

AUGUST 2016



DISPENSING OPTICS

NEWS, INFORMATION and
EDUCATION for OPTICIANS

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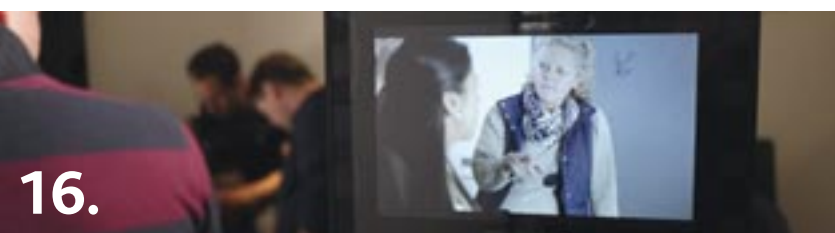
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Frame style shown: **SI-20042**

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DISPENSING OPTICS

The Professional Journal of the Association
of British Dispensing Opticians

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AVERAGE CIRCULATION: 9,063 Jan-Dec 2015

ABDO Board certification

DO Dispatches



ALL CHANGE ON THE BOARD

I am pleased to announce that three new
ABDO board members will take up their
duties in September. Kevin Gutsell returns
to the board after a two-year absence,

whilst Daryl Newsome and Rupesh Patel join the board for
the first time. They will replace two former presidents, and
Anthony Blackman who has stood down after three years
in order to take up a post at ABDO College.

I would like to place on record the board's great appreciation
to past president, Jennifer Brower, who has served on the
board since its inception and the former ABDO council before
that. Her record of service is unmatched and I am sure
everyone will wish Jennifer well for the future. Peter Black, as
immediate past president, will continue to attend board
meetings in a non-voting capacity as an advisor.

I am delighted to welcome both Daryl and Rupesh. Between
them, they bring a considerable degree of experience to the
board. Daryl is the managing partner in Newsome Opticians,
a successful independent practice. He also brings with him
experience as a contact lens optician who has also completed
our refraction diploma and holds an SMC(Tech). He is also an
experienced tutor and ABDO examiner.

Rupesh works for a multiple and started as an orthoptist
before qualifying as a DO. He is also a qualified ABDO
examiner and has undertaken a number of roles within ABDO
at national and area level. Kevin Gutsell returns with his
extensive knowledge of both practice and industry; he is also
just concluding an eight-year term as an ABDO College
trustee. Like Daryl and Rupesh, Kevin brings with him
considerable skills and both the president and I look forward
to working with them in the coming years.

Sir Anthony Garrett

ABDO general secretary





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

The Anderson Files

Whilst on one of my many flights between London and Aberdeen, I got to thinking about the changes I have seen in optics in my 30 years as a registered DO.

I celebrate 30 years on the register on 8 August, which also happens to be my father's birthday and the birthday of one of my DO colleagues I trained with, and with the passing of time lots of things have changed – not least the amount of opticians on the High Street. But how much has changed in what we do and how we do it? How has research into specific subjects changed our thinking? How has it changed what is taught to those in training and, ultimately, what makes us better practitioners?

SEEN BUT NOT HEARD

As we are well into the summer holidays now I have started pondering what I was taught at college about tints. In those days, we were examined in glass solid tints; I vaguely remember being examined in lens identification and have a notion that the lens I selected was a Crookes Alpha tint, or was it a Beta? How things have changed.

We were taught to not give tints unless they were clinically necessary as they would become 'habit forming'. Can you imagine saying that today to the millions of tint and photochromic lens wearers around the world? In fact, today, not only tints but UV protection on lenses is almost the norm.

I also got to thinking about how we approach the dispensing of sun protection. I am amazed at how many families spend a huge amount of time and cash on their sunspecs for their annual holiday, often abroad, in the sun. They bring the kids with them into the practice and leave with new sunglasses for Mum and Dad – but not for the kids.

Here is the conversation often heard in my practice: "So, are the kids going on holiday with you?"; "Of course they are!"; "What about some funky sunspecs for them?"; "They don't need them!"

Does this sound familiar? I am sure

most parents have never considered that adequate sun protection for their children's eyes is a must. They will be more than happy to slip on a shirt, slap on a hat and slop SPF 50 on to their child, but what about their eyes?

As you already know, I am of a certain vintage, and in my 20s I found that adequate sun protection was often difficult to find, especially in prescription, which I needed. Early plastics photochromics were around but only in their infancy, and insufficient research and development left us with little choice on tints compared to what we have on offer today.

Today we have a huge range of sunspec lenses to choose from both in plano and

prescription; we can even fine tune the colour of the tint and coating to whatever we choose to do in the sun – whether it be playing golf, riding a bike or simply lying by the pool with a book. And it's the same for kids; many of our suppliers offer lots of kids models in lightweight materials, funky colours and styles, which look great and most importantly protect their young eyes.

The World Health Organisation estimates that 80 per cent of a person's exposure to UV happens before the age of 18. So, if this is not food for thought, I don't know what is. Perhaps it is time that we revisited what we have been taught, and embrace the huge array of what is available for *all* our patients so we may serve them better.

FOCUS ON SPORTY YOUNGSTERS

Our focus on summer sports continues this month so make sure you check into the ABDO Facebook group for advance notice of images to share with your patients about upcoming sporting events and the need for good eyewear for both protection and performance.

There are new answers to all the questions patients might have about sports eyewear for kids, a lenses jargon buster, and a new set of images highlighting good eyecare for people with disabilities.

Find all this and more on the EyecareFAQ section on the ABDO website where there is an extensive archive containing Q&As on many other topics at www.abdo.org.uk/information-for-the-public/eyecarefaq. As an ABDO member, all these are available to you for use on your own practice site and social media channels. Simply copy and paste relevant info and images, and share with your patients.

Eyecare FAQ is at:

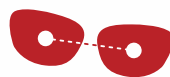
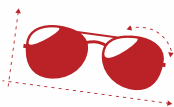
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Have you followed ABDO on social media yet? We're on Facebook, Linked In, Pinterest and Twitter @MembershipAbdo, with more general news at @ABDONews. Remember to share photos from events with us and invite your colleagues to like the social media accounts too. They are getting busier every month – have you found our #fridayfunnies yet?

NEW: ABDO College is now active on Facebook and Twitter. Check out its social media channels for education and courses news and updates.




SHAMIR



SPARKMi™



NCC chair, Clive Marchant

ABDO'S FORCE FOR THE FUTURE

ABDO has appointed the inaugural members of its newly formed National Clinical Committee (NCC).

With ABDO vice president, Clive Marchant, acting as chair, the new NCC members are: Nick Black, Mark Chatham, Scott Mackie, Daryl Newsome, Rupesh Patel and Alexandra Webster.

ABDO head of policy and development, Barry Duncan, will act as NCC secretariat, with ABDO director of professional examinations, Alicia Thompson, also serving on the committee.

Commenting on the appointments, ABDO board member, Jo Holmes, said: "The standard of candidates for these positions was very high – and after long and hard discussions it was decided to bring Nick Black and Scott Mackie's low vision expertise to the committee, Alexandra Webster and Mark Chatham's expertise in contact lenses, and Rupesh Patel and Daryl Newsome's respective expertise in CET and general dispensing.

"As ABDO moves forward and we begin streamlining the current ABDO committees into one overarching clinical group, we believe we now have the right team with the right skills and knowledge to help the Association tackle the challenges ahead in a consistent and cohesive manner," added Jo.

The NCC will hold a strategic development meeting on 29 September and the inaugural NCC committee meeting will take place on 7 December at ABDO's London headquarters. The new ABDO regional and sub-regional leads will be announced in September.



iDispense... Bring your dispensing into focus



'GO TO' APP FOR DISPENSING OPTICIANS

Designed to be the 'go to' app for dispensing opticians, iDispense from Optisoft provides "all the tools needed to make the most of every dispense" and it's free to download and try.

Frame Selection enables the user to capture photos and videos of 'try-ons' to allow the patient to see themselves wearing the frames and share them on social media to help them make a final decision. The Lens Comparison tool compares lenses for the patient's prescription and shows 3D models to quickly demonstrate the thickness difference between standard and higher quality lenses.

Dispensing Details enables the DO to calculate the price, discuss options, make adjustments and record full dispensing details to reduce human error and increase dispensing values, while Order Management prints or emails to the supplier, imports into the practice management system and manages outstanding orders to improve efficiency.

"iDispense is perfect for any dispensing optician who still uses pen and paper to record dispense orders," said Des Mayhew, Optisoft sales manager. "Lens price lists can be stored to help speed up the process and the calculator can stay in the drawer. We've also worked closely with A+E+L, to provide an option to display Separately Disclosed Charges and print an agreement for signature."

TOTAL CONSUMER PUSH ON LENSES

Alcon has launched a high-profile direct-to-consumer campaign for Dailies Total1, its water-gradient contact lens.

Its TV ad, which aired in July across channels including ITV 1, Sky 1, Film 4 and E4, amongst others, and to be aired again in September and October, explains the technology and materials used in the lens and the long-lasting comfort that these combine to create. It features a woman who explains that her busy lifestyle requires contact lenses that can keep up, and that Dailies Total1 are contact lenses that 'Feel like nothing'.

An integrated campaign features print and online adverts, a new UK microsite at www.wearlenses.co.uk, trial coupons, consumer competitions, social media, consumer PR and in-practice material for eyecare professionals through to the end of September.

Pierre Bourdage, general manager, Alcon UK & Ireland, said: "This is not just about Dailies Total1. This is about growing the



A visual from the new campaign

whole category. Dailies Total1 is a unique lens recognised by eyecare professionals as a 'game changing product'. By focusing on this market-leading product, we want to attract more wearers into the contact lens category, whether it is for occasional or regular daily wear."

The logo for Norville eyewear features a stylized yellow swoosh above the brand name. **Norville**
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Getting hands-on with OCT

OCT TRAINING ON OFFER

CET points for dispensing opticians are on offer via Heidelberg Engineering's latest programme of CET events covering OCT and fundus image acquisition and interpretation.

"The OCT Live events offer the unique experience of guiding the delegate through the patient journey, from scanning the patient live in HD on the big screen to interpreting the images and making a decision on patient management," explained Christopher Mody, Heidelberg Engineering director of clinical services.

"They are exciting, interactive sessions which challenge the classic case study book format and demonstrate how a multimodal imaging approach can be used in real life to assess a patient's eye."

Visit www.Academy-UK.com for upcoming events and to book, or call 01442 502 330 to find out more.

CLOTHED IN THE LIVERY

ABDO College principal, Jo Underwood, was Clothed in the Livery of the Worshipful Company of Spectacle Makers (WCSM) on 7 June – following in the footsteps of her husband and past ABDO president, James Russell.

Jo said: "I was delighted and honoured to be clothed in the Livery, and thoroughly enjoyed my day. The WCSM made me feel very valued and welcome."

Elaine Styles, chair of Vision Care for Homeless People and a practising London optometrist, was also Clothed in the WCSM Livery. She said: "The WCSM has a long record of improving knowledge and skills within the optical sector, as well as supporting charitable work, so I will be among like-minded people."



New eyecare pack

DRY EYE PLAN IN A BOX

Mid-Optic's new Dry Eye Care Pack combines products from Théa Pharmaceuticals and the EyeBag warm eye compress.

"This pack provides the components for an evidence-based approach to manage these common conditions, combining products for eyelid warming and cleansing, plus eye drops for lubrication, hydration and protection of the ocular surface – resulting in effective relief of dry eye symptoms," said Mid-Optic sales and marketing director, Richard Hardy. "And due to the convenience of the pack, this may easily be placed on a planned replacement scheme or supplied through your dry eye clinic."

NEW POINT-OF-SALE FOR LENS PROMOTION

Transitions Optical has new point-of-sale (POS) available to order through most lens casters, which is in line with the new media campaign featuring Canadian actress Laurence LeBeouf.

