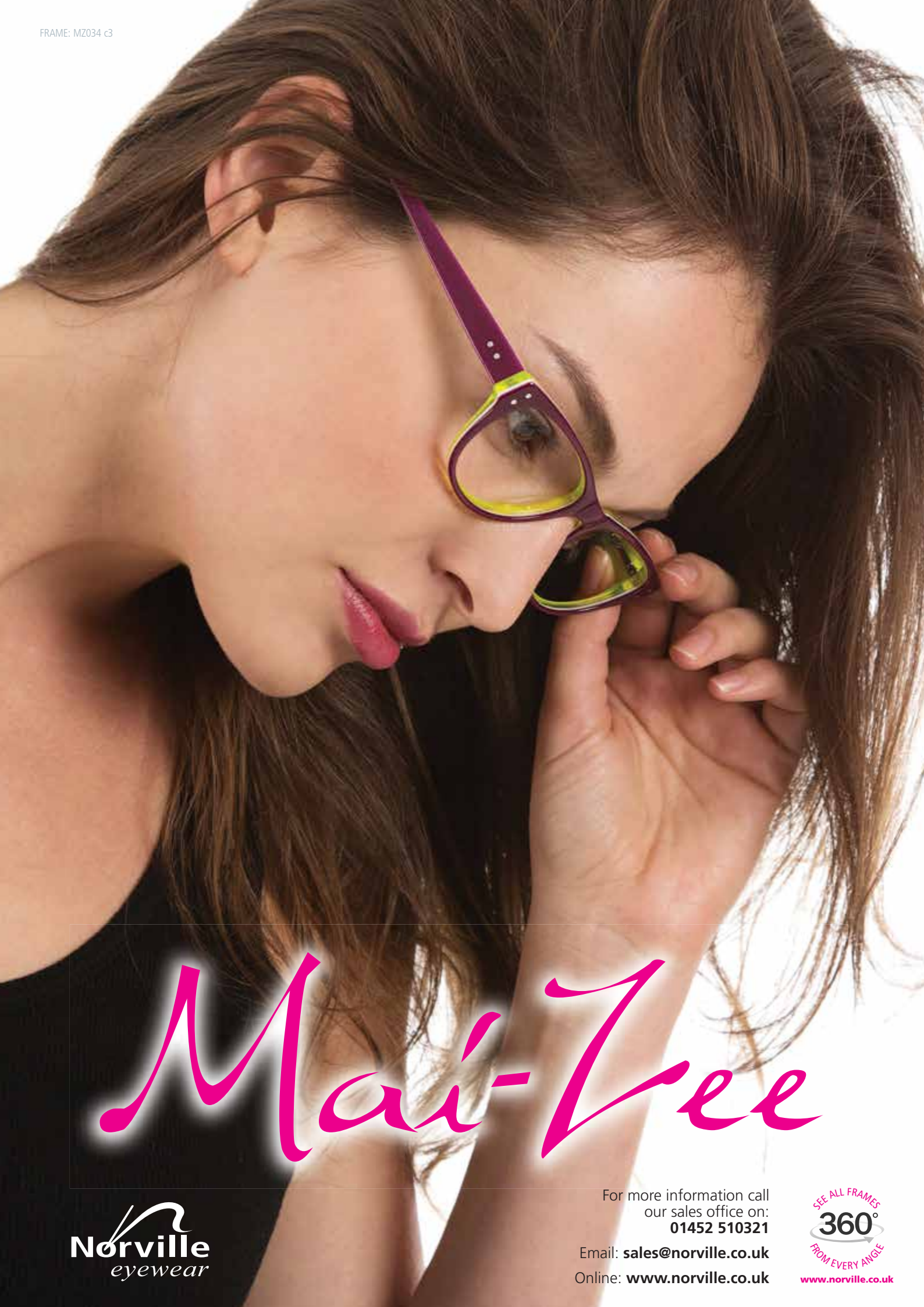
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www.abdo.org.uk

Unless otherwise stated, details of all ABDO events and booking can be found at www.abdo.org.uk/events. ABDO members are welcome to attend Area meetings in any Area they wish



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