Among the new POS, is a standard six-page leaflet, a poster, counter display showcard, and shelf wobblers.



Jo Underwood with James Russell



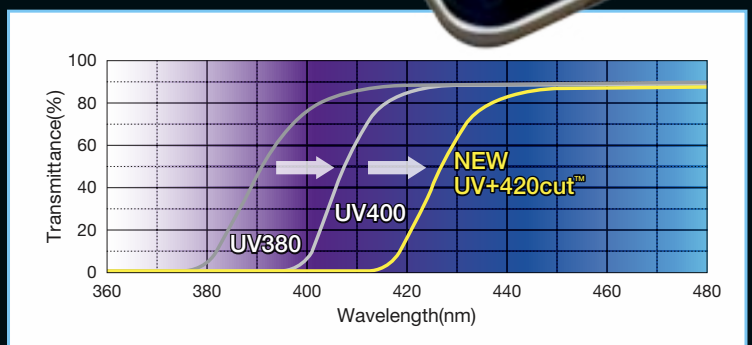
Elaine Styles



BLU+V – A new ophthalmic lens material (UV+420cut™) setting a new standard in Ultraviolet – Blue light protection!

BLU+V is available in clear resin 1.5 and MR-Series™ 1.6 and 1.67 index across all of our digital lens types.

As the UV-Blue (HEV) light blocking filter is within the lens material you are free to have your standard emerald reflex HMAR coating.



Transmittance percentage may vary dependent on refractive index. Measured with 2mm thickness lens of 1.60MR-95 lens manufactured at Mitsui Chemicals R&D Lab. UV+420cut™, MRT™ and MR-95™ are trademarks of Mitsui Chemicals.

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Abbas Sotoudeh presenting the kit

SUPPORT FOR LOCAL CLUB

Windsor-based Keeler has been doing its bit for the community by paying for the kit for Windsor Boys' School's rowing club, known as the Boat Club.

One of the world's leading manufacturers of ophthalmic diagnostic equipment, Keeler has been located in Windsor for more than 90 years. Tucked away in a cul-de-sac in a quiet residential neighbourhood, the company has close ties to the local community.

Managing director, Abbas Sotoudeh, said: "It's a genuine privilege to be able to help out the Windsor Boy's School in this way. Being a comprehensive, it doesn't have the funds available to it that many private schools have; despite that, the school's Boat Club is highly regarded and very successful. If we can play even a small part in that success by covering the cost of their rowing kit, it makes us very happy."

EYE PROTECTION INNOVATION

Essilor has launched a new lens innovation, called the Eye Protect System, providing embedded protection against UV and blue-violet light while letting blue-turquoise transmit through the lens.

"Over several decades, helped by leading eyecare professionals, our innovations have improved the vision of millions of people," said Mike Kirkley, managing director of Essilor UK.



Lens technology for all

technology as a fundamental part of our

"We also care about protecting eyes and this innovation is a further commitment to make blue-violet light and UV protection available for all. We will offer this

business at no extra cost, creating a new industry standard."

The Eye Protect System is available on Essilor's premium lenses, Varilux S series and Varilux E series, and all Essilor Transitions lenses with Crizal UV. Compared to standard AR coated lenses, the company claims that Eye Protect System lenses are up to three times more protective against harmful light.

"Lab research has shown that blue-violet light damages retinal tissue through highlighting the reduction in this cell death through it being filtered out," said Andy Hepworth, professional relations manager at Essilor UK.

"As a leader in the optical industry, it is our duty to provide solutions that mean eyecare professionals can offer patients protection as well as correction, and so offer the best ophthalmic lens solutions on the market."

All Eye Protect System lenses will have an E-SPF of 10 and above.

* Essilor has been named in the top five of Newsweek's 2016 Green Rankings, assessing the environmental performance of the 500 largest companies in the US and the 500 largest globally.



Linda Clark

SEAT ON THE BOARD

Linda Clark has moved from financial controller into a role on the board of Contamac as company secretary.

Simon Wyatt, Contamac director, said: "We are delighted to have Linda as a member of the board. Her diligence and overall understanding of the company make her a great asset to the team. An important part of her role will be to ensure continuity of supply and mitigate any exposure to risk. Both of these are not only important to Contamac but of equal importance to our customers; in ensuring our continuity we are ensuring theirs."

Debbie Hauk has joined the company as finance manager.

WORLD SIGHT DAY PLEA

Vision Aid Overseas (VAO), which now incorporates Optometry Giving Sight (OGS) in the UK, is calling on eyecare practitioners across the UK to support the 10th Anniversary World Sight Day (WSD) on Thursday 13 October.

Practices can support WSD by making a donation for every pair of spectacles sold during October, by selling WSD raffle tickets to patients and/or encouraging them to donate and support the campaign in any way they can.

VAO executive director, Nigel Wilson, said: "We are calling on UK eyecare professionals to help children like Adams Mambwe.

"Adams was struggling at school because he is short-sighted and couldn't see the blackboard properly, but after having his eyes tested with our volunteer team, he was prescribed a smart new pair of spectacles that restored his sight. Adams is now back at school, improving his grades and wants to be a policeman when he's older so that he can protect and support his family."

To get involved, visit www.visionaidoverseas.org/world-sight-day or call VAO on 01293 535016.

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Optelec



Stuart Gemmell

NEW OPS MAN

Waterside Laboratories has appointed Stuart Gemmell to the newly created role of operations manager.

Bob Forgan, managing director of Waterside, said: "Stuart is joining Waterside at an exciting time. His extensive knowledge and expertise will be a major asset. As part of our team, he will work with us to continue to evolve our services and product range to help our customers compete and differentiate themselves in today's demanding market."

OPERATIONAL SYNERGY

Shamir UK has acquired a minority of Lenstec shares in the UK.

"Both companies have a strong foothold with ECPs and will consequently enjoy the benefit of operational synergies while integrating their UK-based service network with Lenstec nationwide Rx laboratories," said Phil Bareham, Shamir UK general manager.

Both companies' sales, production and marketing teams will offer continued support and expertise while personal and professional relationships will remain separate. The Lenstec Optical Group will continue to offer its full portfolio of branded lenses and own label products across key suppliers.

* Until 31 October, any appointment booked with one of Shamir's area lens consultants receives an automatic entry into a prize draw to win a Spark Mi measuring device.

FOR THE MOST UP-TO-DATE ABDO EVENT DETAILS keep an eye out for the eNews landing in your in box, and the events section of the website, visit www.abdo.org.uk/events



James, Lisa and David

CHANGEOVER AT THE HELM

After 13 years at the helm, SeeAbility's chief executive, David Scott-Ralphs, will leave the organisation in September to take up a similar role at St Wilfrid's Hospice, Eastbourne.

Lisa Hopkins, currently managing director at Dimensions UK, one of the country's leading support providers for people with learning disabilities, autism and complex needs, will replace him.

James Deeley, SeeAbility chairman of trustees, said: "SeeAbility has flourished under David's leadership and I would like to thank him on behalf of the whole organisation for his tremendous efforts and achievements. We are delighted to welcome Lisa as our new chief executive."

David added: "SeeAbility is a wonderful organisation that achieves so much and I have been privileged to lead it for such a long period. I am leaving SeeAbility in the knowledge that it will be in safe hands as I am delighted that Lisa will be taking over from me."

OCT TECHNOLOGY INSIGHT

ABDO and ITN Productions have released a sponsored report with Heidelberg Engineering as part of ABDO Insight 2016.

"Advances in optical technology have allowed many ocular conditions to be diagnosed on the High Street via a comprehensive eye health check," said Christopher Mody, Heidelberg Engineering director of clinical services. "Heidelberg Engineering is working closely with dispensing opticians and optometrists to better diagnose conditions and improve patient care in the community."

In the report, Spectralis OCT owners praise the training received from Heidelberg, which they say gives them the skills to offer more than a standard eye test and the confidence to refer to an ophthalmologist when signs of disease or change occur.



Supporting VAO

EVERY LITTLE HELPS

David H. Myers Opticians in Leeds City Centre raised more than £800 for Vision Aid Overseas earlier this year by running a promotion alongside sales of spectacles in the practice.

"It was a very successful campaign and we managed to raise £870 for the charity," said Matt Brigg, practice manager.

TECH EXPERT JOINS LINE-UP

Entrepreneur and CEO of the Hakim Group, Imran Hakim, has joined the line-up for iDay 2016, the annual conference for independent practices organised by Proven Track Record (PTR) taking place on 7 November at Hilton Metropole Birmingham.

Imran will be talking about his vision of the future of optical retail as part of this year's iDay programme entitled, 'How to be a retail champion'.

Programme organiser, Nick Atkins, said: "As you might expect from the man who invented the iTeddy, Imran understands the importance of embracing technology. I know delegates will enjoy his insight into how technology developments can help independents align their product and service offering with the needs and wants of their customers."

iDay16 follows the National Eyecare Group's conference, which is free to members and their practice teams, on 6 November. An expanded iShow will run across both conferences. Book at www.independentsday.co.uk



SILMO

Paris

THE OPTICAL FAIR

The 4 days of Optics
23 - 26 September 2016



Variety of tints available

POLARISED PORTFOLIO EXPANDED

Carl Zeiss Vision has extended its polarised lens offering with the introduction of new hi-index polarised lenses in a range of tint colours: 1.6 Polarised Skylet Fun, Road and Sport, along with 1.67 Polarised Brown, Grey, Pioneer and Skylet Fun, Road and Sport.

Peter Robertson, marketing and communications director at Carl Zeiss Vision, said: "With the full complement of polarised lenses now within the Zeiss lens portfolio, Zeiss is able to offer more value-added dispensing opportunities for practitioners – enabling them to satisfy a broader selection of patients' needs."

LENS CHANNEL OPENS

Lenstec Optical is now distributing Julbo lens products in the UK.

Pierre Burgelin, representing international sales for Julbo, said: "The evolution of our plano programme towards more technical lenses, photochromic and polarised – plus the recent development of our own Rx-Trem line of optically corrected adult sport sunglasses – will allow us with Lenstec to support independent opticians across the UK in offering new sports eyewear solutions, which differentiate them on the High Street."

PRODUCT GUIDE OUT

The 2016 edition of the Association of Contact Lens Manufacturers' (ACLM) Contact Lens Year Book is now available, listing technical details for all the contact lenses, solutions and materials produced by ACLM member companies.

Download an order form at www.aclm.org.uk, or receive a free copy by becoming a member of the British Contact Lens Association, www.bcla.org.uk



On the record

LEGAL RISKS MOVIE

The Association of Optometrists (AOP) has made a new legal drama film, 'On the record: a complaint has been made', about the legal risks of running and working in a busy optical practice.

The film presents a practice-based scenario covering a variety of issues including practice scheduling of sight tests/eye examinations, maintaining accurate records, dealing with missed appointments, workplace bullying and receiving a General Optical Council (GOC) complaint.

The drama is followed by a discussion between the AOP's legal and regulatory director, Gerda Goldinger, and deputy legal director, Fiona Mitchell, on the issues seen in the film and the steps practitioners should take to prevent a similar occurrence.

Only AOP members and OT subscribers can view the film, with one non-interactive CET point available for optometrists and dispensing opticians.

EYES ON BREXIT CHALLENGES

As the UK negotiates the terms of its exit from the EU under new prime minister, Theresa May, the Optical Confederation (OC) has stated it will monitor emerging legislation and trade deals closely and seek to influence any changes for the benefit of the professions, sector and patients.

The OC said it would continue to participate in the European Council for Optometry and Optics, Eurom1 – whose 2016 general assembly was hosted by the Federation of Manufacturing Opticians in London on the day of the referendum – EuromContact and the European Coalition for Vision for the benefits these bring, as other non-EU countries do, and continue to share expertise across borders for the eye health of all.

Meanwhile, research and consulting firm GlobalData has warned that Brexit will create significant issues for the UK pharmaceutical and medical device industries in ensuring highly regulated European markets remain open to business; however, the firm also stated that opportunities remained for these sectors to thrive.

The company has published a whitepaper stating that the vote to leave would have significant consequences for the pharmaceutical and medical device industries in five key areas: regulatory impacts, research and development, access to talent, intellectual property rights, and market access.

TIME TO HAVE A SAY

Registrants have until 5 August to respond to the General Optical Council's (GOC) 2016 Registrant Survey on its performance and the challenges faced by the optical professions.

Conducted online by Enventure Research, the survey is being undertaken to enable the regulator to better understand registrants' experience of the 2013-15 CET cycle, the implementation of new Standards of Practice and registrants' perceptions of the GOC as a regulator.

The survey also looks at registrants' views on the optical professions more widely, including potential challenges faced in the workplace and how the professions might develop over the next few years.

Samantha Peters, GOC chief executive and registrar, said: "It is important we listen to the views of registrants so that we can improve our performance and deliver a better service to registrants. We also want to know more about the challenges faced by registrants in the workplace so we can develop guidance and standards to support them in delivering high quality care to patients and the public."

Frequently asked questions

answered by Kim Devlin FBDO (Hons) CL

CHECKING A PD

A query I had to answer this month was about PDs. We get lots of queries about PDs, but this was one I hadn't been asked before. It was from a student member.

The situation was that a patient had been dispensed in the practice with multifocal spectacles. The appropriate measurements had been taken and the resulting spectacles collected. Some six months later, the patient returned to order a pair of near work only spectacles; on this occasion he was seen by a different member of staff. A frame was selected and the order placed.

Later on that day, the practice received a phone call from the patient asking why they hadn't been 'measured' as on the previous occasion. Our student was naturally concerned that the practice had done something wrong and was seeking clarification of the following point: should the PD be measured at every dispensing?

I will confess that I had to think very carefully about this. In a six-month time frame, it is unlikely that a PD will change unless there has been some great event, a head injury or brain tumour, for example. I have even known cataract surgery to make a very small but measurable difference. That was not the case here.

We argue when defending the giving out, or not, of PDs that it is a spectacle measurement depending on the usage of the appliance and the prescription dispensed, not a facial measurement constant in all cases.

Thus, returning to the original query, should you check the PD at every dispense? Honestly, I think you should, if the usage is different to that on the original occasion.

In this instance, I advised that the original measurements would be correct for a near work only prescription, if the frame was fitted in the same plane as the multifocal spectacles. Had the spectacle frames been fitted further down the nose, or had the near focus required been to one side rather than the usual straight ahead, the PD would have to be measured again in those circumstances.

I am sure that this is something we could debate for some time, but maybe that is for another place.

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

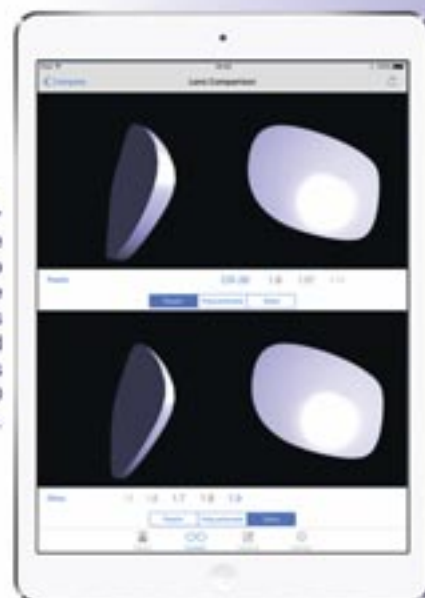
Past FAQs are available for reference on the ABDO website at <http://www.abdo.org.uk/frequently-asked-questions>

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Back to school style

"Young people have very strong views on their eyewear – whether they want to emulate older spectacle wearers, wear designs just like their friends', or make an independent fashion statement," says Peter Beaumont, director of British frame company Dunelm Optical. Here are just some of the latest eyewear designs for younger patients, to help them explore their individual style under the expert guidance of their dispensing optician...



Blitz Kids model BK036
in juicy orange

ADVENTUROUS SPIRIT OF THE BLITZ

Norville's Blitz Kidz frames offer children aged from six months to 12 years a selection of fun and fresh styles in appealing colours and designs.

There are six new models for this season, including BK036 (pictured) available in blue, red and orange. A full-rim acetate, BK036 features inner contrast temple colouring and is available in a 44 eye size.

"Durability is a key factor for any child's frame; their adventurous antics can really test the construction and impact resistance," says Norville's Tracey Walden. "That's why Norville offers a fantastic two-year 'no-quibble' guarantee against breakage when supplied glazed with Trivex/Trilogy lenses." Every frame comes with a free case.

GET CREATIVE WITH THE CUBS CAMPAIGN

Family-run company Wolf Eyewear is running its Back to School (BTS) campaign again to promote its Wolf Cub eyewear collection for children, which is supplied exclusively to independent practices.

As part of the campaign, practices need to email photos of their Wolf Cubs styled window displays to sales@wolfeyewear.com, and the company will upload the photos to its Facebook page at 'wolfeyewearltd'. The competition closes on 31 August and the winner will be the photo with the most Likes.

Margaret Wolfenden told *Dispensing Optics*: "It was fun to bring out our customers' creative sides with last year's Back to School campaign – and we hope to see even more inventive displays this year."

Practices that require Wolf Eyewear merchandising materials for their displays should contact their local sales representative.



Some of the latest Wolf Cub styles

NEW STYLE FIT FOR A LION KING (OR QUEEN)

Young sporty patients everywhere will be reaching their peak performance with the latest styles from sunglasses, helmets and goggles specialists, Cébé.

The new Cébé Simba style features a 1500 category three Blue Light lens, which filters 90 per cent of blue light, or high energy visible light. Designed for children aged from five to seven years, it is made from shatterproof polycarbonate with 100 per cent UV protection.

The frame itself is made from Xtraflex, with nylon and soft materials for comfort, great flexibility and safety. It is described as "ultra-ergonomic for unparalleled comfort", and is specially adapted to fit children's faces.



Cébé Simba style in blue/orange

ESPRIT DE CORPS FOR KIDS

The spirit of the Esprit brand is reflected in the new optical collection for tweens and teens, available from Charmant.

Utilising high-quality materials, from thin metal to colourful acetate up to ultralight ultem and TR90, both bright and milky-soft colour pops enrich the muted tones of grey, caramel and purple across all the Esprit spring/summer collections.

Esprit's ultem frames for active young ladies come with a softly rounded front with colour blockings composed of: dark red energised by fuchsia temples, shiny black with raspberry-red temples, dark green matched with bright ocean green temples, and rich purple with tempering white temples.



Soft looks for tweens and teens

LETTING KIDS SIMPLY B

Tomato Glasses' TKBC Kids B is a new round frame with a delicate pattern on the temples, a circle, triangle and square. It comes in a range of popular colours and a choice of two frame fronts: a solid frame front to provide colour and a crystal frame front for a more delicate looking frame for young faces.

Designed for children aged from around two years to eight, the Kids B is a lightweight, comfortable, highly adjustable frame with a unique nose pad to prevent slipping. Ear tips and nose pad can be adjusted to fit each baby or child, and they come with two spare nose pads, one pair of spare ear tips, and a headband.

SUPER-KITSCH SUMMER VIBE

Brand new Rock Star release, Demi, is "a fusion of fashion and form that kids will love", says the design team at Eyespace.

With a 49 eye size, retro pin detailing and contemporary styling, this acetate model is enhanced by high definition floral 'ditsy prints' on the temple interior, a key womenswear trend this season. For added appeal, Demi is finished with the Rock star tip plate logo.

The style is available in a classic tortoiseshell with blue and coral floral temple interiors (C1), and in a bi-laminate design (C2, pictured) comprising of a purple and lilac front with black temples embellished by a rainbow-blossom patterned interior.

VIBRANT DESIGNS WITH FRENCH FLAIR

With its new flagship store in Chelsea, London, the Paul & Joe signature style is young, fun, vibrant and colourful.

Named after the two sons of its founder, Paris-born designer Sophie Mechaly, Paul & Joe frames and sunglasses for women and men launched in 2009, followed by a children's range in 2012. For girls and boys aged six to 16, Little Paul & Joe, available to opticians from the Eyecare Company, is for active 'city kids' looking for high end products but without ostentation.

All the models are created using high quality materials incorporating a spring hinge, and range from 42 to 49 eye sizes whilst using the animal themes from the Little Paul & Joe world.

WHIZZY STYLING FOR COOL CUSTOMERS

Dunelm has added 10 new boys' and girls' frames to its WhizKids range, including a toddler-specific design, Nawat, made from a supremely resilient acetate and featuring curly sides to sit snugly and firmly in place.

Vibrant hues, from bold pinks to teals, and bi-colour designs feature strongly in the collection. "The new Chahta frame is indicative of the collection's design direction, featuring strong primary colours to the main body and a playful pattern to interior sides," said Dunelm director, Peter Beaumont.

Dunelm surfaces all children's frame lenses at no extra charge, at its on-site glazing facility, ensuring that lens thickness is kept to a minimum.



Tomato Glasses' Kids B range



True Rock Star style, Demi



A boys' style from Little Paul & Joe



Chahta from the Whizkids range



The Zoobug TR90 Everyday collection



Pepe Jeans styles for the 'mini-me'



Active Spring style with silicone retainer



One of the new Marvel Duty frames

SUPPORTIVE STYLES FOR EVERYDAY WEAR

For children aged up to three years, Zoobug has become a leader in the field of unique designs suitable for smaller, undeveloped noses and sensitive infant skin.

The company's latest infant collection presents two new shapes with more technical features in a TR90 frame that's easy to wear, lightweight and colourful. A built-up silicone nose pad acts as a support for the infant's undeveloped bridge; the length of the temple can be cut to fit and soft curled rubber tips are fully adjustable.

Favourite modern silhouettes with a robust build for everyday: the new TR90 line has now extended for children aged from four to 12 years, with seven new shapes in three colourways. The silicone nose pads for this age group can be bent and adjusted to fit Caucasian and Asian noses without using any metal inserts.

TAKING YOUNGSTERS ON AN URBAN SAFARI

For spring/summer 2016, Pepe Jeans has developed a colourful and quirky sunglass collection inspired both by its playful DNA and by London's easy-going eclecticism and multicultural vibes.

The fresh, tongue-in-cheek sunglass collection for kids is designed with fun in mind. Designs in the 'mini-me' line, available to opticians from Mondottica, range from camouflage 'urban safari' Colin PJ8020 to pilot Calix PJ6014 with fluoro mirrored lenses.

FOCUS ON TECHNOLOGY AND FIT

Centro Style's range of frames for babies and young children are manufactured according to physiological needs, together with aesthetic and wearer demands.

For children aged between two and five, and then aged from five to eight, the company's Active Spring range uses a resistant and lightweight material, grilamid, with shaped temples and a 'spring design', enabling better comfort and grip. This is aided by the soft rubber on the inside of the temples. All children's frames up to a 46 eye size come with a silicone retainer band. Centro Style also produces ranges of sunspecs (plano and Rx use) for young children to those in their teens.

MARVEL-LOUS NEW COLLECTION

Aimed at children aged between four and 10, the new Marvel collection from International Eyewear features bold colour combinations and striking characters on the temples.

Modern eye shapes have been designed to ensure most prescriptions can be accommodated. A branded case accompanies every frame and point-of-sale features some of the most iconic characters.

The Marvel Duty model possesses HD printed temples, featuring powerful Spider-Man or Captain America character graphics. It is available in a military inspired colour palette of Uniform Blue (C1) and Jet Black/Blue (C2), with complementary acetate tips in bright colour accents.

Metal model, Marvel Endurance, features heroic characters from the action packed Marvel Avengers series and is available in matt Jet Black (C1) with an electric blue interior and shiny Charcoal (C2) with a burgundy interior.

Next month's Product Spotlight is on practice management systems.

13 million children around the world struggle to learn because they need spectacles.



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COMPETENCIES COVERED

Dispensing opticians: Standards of Practice, Optical Appliances, Paediatric Dispensing

Optometrists: Standards of Practice, Optical Appliances



Special measures

By Joanne Abbott BSc(Hons) FBDO SMC(Tech)

The selection of paediatric frame choice available to the optician and patient is at an all-time high, with manufacturers offering a plethora of different styles and materials. But there will always be a cohort of frames that aren't fit for purpose, that never quite fit, and as dispensing opticians we aren't 100 per cent happy with.

We've all seen many children with examples of poorly dispensed and fitted spectacles (**Figure 1**). It is a key mission of ABDO to raise the quality of paediatric dispensing and eliminate those poor dispensings. All paediatric dispensing as a function is protected by the Opticians Act (1989), therefore, all such dispensing will be carried out by a qualified, registered practitioner or under their direct supervision.

PAEDIATRIC HEADS PROJECT

In May 2013, ABDO launched a major new initiative for paediatric dispensing with the commissioning and introduction of anatomically correct, life-sized paediatric model heads. The model heads were funded with the support of NES (NHS Education for Scotland). Hours of facial measurements were made of two children – one 12-month-old child (**Figure 2a**) and one eight-year-old (**Figure 2b**). Photographs were also taken to aid the modeller in creating a life-like and anatomically correct model of each child's head.

Following on from these first models, the Association has subsequently commissioned a further four anatomically



Figure 1: An example of a poor dispensing

different paediatric heads. In October 2014, the collection was first increased when a model head of a five-year-old child with Down's syndrome was added to the portfolio (**Figure 2c**). This was achieved courtesy of the very helpful and inspirational Peacock family in Wales and with the help of their daughter Maisie. A further three models have subsequently been completed: a six-month-old baby and four and six-year-old girls.

These heads are an invaluable training tool for registrants and students as they are the very best-behaved children. They give the student or registrant the opportunity to hone or refresh paediatric facial measurement skills without the distractions of a child's small attention span and fatigue.

The different age ranges of the model heads demonstrate quite clearly how facial anthropometry changes as a child grows and their facial structure develops, but also how the features can differ completely with a child with Down's syndrome. It's clear to see from the models that the crest height and bridge projection increase with age, whereas splay angle and frontal angle decrease.

An appreciation of how these features change with development directly translates to an understanding of how to make a better frame selection and, overall, dispense a better fitting frame. A scaled down adult's frame will not respect the anatomy of a child's face so those frames are simply not suitable. This is especially so

This article has been approved for 1 CET point by the GOC. It is open to all FBDO members, and associate member optometrists. The multiple-choice questions (MCQs) for this month's CET are available **online only**, to comply with the GOC's Good Practice Guidance for this type of CET. Insert your answers to the six MCQs online at www.abdo.org.uk. After log-in, go to 'CET Online'. **Questions will be presented in random order.** Please ensure that your email address and GOC number are up-to-date. The pass mark is 60 per cent. The answers will appear in the December 2016 issue of *Dispensing Optics*. The closing date is 8 November 2016.



C-52759



Figure 2a: Paediatric model head of a 12-month-old



Figure 2b: Paediatric model head of an eight-year-old boy

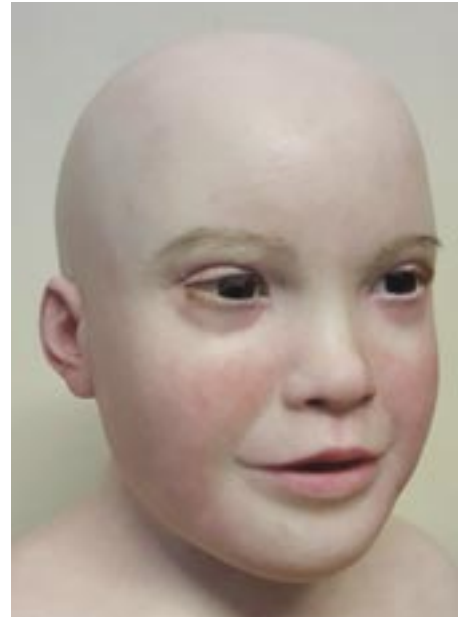


Figure 2c: Paediatric model head of a five-year-old child with Down's syndrome

in the frame selection for children with Down's syndrome.

In 2011 the UK charity, the Down's Syndrome Association, conducted a survey of its members. A staggering 45 per cent reported that their spectacles were uncomfortable and fitted poorly¹. Their campaign, Fit it Right, See it Bright, was born from this and aims to raise awareness with professionals and frame manufacturers of the issues faced by those with Down's syndrome.

Alicia Thompson, ABDO's director of examinations, is currently working with several charities to collect data and facial measurements for frame manufacturers to be able to produce comfortable and wearable spectacles.*

Are the manufacturers getting it right? 'Yes and no' is the answer. As stated, some are adept at supplying scaled down, inappropriate versions of adult frames whereas others are addressing the needs of our paediatric patients.

For a baby, the most suitable frames are of a one-piece construction with silicone based plastics and straight sides, fitted with a head band to keep the frame in position.

A frame with curl sides is rarely suitable for a child under the age of about three years old due to the cartilage of the nose and ears being very soft and malleable before that age. Additionally, a tight or ill-fitting curl may impede the child's nose and ear development.

A detailed article entitled, 'Key considerations when dispensing children's spectacles', by Eirian Hughes PhD BSc (Hons) FBDO published in the January 2014 edition of *Dispensing Optics* covers the

factors in detail and is accessible via the ABDO website CET article archive. Also available is 'An overview of paediatric dispensing Part 1: Frames and faces' by Andrew Cripps FBDO in the July 2015 edition of *Dispensing Optics*. This article comprehensively covers paediatric facial measurements and it's recommended that these articles are reviewed to refresh knowledge and important skills.

SMALL GLASSES SUPPLEMENT

Dispensing opticians will already be familiar with the GOS Small Glasses Supplement (SGS), and know that it cannot be claimed for the provision of a stock small frame without any adaptation.

The small glasses supplement should only be claimed for the supply of:

- Spectacles with a boxed centre distance of not more than 55 mm, and
- A custom-made frame or a stock frame requiring extensive adaptation to ensure a satisfactory fit

Both conditions must be satisfied for an SGS claim to be valid.

In addition to these conditions:

- The measurements of the frame should be verified and this information recorded
- The alterations made to the frame or lenses must be clearly noted

SPECIAL FACIAL CHARACTERISTICS

As of 1 April this year, and following a detailed consultation, a change came into action regarding the General Optical Services (GOS) voucher supplement for special facial characteristics.

Up until then, this supplement could only be issued by the Hospital Eye Services (HES) and any patient requiring a bespoke frame, or frame requiring substantial modifications for facial characteristics seen in the High Street practice, required a referral to HES for this service. For some children's dispenses, this may be a more appropriate voucher than the SGS, and the criteria are slightly different.

The consultation outcome as reported by the Department of Health (DOH):

'[8.1] In relation to the special facial characteristics supplement, before putting forward proposals to the Department of Health relating to proposed changes to the legislation in respect of the special facial characteristics supplement, National Health Services England (NHSE) consulted a number of organisations including the Down's Syndrome Association, Changing Faces, and Seeability, who all supported the proposed change. The Department of Health has also consulted the Optical Confederation (a representative body for optical businesses) on the provision in this instrument which extends the issuing of the special facial characteristics supplement to Primary Care. The Optical Confederation confirmed they welcomed the proposed amendments and had no comments.'

GOS forms will be amended in due course and the Optical Confederation will amend the guidance document 'Making Accurate GOS claims' for practitioners providing NHS General Ophthalmic Services in England. Members of the public will be informed via information leaflets and an update to the NHS Choices website.

The eligibility for a special characteristics voucher is stated by the Department of Health as:

*'Where a patient's facial characteristics require a frame to be custom made, or specially adapted, a Special Facial Characteristics supplement (SFC) may, from the 1st April 2016, be claimed by GOS contractors in Primary Care. Prior to 1 April 2016, this supplement was restricted to Hospital Eye Service Departments. This change is being introduced to make arrangements more convenient for patients and to reduce pressure on secondary care. The GOS forms have not yet been amended to reflect the new supplement and we would therefore advise contractors to tick the Small Glasses Supplement box and annotate the form with 'SFC', until such time as new forms are available. This supplement, payable from 1st April 2016 is £64.20.'*²

The change will no doubt make the process more convenient for patients and their carers, parents or guardians, and reduce pressure on secondary care eye departments by transferring work from secondary care into primary care where possible.

Practitioners must be aware that this is not an invitation or opportunity to upgrade a patient to a more expensive frame because a supplement would help cover the cost, as some colleagues might deem this move. It is solely intended to help any patient with congenital or traumatic craniofacial abnormalities (CFA), ocular malformations and/or external ear malformations who do require a special adapted or handmade frame to benefit from the opticians' expertise in a convenient local and individually selected primary eye care setting.

Many children who need special spectacle adaptations might, in addition, have other physically or mentally limiting disabilities, and a well-equipped practice with a cheerful informal atmosphere can be a preferable and more comfortable environment for such children (and adults), compared with the sometime sterile and impersonal surroundings of a hospital clinic.

ABNORMALITIES AFFECTING SPECTACLE FIT

CRANIOFACIAL ANOMALIES

There are many different known sequences or syndromes that are associated with CFAs, but rather than produce a long exhaustive list here, it is the aetiology of the CFA dysmorphology that is noteworthy

in relation to frame fitting and selection, and these can be categorised thus: malformations, deformations and disruptions³.

Macro or microcephaly is a malformation where the head is disproportionate to the mean for the child's age. Craniosynostosis is a condition where the cranial sutures fuse prematurely during pregnancy, which occurs in one in 2,500 live births. This condition can be coronal or sagittal, unilateral or bilateral. Both of these malformations can affect the development of the orbit.

Deformations are usually acquired either intra-uterine, most often with multiple pregnancies, or post-birth. One cause rarely seen in the modern world is positional plagiocephaly (from the Greek plagios, meaning oblique) commonly known as flat head syndrome, which is acquired by the prolonged positioning of the infant in one plane. A temporal plagiocephaly can result in asymmetrical orbit development (**Figure 3**).

Cranial disruptions are a consequence of a destructive process accredited to the effects of exogenous agents such as chemicals ingested or viruses contracted by the mother during the critical period of foetal development⁴.

Microtia is a congenital malformation of the pinna where the external ear does not develop fully. A completely undeveloped pinna is referred to as anotia. These malformations can be bilateral or unilateral, whilst some children may have a normally formed, but displaced pinna.

OCULAR MALFORMATION ANOMALIES

The condition orbital hypertelorism presents as widely-spaced eyes, determined by an increased interpupillary distance from



Figure 3: Left plagiocephaly

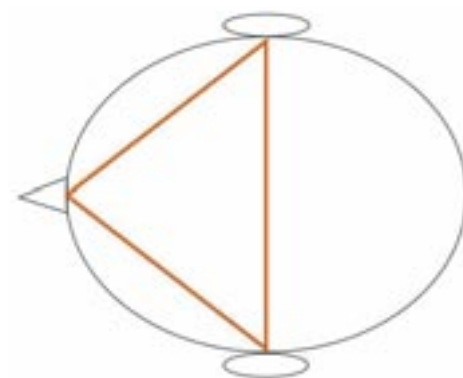


Figure 4: The fitting triangle

the norm, for the child's age, and can occur in several congenital syndromes, including frontonasal dysplasia (with midline facial cleft, and brain abnormalities) and craniofrontonasal dysplasia (with craniosynostosis).

Hypotelorism is characterised by closely-spaced eyes, determined by a decreased interpupillary distance. This anomaly can be indicative of holoprosencephaly (a midline brain abnormality). A cleft palate may also give rise to a malformed orbit.

These cranial, ocular and auricular anomalies will present a challenge to the optician with the construction and fitting of a suitable frame. Normally, a spectacle frame has three points of contact – the bridge and both ears known as the fitting triangle (**Figure 4**). With malformations and deformities, this fitting triangle needs to be re-thought and appropriate solutions found.

All DOs are capable at the time of qualification of taking the necessary measurements for a handmade frame – a skill that is not often utilised with our paediatric patients, but for many it can mean the difference between an ill-fitting, not fit-for-purpose frame or a perfect frame solution.

Hand-made frame manufacturers and frame modification companies have a wealth of experience we can draw upon, as do our experienced colleagues in the HES sector, to help find the perfect paediatric spectacle frame solution.

FRAME MODIFICATIONS

An 'extensive frame modification' or a 'specially adapted' frame as specified in the Department of Health's SGS and SFC information is subject to practical interpretation, as the author's note below illustrates.

The Optical Confederation, with regard to claims for special facial characteristics and the small frame supplement quotes the

1999 Health Service Circular No. 051:m:

Extensive adaptation can apply to the frame or lenses; and examples include:

- *Reductions or increases in the length of side *[see author note below]*
- *Manipulations to reduce or increase the bridge width which cannot be achieved solely by adjustment of the pads*
- *Lenses with a high, positive spherical power worked to a minimum substance (either by the practice or by the wholesale supplier).*

Details of the adaptation necessary should be annotated on the patient's record. The orders for the frame, lenses and/ or modification should be retained as evidence. As you are certifying that the appliance supplied meets both criteria above, you should always measure the dimensions of the frame, before you submit your GOS claim. You should not assume that the manufacturer's stated dimensions meet the criteria. The small glasses supplement is payable in addition to the appropriate voucher. If a frame needs to be repaired or replaced, the supplement is also payable in addition to a repair or replacement voucher. You should claim the retail price of the spectacles or repair, or the sum of the voucher and the supplement, whichever is the lower.¹⁵

*It's debatable what constitutes an extensive modification. Although the Optical Confederation guidance states: "reductions...in the length of sides" as an example, a 10mm reduction to a metal side fitted with an acetate tip can take as little as 60 seconds to complete and, therefore, is not an extensive modification.

Fitting a saddle or twinned pad bridge in place of separate pads takes a matter of minutes and again is not a substantial modification. If in doubt, don't claim.

Frame adaptations and their suggested classification are listed in **Table 1**. **Cases one to three** are provided as guidance for claiming GOS supplements for special fittings.

It is encouraging that the Department of Health is recognising the dispensing skills of opticians and the increased time spent and considerable expertise which is an essential part of a professional service. It is hoped that this will improve the general standard of frame fitting not just for children but for adults with special dispensing needs, and help practitioners to realise the importance of maintaining and further building on their experience in frame-fitting and customisation.

Examples of substantial adaptations	Grey area	Insubstantial adaptations
Re-shape thick plastic or metal sides	Lengthen metal and plastic sides	Shorten metal and plastic sides
Fit pads on arms to an acetate frame to alter crest height and projection	Fit curl ends to a frame with either plastic or metal sides	Fit a comfort, saddle or twinned pad bridge
Remove and reposition pad arms on a metal frame to alter crest height		Fit smaller, larger or different material pads
Convert frame sides to loop-end to accommodate a head strap		Alter distance between pads, and change frame facial position and bridge width
Surface high-powered plus lenses for minimum substance		Bump an acetate frame bridge (decreases distance between rims, lifts crest)

Table 1: Frame modifications and adaptations

Case 1

Px K. Dispensed by HES, December 2015.

K. was a six-year-old boy with right anotia, left pinna fully formed – displaced anteriorly.

Hypertelorism – right PD was 35, left 33. Head width was 145mm. Temple width 135mm. Crest height +1mm.

A bespoke frame was necessary for this patient, hand-made and based on a wrap sport-style frame. The L LTB was 55, right with no pinna. Straight, skull-fit sides were ordered with loop-ends to facilitate a head band.

A special facial characteristics supplement was claimed.

Case 2

Px S. Dispensed in High Street practice under GOS, December 2015.

S. was a four-and-a-half-year-old girl with Down's syndrome. She had a negative crest height of -6mm. PD was Right 28, Left 27. Head width was 130mm. Normal ear pinna formation.

S. was fitted with an adapted spectacle frame. Although fitting well and optically suitable, her parents didn't like the look of a metal frame with low set pads and requested an acetate frame.

A stock acetate frame was selected with sufficient rim thickness to allow pads on arms to be fitted. The fixed pads were ground off and silicone 15mm pads on arms fitted to the nasal rim such that the negative crest height was addressed.

Although frame modifications could be deemed to be extensive with this dispensing, the criteria for small frame supplement was not met as the box centre distance of the frame chosen was >55mm (note that it is the BCD which must be under 55mm, not the PD).

On this occasion (note the date) the modifications were charged to the parents, but now an SFC voucher can be claimed.

Case 3

Px T. Dispensed in High Street practice with a HES prescription, December 2015.

T. was an 18-month old boy, born with congenital cataracts and was aphakic. Cranial and ear development was normal.

PDs were Right 24, Left 25. Head width was 120mm. Crest height was +2mm.

T. was dispensed with a stock soft plastic, one-piece construction frame already fitted with a headband. BCD = 50mm. Lenses dispensed were surfaced lenticulars to give minimum substance (Figure 5).

A small frame supplement was claimed as the criteria were met. BCD < 55mm and lenses were "extensively modified" as a surfaced high powered plus prescription.



Figure 5: Child T.'s spectacles with lenticular lenses

I was dispensed with the old NHS 525s (pictured) with their metal spring coil curl sides as a small child, and have the ridges on the back of my ears to prove this. Pleading with my parents and optometrist to allow a frame with 'grown-up' drop-end sides finally ended my pain and I have enjoyed wearing spectacles ever since, although it was a fair few years until I graduated into lighter-weight CR39 lenses from toughened crown glass.



2. Department of Health (accessed online 19 May 2016). Available from: https://www.gov.uk/government/uploads/system/uploads/attachment_data/file/509601/Sight_test_fee_associated_fees_and_vouchers.pdf
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* For further details and how your paediatric patients with Down's syndrome can be involved, please contact Alicia Thompson directly athompson@abdo.org.uk

JOANNE ABBOTT is a registered dispensing optician with more than 20 years' varied experience within the optical industry. She is currently ABDO regional CET coordinator. Joanne has a passion for high quality dispensing and an interest in spectacle frame fit and construction. Her Honours Degree dissertation was entitled, 'Spectacle frame materials - past and present', and she has written previous CET articles for **Dispensing Optics** on frame materials.

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OO CONVICTED OF MANSLAUGHTER

Optometrist Honey Rose is due to be sentenced at Ipswich Crown Court on 25 August after being convicted of gross negligence manslaughter in the case of Vincent Barker.

Eight-year-old Vincent Barker died five

months after being examined by Honey Rose, a locum optometrist, at a branch of Boots Opticians in Ipswich, Suffolk, on February 2012. He passed away at Ipswich Hospital from undiagnosed hydrocephalus – symptoms of which Ms Rose should have identified, the court heard.

The Association of Optometrists stated: "This is a tragic case which is devastating

for all concerned and our sympathies go to the Barker family at this time. We are naturally extremely disappointed for our member, Ms Rose, in the outcome of the case.

"We are aware that Ms Rose is currently before the GOC in a Fitness to Practise hearing and as a result we are unable to comment further at this time."

Multiple choice answers C-51040:

Adaptive spectacle lenses: part one

by Professor Mo Jalie SMSA, FBDO(Hons), Hon FCGI, Hon FCOptom, MCFI

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

Which of these descriptions will NOT provide a lens of variable power?

- Where component lens elements are able to slide against each other
- Where high powered coaxial lenses are displaced laterally from each other
- Where the refractive capability of the lens is modified by a form of energy derived from charged particles
- Where a capsule, formed by two parallel sided walls, contains varying volumes of liquid

d is the correct answer. If the sides of the capsule (lens) remain parallel the refractive capability of the lens will not change. The only change would be the volume of liquid contained within the parallel walls.

Two optical components of power +18.00D and -18.00D are mounted coaxially to produce a power of +2.00D.

What will be the linear separation of the components to achieve this?

- 3.64mm
- 5.56mm
- 5mm
- 8.325mm

b is the correct answer. In order to produce an emergent vergence of +2.00D the vergence reaching the -18.00D component must be +20.00D, an increase of +2.00D from leaving the first component. The problem is to find how far the components must be separated to effect this change. By use of formula we have $+18/(1-d \times 18) + (-18) = +2.00$ from which $d = 0.00556m$.

A variable powered lens is to be made for the range +0.75D to +4.00D where the front component is +22.75D. If only 5.5mm are available for the separation of the components, what must be the power of the back component?

- 19.93D
- 22.00D
- 18.00D
- 20.07D

b is the correct answer. The minimum power available is to be +0.75D, which is achieved when a -22.00D lens is in contact with the +22.75D component. Moving the front lens forward by 5.5mm produces a change of +3.25D (from the formula given).

Complete the sentence correctly. The Wright variable power fluid-filled lens was not a success because:

- there was only a limited control over power changes
- the flexibility of the sealed chamber was uneven
- insufficient range in power was achieved
- the problem of maintaining pressure and ensuring no leaks

d is the correct answer. The problem of maintaining pressure and ensuring no leaks led to its demise.

Which statement referring to the Stokes' Lens is true?

- There are two equal cylinders placed with their axes perpendicular and then rotated to produce any desired cylindrical effect
- The lens can produce any cylinder power from zero up to twice the value of either component with a residual spherical power which is always half the value of the resultant cylinder power
- It is an adaptive twin-element lens providing variable spherical and cylindrical powers and axes equivalent to twice the combined power of the two refracting elements
- To obtain the required change in power the two cylindrical elements must always be rotated equally in opposite directions

b is the correct answer.

Two cylinders of equal power but opposite sign have their axes separated by 20 degrees. If the resulting cylindrical element is +2.74D, the spherical element will be:

- 5.48D
- 3.425D
- 1.37D
- 2.055D

c is the correct answer. The spherical element will be half the value of the resultant cylinder.

In a typical variable powered fluid-filled lens what is the increase in volume required to produce an extra 3.00D of power?

- 2.565 cubic cm
- 0.261 cubic cm
- 4.156 cubic cm
- 0.782 cubic cm

d is the correct answer. Obtained either from the formula quoted, or from an approximation on the graph in Figure 14.

Which statement referring to the Alvarez lens, as illustrated in Figure 5b, is false?

- Any cylindrical effect increases as the separation of the components is increased along the horizontal meridian
- If the two components are placed together with their plane surfaces in contact, the overall power will be zero
- When the components are slid horizontally in relation to one another the thickness only changes in the vertical meridian
- The two elements can be slid apart vertically to increase positive power

c is the correct answer. The thickness will change in the horizontal meridian leaving the vertical meridian unchanged in thickness.

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



Imagine the practice journey through a child's eyes to make their experience as positive as possible, writes Antonia Chitty

Through the eyes of a child

Almost every optical practice will have children as patients. This month, we look at how to make children's frames and their eye examination a key part of your practice – from the moment the family walks past right through to return visits for adjustments.

This article is based on the patient's journey as they discover your practice, experience eyecare and potentially purchase eyewear. This journey is one that starts outside, before a family steps across the threshold, so if you want to make your practice really child friendly and attract more families, step out through the shop door and take a look at your window. How much of it is dedicated to showing that your practice is family friendly? Do you ever put children's frames in the window, or run a holiday or back to school theme?

Think about an A-frame stand promoting children's eyecare, and other ways to reach families via promotion in local parenting magazines, school newsletters, on social media, etc. Making your practice child friendly encompasses all methods of advertising and promotion as well as your practice front.

FOREWARNED IS FOREARMED

Next, we consider the experience parents and children have on entering the practice and before their examination. It is simple to ask yourself, 'Do we have a waiting area that will keep children occupied?', but there is more to making a child's eye exam a positive experience from the moment they enter the practice. A waiting area with a small chair and colouring books or a bead table can act as an indicator that children are welcome. More high tech practices offer iPads and interactive tables with games.

Dispensing optician, Ned Saunders' job is to 'find, fit and fix glasses' in seven schools for children with special educational needs (SEN). He says: "As well as in the clinic room, you might find me in the classroom,



Children can find their first eye exam strange or even scary

in the school, in the school field, or even training teaching staff to understand, for example, peripheral field loss."

SeeAbility has some good ideas to make a sight test more child friendly for patients with SEN. Ned explains: "The way we do it when SeeAbility offers eyecare in schools is to find out about the child before the sight test. We talk to parents, and because we test in schools we also listen to teachers' views on each child's sight. It makes a more relaxed atmosphere if we have all the facts before the child comes in."

SeeAbility has an 'About your child and their eyes' form that you can download. Take a look at the form, discuss it with your reception team, and consider giving a copy to parents and carers when they book a child's eye exam to help draw out any issues or concerns before an appointment.

Children can find their first eye exam strange or even scary, and if you remember this and prepare accordingly it can make for a better experience all round. Ned advises: "We make sure that children are acclimatised

before the test. We show children pictures of the equipment before they experience it." In your own practice, you can have photos of the staff and equipment to show to children before the test.

"While bringing children along for mum or dad's eye test may not be as relaxing for the parent, it is definitely a good way for them to learn about what goes on at the opticians," Ned adds. "Our optometrist might demonstrate what they are going to do next on a teacher or parent." Sitting in while an older sibling has an eye test can also help a child acclimatise.

WORKING AS A TEAM

Everyone in the team needs to be equipped to offer a professional service to families. It can be worth holding staff training sessions about how young children and babies are examined to avoid the situation where a new receptionist says, "We can't test babies", for example. If that is your optometrist's preference, that's fine, but a training session will ensure that the

receptionist can offer alternative suggestions to the parents rather than sending them away with a definitive statement like, "Pre-schoolers can't have their eyes tested".


Some practices may decide to have certain times of day when children have their eyes tested. It is important to be as flexible as possible, and let the optometrist know if they have a child booked in so they can consider if they need more time, or to get different equipment ready. Preparation makes the test easier for everyone.

A good working relationship between DO and optometrist can smooth a child's journey through the practice. Ned says: "I work with the optometrist in the testing room. I might attract a child's attention, or hold a chart. I'm there throughout the whole test, which has a big plus point in that I'm clear about what can be dispensed and why, and it cuts down further discussion."

While it may not be practical for you to be in the testing room throughout the test, think what you can do to liaise closely with the optometrist so you know all about what needs to be dispensed without the child getting bored. SeeAbility offers a useful form explaining the results of the eye test. Ned says: "Parents can be used to getting letters from the hospital that they don't understand. We have devised the form to reassure the parent and explain the results, even if it is just telling them that everything is fine."

ADAPTING TO INDIVIDUAL NEEDS

At some point you have to put frames on




Help Prepare Your Child for an Eye Test

Easy Read Factsheet


This factsheet is about how you can help your child prepare for their eye test

If your child can say, sign or match pictures or letters you can practice this with them. Please see Kay Pictures website for examples of pictures that will be used during the eye test www.kaypictures.co.uk.



Practice covering one of your child's eyes

If your child wears glasses please make sure that they take them to their appointment.



SeeAbility is the operating name of The Royal School for the Blind founded in 1799. Registered Charity Number 256913 © SeeAbility 2013. No part of this document can be altered or changed without permission.

A helpful factsheet for parents of children with SEN

the child's face, and not every young child is keen to co-operate. Ned says: "Try to get the right frame to start with – figure out which ones will fit, put them on for a few seconds. We learn from teachers and parents that some children are sensitive to touch on their ears and the top of their head.

"We try to help them get used to a gentle touch for a few seconds. It is also good if they can explore other people's specs, until they get to the point where they want to try them on themselves. Advise parents that if a child isn't keen on their new specs, they may need to build up wear gradually."

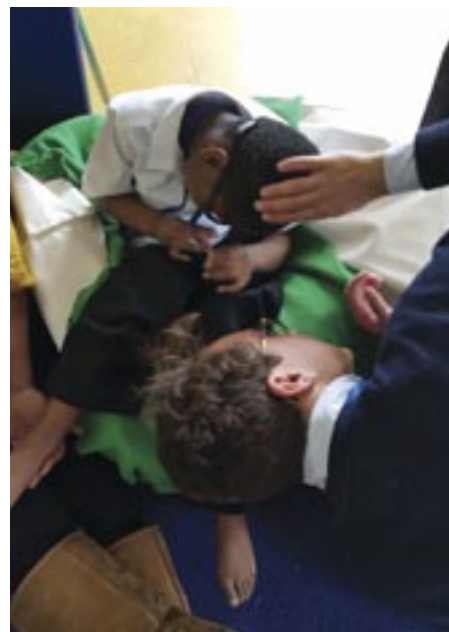
Ned continues: "We don't have a particular brand or design of frame that we use. We find we pick frames from specialist ranges such as Tomato Glasses and Erin's World, but also mainstream brands like Centro Style. We are always looking for high quality frames that don't damage easily.

"We often adapt frames, taking a plastic frame and customising it with a metal nose pad, for example. We have to be careful about lenses that touch the child's lids and lashes. This is particularly something to remember when opting for frames that are held on with a band. It is also important to remember that one style won't work for everyone. Look at the child's face shape and asymmetries, pick a small selection of frames that will fit, and only then let the parent and child choose which colour they would like."

When it comes to lenses, Ned says: "We use hard coating as standard, and opt for Trivex in more accident prone children. We do try to keep lenses nice and slim and light." When taking measurements, Ned advises: "I don't usually use a PD rule as it can be scary. Instead I mark OCs on the lenses. This also helps when considering heights. Some of the children we work with use wheelchairs, but all children spend a lot more time looking up at the adult world, and we need to adjust the heights accordingly."

Many parents think that once the specs have been collected, the job is done. Ned says: "At collection it is always worth pointing out to parents that they need to be proactive and mention when glasses aren't fitting." Specs do need readjustment over time and parents may not know this.

Ned adds: "I try to follow up after the glasses have been worn for a month. DOs in practice can also be proactive, and say something like, 'Come back in and let us know how you are getting on'. Mum and Dad may never have worn glasses, and



Ned Saunders in the sensory room at one of the special schools where SeeAbility delivers a sight testing and dispensing programme

may not know how to tell if they fit well and feel comfortable."

Now you have read this article, think about a child's journey through your practice, bear in mind the points raised, look at some of the resources, and consider what you can do to make every child's experience as positive as possible.

RESOURCES

SeeAbility has a number of forms, aimed at parents of children with SEN, which may be helpful:

- Help prepare your child for an eye test
https://www.seeability.org/uploads/files/Children_in_Focus_campaign/Prepare_your_child_for_an_eye_test.pdf
- About your child and their eyes
https://www.seeability.org/uploads/files/Children_in_Focus_campaign/About_your_childs_eyes.pdf
- The results of your child's eye test
https://www.seeability.org/uploads/files/Children_in_Focus_campaign/Results_report_form_v13.pdf

SeeAbility is raising funds for a research project to establish what helps children get used to wearing glasses. You can donate to help continue sight testing work in special schools and to fund more research at <https://www.seeability.org/children-in-focus/?article=donate-today>

1 in 10 people in Africa
can't see properly
simply because they
need glasses.

Support
World Sight Day
13th October
2016



Vision Aid Overseas

(Incorporating **OPTOMETRY GIVING SIGHT** in the UK)

Registered Charity (in England) no. 1081695

WORLD SIGHT DAY

See eye to eye this World Sight Day by donating to Vision Aid Overseas for every pair of spectacles sold in October. To register or to find out other ways you can support please call us on 01293 535 016 or visit www.visionaidoverseas.org/world-sight-day

OPTOMETRYGIVINGSIGHT

Transforming lives through the gift of vision



Antonia Chitty reports on last month's Eye to Eye debate on the future of optics

Are we seeing eye to eye?

What's your vision for the future of eyecare? One version of the future is a world where everything is automated, and it is that vision that brought together around 40 members of the optical, optometric and ophthalmological professions for a panel discussion entitled, 'Eye to eye: will we need optometrists in 2020?'

Organised by the Worshipful Company of Spectacle Makers (WCSM) and its Education Trust, and held at the offices of the Association of Optometrists (AOP) in London, the panel was chaired by Don Grocott who introduced the evening's topic. Panellist, Professor David Thomson, kicked off the event with a slide outlining the different tasks in delivering eyecare services, divided between professional groups: ophthalmologists, optometrists, orthoptists and dispensing opticians.

Professor Thomson, the former head of vision science at City University, described the groups as, "four tribes that rub along well", while at the same time aiming to protect their own territory. His slide highlighted areas such as refraction and case finding, which could fall into the remit of more than one group.

Professor Thomson also put into context the rising need for eyecare with our ageing population, and how this meant that ophthalmologists would have to deal with the most complex issues, potentially leaving a vacuum. How to fill that vacuum was the basis of the discussion for the rest of the evening.

Fiona Anderson, president of ABDO, was there to represent the voice of the dispensing optician, Ben Fletcher, managing director of Boots Opticians represented retail optics, and Professor Carrie McEwan, president of the Royal College of Ophthalmologists, completed the panel.

BREAKING DOWN BARRIERS

Professor McEwan was optimistic, calling for further training to allow the barriers to come down between professions. She identified the nature of the current funding



The Eye to Eye discussion panel

stream as something that "separates people rather than making them work together".

When discussing whether commerciality was an issue that was preventing progress, Ben Fletcher said: "There is nothing wrong with running a successful enterprise, which then provides a better patient experience." He highlighted that it was private practice driving forward improvements like retinal photography. "We are investing almost all the money we make into a better environment, equipment and training," said Ben, adding: "There is plenty of work to go around for everybody...There is less capacity than is needed to meet an ageing population and those who are underserved."

Ben also highlighted the role of the eye examination in picking up problems with the cardiovascular system, detecting diabetes, and offering positive health advice on issues like smoking. He was keen to 'liberate' optometrists, saying: "If refraction can be done in a more automated way, that's great news."

Assuming that there is an inevitable increase in automation in practice, patients will still need to feel important, cared for and in control – and that is where we need professionals with good communication skills, the audience heard.



Frank Norville makes a point

Fiona Anderson explained how dispensing opticians were perfectly placed to take on a greater role and already spent more time communicating with patients. She used the example of her own practice where, she said, "We have worked hard and long to build links with ophthalmologists and orthoptists". Fiona went on to explain about the set-up in her local area where patients with an eye problem who might need hospital care were triaged in practice and referred on if necessary.

TRAINING AND REGULATION THORNS

From the audience, ABDO general secretary, Anthony Garrett, addressed the need for competency-based practice, and highlighted the potential for expanding the role of contact lens opticians. He identified the crux of the matter – that the problem was one of regulation. "What people do is nailed down," he said. "Regulation needs to be different. Without a change in regulation, nothing will happen."

Professor Thomson followed this up by talking about the need for different, competency-based training. "We need a foundation year, then the chance to develop different competencies, leading to a Schengen area of eyecare, with no blocks because of decisions made at age 18," he said.

It seems inevitable that technology will change the face of eyecare over the next 10 years. The consensus seems to be that right now, regulation is the biggest issue to be addressed, alongside developing competency-based training that will allow professionals of all backgrounds to meet the growing needs of the population for accessible eyecare with high clinical standards, where people are referred to the most appropriate professional for their level of need.

Only by addressing these issues will the combined professions rise to the challenges of technology in the future being able to assess patients, provide prescriptions and even generate spectacles. All agreed that the professions together need to grasp the technology revolution to deliver better services, and better healthcare.

Organisers of the annual National Eye Health Week campaign are urging ABDO members to get involved



National Eye Health Week calling

National Eye Health Week, organised once a year in September by the charity Eye Health UK, is the UK's biggest celebration of vision and eye health.

Speaking to Dispensing Optics, Eye Health UK chair, David Cartwright, said: "National Eye Health Week provides a fantastic platform for inspiring the public to take positive steps to protect their sight, and dispensing opticians and contact lens opticians all have a key role to play in making the week a success by throwing the spotlight on eyecare issues that really matter."

This year's event, which takes place between 19 and 25 September, will once again focus on a different theme each day of the week, with topics including: 'You and your eye health'; 'Nutrition and the eye'; 'Children's eye health'; and 'Sight after 60'.

The 'Nutrition and the eye' day will see the launch of more exclusive recipes and some simple food swaps that may help give people's vision a boost, whilst the 'Children's eye health' day will focus on the links between vision and literacy.

David continued: "Focusing on a different daily theme gives us the opportunity to keep refreshing our communications and reach out to some of those groups most at risk of avoidable sight loss. Reminders about the importance of regular sight tests will be a constant thread running across our diverse range of activities."

HIGH PROFILE ENGAGEMENT

Activity to support the week will include a high profile media campaign incorporating eye health supplements in leading national newspapers, as well the publication of the week's official magazine, *Vista*, which was launched two years ago.

David explains: "*Vista* magazine is a unique publication using lifestyle themes to communicate valuable eye health advice, such as the importance of contact lens

aftercare and compliance, in an accessible and engaging way."

The magazine, which has a readership of more than 200,000, is distributed



at official National Eye Health Week events and to the charity's supporters as well as being used year-round in opticians and GP reception areas.

Last year's National Eye Health Week media campaign gained coverage on a range of television and radio programmes, including the Chris Evans Radio 2 Breakfast Show and ITV's Lorraine. Branded news content in national newspapers, and across the Sky News Radio Network, saw the campaign generate 748 pieces of media coverage, offering the public 146 million opportunities to read, see or hear positive eyecare advice.

In addition, social media activity during the week secured a reach of more than 25 million people, and visits to the campaign's website, www.visionmatters.org.uk, are reportedly up 25 per cent year-on-year. This media activity is underpinned and amplified by supporter events and activities that take place on High Streets nationwide.

In 2015, more than 2,500 supporters took part in the week hosting more than 1,000 events – including a 34 marathon challenge run by Edward Beresford-Bolton from Newbury, Berkshire, who had two years of treatment to restore his sight after he developed macular degeneration in 2010. Ed raised more than £12,000 for the Macular Society.

Other events held last year included farm shop tastings, vision screening events, coffee mornings, talks, open days and spectacle

cleaning and contact lens care workshops.

Supporter events in 2016 will include local optician practices hosting contact lens comfort demonstrations, where people will be given the chance to feel how comfortable contact lenses are, and receive advice and information about how to wear and care for contact lenses.

HOW TO TAKE PART

Taking part in National Eye Health Week is designed to be simple, easy and it's free, as David explains: "There are lots of ways you can show your support and promote positive eye health messages to your local community. The autumn equinox falls in the middle of National Eye Health Week – on 22 September – and provides a great opportunity for dispensing opticians to profile solutions for protecting against UV damage as the low autumn sun increases the amount of UV radiation your eyes are exposed to."

Resources to help promote the importance of UV protection will be provided in the official supporter resource packs.

"Other ways you can get involved include simply displaying posters in your practice window, hosting a 'Wearing and caring for your contact lenses' workshop, or even working with your local media or schools to run an eyewear design competition," David added.

To register for a free resource pack, containing leaflets, posters, promotional materials and template press releases, visit the Vision Matters website at www.visionmatters.org.uk or email your name, practice name, email address and postal address to info@visionmatters.org.uk. The deadline for registration is 26 August.

Supporters who register will also receive regular e-news bulletins with the latest news about plans for National Eye Health Week, including how to tag the practice's social and digital activity to the official campaign, and opportunities for linking up with events and activities taking place in different regions.



Max Halford explains why queue busting might be bad for your health

If you build it, they will come

Many of us will have experienced the surprise of returning to the reception area in our practice, which only minutes ago was deserted, to find it's three deep with patients who all look as if they're ready to riot.

The typical reaction is to fix a smile to your face and get stuck in helping people, directing them to the right department, perhaps giving a shout to other colleagues to come and assist until everyone is dealt with and things return to normal.

But what if this was completely the wrong thing to do? What if it was far better to leave the patients standing there for fear that by helping out you may make the situation worse? Welcome to the world of NHS commissioning, health economics and the 'supply-induced demand' argument.

I first heard about supply-induced demand when I was with colleagues from Devon Local Optical Committee (LOC) at a Minor Eye Conditions Service (MECS) commissioning meeting with one of our local clinical commissioning groups (CCGs).

The meeting seemed to be going extremely well: biscuits were shared and everyone seemed totally on board with the concept of local opticians helping relieve the huge pressure on eye clinics in secondary care and reducing GP appointments by seeing MECS patients in our practices. "But," cried the CCG, "what about all the extra hospital and GP appointments that this will create? Who will pay for them? This will create more demand for services!"

Not for the first time I was confused; the idea was that we would be removing a cohort of patients from the hospitals and GPs – not creating more. Clearly we needed to understand and overcome this argument, which seemed on the surface to make no sense.

OPENING THE FLOODGATES

So what actually is supply-induced demand –

and the apparently even worse concept of 'induced utilisation'? Simply put, it is the effect that the provider of a service may have, in creating more demand than would have been there, if they had not provided the service in the first place.

So to relate this to a MECS, the argument goes that by providing a community opticians-led scheme, more people will attend than had previously at the overwhelmed A&E departments, due to ease of access and greater availability of convenient appointments. This could then lead to some of these patients being referred on to other services, such as their GP or into the hospital eye service (HES), causing induced utilisation. This increased demand has a cost, which could pull funding away from other services, hence the CCG's nervousness.

It seems from the commissioners' financial point of view that increasing access may open the floodgates for patients with self-limiting conditions who previously would have 'self-managed' their conditions at home (or, to put it another way, couldn't have faced the six-hour wait in A&E to be seen).

One survey reported that 16 per cent of people attending walk-in clinics would have done nothing had that service been unavailable. From the point of view of the local HES departments, removing the 'cheap to treat' minor eye conditions could open up capacity for the more 'expensive' eye treatments, therefore putting greater strain on their fixed budgets.

At the end of the day, do these arguments against optician-led MECS stand up? Well, not surprisingly, no they don't.

Firstly, the average first appointment at A&E can cost up to £125 compared to an optician-led MECS appointment for between £50 and £60. These are savings that can then be passed back into the HES. Patient satisfaction rates with MECS run at more than 95 per cent, which is considerably higher than the average A&E rates, and



referrals back into secondary care or to GPs (i.e. the dreaded induced utilisation) is less than 15 per cent in most schemes. More than 80 per cent of patients can be managed successfully within a MECS.

And then, of course, there are the proper benefits – the ones that motivate me to keep on going back over and over again to CCGs: patients seen locally, by optical professionals they know and trust, at a time of their convenience, leaving GPs and secondary care to do the job they do best and fully utilising their local primary care eyecare professionals.

So, going back to the very beginning, perceived wisdom within parts of the NHS commissioning process would suggest that if you see a queue at your reception, quietly sneak away – because if you deal with it you might not only generate more demand for your services, but worse of all they might also ask for another service from you. And who wants to be accused of supplier-led induced utilisation within the workplace?

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MAX HALFORD FBDO CL is a clinical practice manager contact lens optician at Boots Opticians and chair of Devon LOC.

SeeAbility is campaigning for a new national programme of free sight tests for all people with learning disabilities

Fight for equal rights

In a report launched in parliament last month, national disability charity SeeAbility charged NHS England's national sight testing and funding system with letting down the one million people with learning disabilities in England.

SeeAbility and the Local Optical Committee Support Unit (LOCSU) are calling for an urgent overhaul of the system, to address what they see as huge levels of sight problems amongst people with learning disabilities – leading to people missing out on essential eyecare and even losing their sight.

SeeAbility's report, 'Delivering an equal right to sight', cites the following statistics: one in 10 of the learning disability population will become blind or partially sighted; six in 10 people with learning disabilities will need glasses; four in 10 of the 100,000 children in special schools have never had a sight test; up to half of adults with learning disabilities have not had their eyes tested in the recommended period; children with learning disabilities are 28 times more likely to have a serious sight problem than other children.

"The system needs to be designed around the needs of people with learning disabilities, rather than putting barriers in their way," said Lord Holmes of Richmond MBE, who hosted the report launch in parliament. "It makes much more sense for people to be supported to get low cost early eyecare rather than end up losing their independence and relying on high cost care and support because their vision is impaired."

PETITION FOR A NATIONAL APPROACH

People with learning disabilities, their families and supporters are being asked to sign a petition calling on NHS England to deliver a more inclusive system and offer free sight tests for all working age people with learning disabilities.

Supporting the call for a national approach, Katrina Venerus, speaking on

behalf of the Optical Confederation, said: "Despite pockets of good practice where the LOCSU learning disabilities eyecare pathway has been introduced, it's clear that local commissioning is not working – and people with learning disabilities are missing out on potentially life-changing sight tests. A national approach is what's required."

SeeAbility is also calling for awareness training in health and social care on the risks and signs of a sight problem in people with learning disabilities. The charity believes that eyecare services need to provide accessible information and reasonable adjustments. Its report features projects across the country supporting people with learning disabilities that it hopes others can learn from, including the charity's work to deliver sight tests and glasses to children in special schools.

Another example is a recent pathway of eyecare for adults with learning disabilities in Barking and Dagenham. Maureen, who has the rare genetic condition 18P Syndrome, lost most of her vision due to glaucoma. In her words: "Nobody had told us Sally's learning disability came with an increased risk of sight problems". The pathway is now preventing this from happening to others in the borough.

Scott Watkin, SeeAbility's eye care and vision development officer, shared his personal experience of eyecare with the MPs and peers who attend the launch. Scott has a learning disability and keratoconus, that



Maureen Rose with her daughter Sally

has been treated but still needs monitoring. It was first spotted in his special school.

Scott said: "Just because I have a learning disability it doesn't mean my sight isn't as important as anyone else's. I have a job and a young family, and things would be much more difficult for me if my sight hadn't been saved– but I was lucky."

Launching the petition calling on the NHS to act, David Scott-Ralphs, chief executive of SeeAbility, said: "One in 10 adults with learning disabilities will be blind or partially sighted and around half won't have had a sight test in the recommended period."

Lending his support to the campaign, the Minister for Disabled People, Justin Tomlinson MP, recognised that uncorrected visual problems were an often overlooked barrier to people with learning disabilities meaning they could miss out on meaningful employment.

Following the reception David Scott-Ralphs said: "It was a fantastic event and the Rt Hon Alistair Burt MP, the [outgoing] Minister for Community and Social Care, spoke again about his experience visiting Perseid School – a special school where SeeAbility runs a sight testing programme – as an 'amazing' service he said he will never forget."

SeeAbility's new report, 'Delivering an equal right to sight', and a link to the petition is available at www.seeability.org/equalrighttosight



From left: David Scott-Ralphs, Katrina Venerus and Lord Holmes of Richmond MBE at the parliamentary reception



From left: North East London LOC chair, Jig Joshi, with Maureen Rose and Barking MP Dame Margaret Hodge

ABDO College and the WCSM are supporting prisoner rehabilitation by providing optical retail skills training in partnership with the Pen Optical Trust. Antonia Chitty reports

Giving prisoners a vocation

Based in Maidstone in Kent, the Pen Optical Trust is a registered charity that trains prisoners in optical retail skills; it provides hands-on experience in making prescription spectacles, followed by work experience at an optical practice and, hopefully, future employment.

Pen Optical was founded by optometrist Tanjit Dosanjh, who explains how he came up with the idea: "Back in 2011, I was discussing plans for the future with an optometric colleague from California who studied with me at City. We came across prisoner optical labs, a long-term project in California. My father was a prisoner, and he had talked about the lack of vocational training available, so I thought, 'I want to explore this'".

In 2012, Tanjit used his own money to fund a prison optical lab. He says: "I bought glazing equipment, and went in on my day off to train six prisoners over a period of 18 months. I was taken aback by their lives, being put into social care, moving between foster placements, joining a gang. Working with them, I could see that as people they weren't too different to me. Without a good education, I could have ended up in a similar predicament."

Tanjit's idea was for the training to be funded by providing eyecare for prisons, but



Trainee, Delroy, making a pair of glasses for one of Pen Optical's prison contracts

it wasn't easy to get the contracts he needed. He explains: "Every time I thought about walking away, in the years when the NHS commissioners weren't on side, the emotional connection with the guys stopped me giving up."

SOCIALLY ENTERPRISING

Tanjit knew that he had to formalise the social enterprise to make progress. He continues: "I went to see Gordon Jones at the Worshipful Company of Spectacle Makers and said I wanted to deliver an accredited qualification so people could walk out of prison and apply for a job in optics."

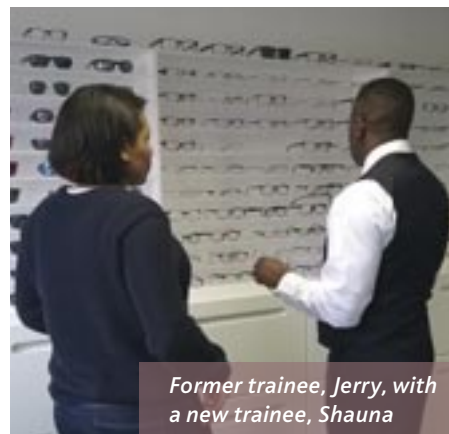
"I got to know other charities working in the prison. Someone from the Sainsbury Family Charitable Trust came to see another project, and they brought him over to spend an hour in the lab. He met the guys, we made him glasses while he was there and it was their teamwork that made him consider funding us. We had several conversations, and he offered me £100,000, if I could match it."

"The Paul Hamlin Foundation rejected my initial application, but I persisted. They invited me in for an interview, and that got me my seed funding." This allowed Pen Optical to rent a property in Maidstone, and employ trainers Danielle Wright, a former store manager for Vision Express, and Katie Nicholls, a locum and ABDO College lecturer, as well as lab technician, Georgina Stewart.

Tanjit planned all along for Pen Optical to be self-sufficient. He says: "We don't rely on the public purse: we get prisoners to make glasses for other prisoners, and the surplus from those contracts funds our programmes. I had 10 contracts in August 2015, we started to offer training in September 2015, and since then we have won 23 further contracts."

Potential trainees are risk-assessed by the prison management and interviewed by Tanjit. Each gets 16 weeks of training in Ocular Anatomy, Understanding Prescriptions, Choosing Spectacle Lenses & Frames, Pre-Screening, Glazing, Adjusting Frames and taking PDs and heights.

Tanjit says, "We make it practical. When we're talking about the anatomy of the eye,



Former trainee, Jerry, with a new trainee, Shauna

we get trainees to dissect a sheep's eyeball. To demonstrate myopia and hyperopia, we pass a focused beam of light through a mixture of water and fluorescein. Using different powered lenses, we can show how the light can focus before or behind the retina. During the training we observe whether they would make good employees. We only recommend trainees who we are confident will be an asset to an employer."

Trainees sit an exam conducted by ABDO to obtain the Level 2 Diploma in Optical Retail Skills awarded by the WCSM. Tanjit comments: "So far we have trained 14 prisoners and half are successfully employed. We aim to train 20 to 25 prisoners per year in our first lab. In the long term, we'd like to set up an optical lab in another part of the country."

Looking back at the success stories, Tanjit says: "We have a guy who was in prison from aged 17 to 23. Now he has a job as a lab technician in Specsavers. He gets on brilliantly with his colleagues and customers say that he is the politest and friendliest of staff. When you get results like that it gives you a real buzz."

If you want to help, Tanjit says: "Pen Optical Trust needs a network of employers so we can reach out across the country in the future, and ongoing mentoring for people post-release to help them succeed in their new job."

Contact Tanjit Dosanjh on 01622 674670 or info@penoptical.co.uk, and visit www.penoptical.co.uk



At Eden Eyecare in Penrith, Cumbria

Through the Pinhole

Eden Eyecare is an independent practice in Penrith, in the heart of the Eden Valley in Cumbria. It was established in the summer of 2015 by optometrist, Iain Macnish MCOptom, and dispensing optician, Zoe Anderton FBDO.

Zoe explains how she and Iain got started: "Iain was a Specsavers director and I was his manager, but we both had dreams of something more. Once we had started to develop the idea for a new, independent practice, I handed in my notice. I spent a year working as a locum while we worked on plans for the new business. Penrith had around six opticians when we started to think of opening up: most of the multiples were represented, plus there were a couple of independents, so we had to think about how we would set ourselves apart."

BUILDING A DREAM ON TRUST

Zoe had a busy year while she worked on the business, both on and offline. She says: "We needed not just bricks and mortar representation on this High Street but something more. I built a website, www.myglassesguru.co.uk, which would give us an online outlet, and that was the first place we actually started to sell."

In line with Zoe's desire for a practice that showcased the skills of the dispensing optician, she developed the site to incorporate some of the guidance that you might get from a DO. She explains: "I designed a 'style guru'. You pick your hair and skin colour and face shape and get frame recommendations to suit you. You can then further refine the recommendations by price, frame material, size and type of style, such as modern or retro."

Zoe grasped many of the online challenges herself. She says: "We employed a development company, and the



Practice directors, Iain Macnish and Zoe Anderton

developers built the code behind the site, but I'm quite technical, I like knowing how to do things, so I was really involved with the site build. I learnt so much. I wrote all the copy and put in all the data and frame measurements myself."

This experience stood Zoe in good stead when she then developed the more traditional practice website, www.edeneyecare.co.uk. She says: "I found developing the practice website much easier after my first experience. I have also set up and managed all the social media so it's all linked together. It has been a massive learning curve, but that's what I wanted. Developing the practice and two websites has given me much more insight into the future of optics."

"Some people order a complete pair of specs online, but many shop around to find a frame that suits them, then go to their traditional optician for the fitting and lenses. Modern optical practices need to understand how patients think and meet their different needs. We have built a really good rapport with people on social media, whether we are talking about frames, or highlighting signs of eye disease or talking about the latest staff training. We can really see through social media that people trust us."

This social media success has only come with dedication. Zoe says: "I'm on social media every day for an hour after work. Different social media channels suit different purposes. We use Twitter to contact local businesses, and for awareness raising, while Instagram is best for fashion and styling. We did a Facebook vlog on, 'What is a DO?', which looked into the specialist knowledge a DO has and the training they do, explaining how we can



Practice DO, Stef Satterthwaite



Iain assessing one of his patients

help analyse frames to suit different face shapes, and pick the optimum lenses and materials. We always ask for online feedback from patients – we have good reviews on Facebook and the NHS site.”

CATERING TO THE WHOLE SPECTRUM

Alongside the strong online presence, in practice Eden Eyecare offers patients a handpicked range of frames. Zoe says: “We have split the practice so one half concentrates on offers like ‘Buy one get one free’, with frame and lens packages. This means that patients who are shopping around from our neighbouring multiples can see comparable offers and promotions.

“However, we found quite quickly after opening that people weren’t just shopping on price. We revised our initial plans and the other part of the practice offers higher end designer frames, giving a good choice for people who are used to looking in independent practices. We focus on designer and high quality frames at a good price, and this offer is really working.”

Patients also appreciate the advice they get from the small team of two DOs and a trainee DO. Zoe explains: “We find so many people are used to being asked, ‘What do you like?’, but they appreciate our help in suggesting frames that will suit them. People who pick what looks good on someone else and then wonders why it doesn’t suit them enjoy the fact that they get more of a style consultation at our practice.”

Eden Eyecare also focuses on staying competitive in the time taken for spectacles to arrive. “We use remote edging, which means that we can provide patients with

single vision specs in a day or two, and varifocals in about a week,” Zoe explains. “We’re faster than the competition. We don’t want the full lab in our practice but remote edging works well.”

CO-MANAGED CLINICAL CARE

The final element in Eden’s plan for success alongside its online presence and frame range is clinical care. Zoe says: “OCT is included in every sight test free of charge. It is very much part of our unique selling point to include this service free for everybody as part of their sight test, and it has worked. People come in asking for ‘that scan’, and we have made a promise that we won’t charge for it. All our patients will have the best eyecare they can get.”

Alongside the high standard of clinical care for every patient, Eden Eyecare also goes the extra mile for those with eye disease. Zoe says: “There is a lot of talk about working with hospitals. We have developed a relationship with Gerard Ainsworth, one of the glaucoma specialists at the Cumberland Infirmary. He comes in once a fortnight to look at our patients. We all sit in where possible so we can learn from him, the DOs as well as the optometrist. Our patients feel that they get a great service, and we are working closely with the NHS, particularly when Iain also goes in to support Mr Ainsworth in his hospital clinics.”

Eden Eyecare also offers a private dry eye clinic. Zoe says: “Iain used to work at Moorfields, and he travelled back down there to complete their dry eye specialist course. That has been brilliant. Penrith has a fairly elderly population, with so many

people with chronic blepharitis and meibomian gland dysfunction. We had people who were still being advised to just clean their lids with baby shampoo – the advice was out of date.

“We sat down and put a management programme together for the dry eye clinic. The first appointment is a 40-minute consultation during which Iain tests the quality of the patient’s tears and ensures there are no underlying systemic conditions, then devises a tailor-made management plan. At the follow-up, we repeat treatments as needed. It breaks the cycle of inflammation, and over time people can find that they need to use eye drops less often.” Alongside this, Eden Eyecare works with the consultant to offer punctum plugs, which has proven very successful with patients.

BREEDING GROUND FOR SUCCESS

After a year in business, Eden Eyecare is proud to have a growing base of regular patients. Zoe says: “We have been achieving great results from offering these services in our independent opticians. All of our team are qualified DOs or optoms, and in recent months we have taken on a trainee DO, as we also want the practice to be an institute of learning. We don’t want people to look at independent opticians and say that they are a dying breed.”

When asked about plans for the future of this new practice, Zoe replies: “We want to enhance our services. Because people see us as a specialist practice we have had a lot of enquiries for colorimetry and that’s next. We want to develop the website, continue offering OCT to everyone, and build on the services that we offer with the consultant.

“We will continue to ask for feedback, and hopefully continue to get great reviews and patients who come back year after year when we send out reminders.”



Zoe tries some frames on for size



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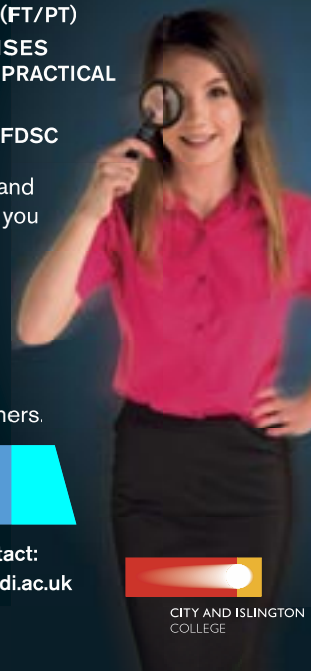
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A close-up photograph of a person's eye. A clear contact lens is being held by a finger, positioned just above the eye. The eye is looking slightly to the side, and the background is softly blurred.

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