

NOVEMBER 2016



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EDITORIAL STAFF

Editor Sir Anthony Garrett CBE HonFBDO
Assistant Editor Jane Burnand
Managing Editor Nicky Collinson BA (Hons)
Email ncollinson@abdo.org.uk
Design and Production Rosslyn Argent BA (Hons)
Email rargent@abdo.org.uk
Admin. Manager Deanne Gray HonFBDO
Email dgray@abdo.org.uk

EDITORIAL/ADVERTISING

Telephone 0781 2734717
Email ncollinson@abdo.org.uk
Website www.abdo.org.uk

SUBSCRIPTIONS

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Apply to Tom Vet
Association of British Dispensing Opticians
Godmersham Park, Godmersham, Kent CT4 7DT

Telephone 01227 733922
Email tomv@abdo.org.uk
Website www.abdo.org.uk

ABDO CET

Head of CET Paula Stevens MA ODE BSc(Hons)
MCOptom FBDO CL (Hons)AD SMC(Tech)

ABDO CET, 5 Kingsford Business Centre, Layer Road,
Kingsford, Colchester CO2 0HT

Telephone 01206 734155
Email abdocet@abdo.org.uk

CONTINUING EDUCATION REVIEW PANEL

Joanne Abbott BSc(Hons) FBDO SMC(Tech)
Keith Cavaye FBDO(Hons)CL FBCLA
Andrew Cripps FBDO(Hons) PG Cert HE FHEA
Kim Devlin FBDO(Hons)CL
Stephen Freeman BSc(Hons) MCOptom FBDO(Hons) FHEA Cert Ed
Abilene Macdonald Grute BSc(Hons) MCOptom BSc(Hons) FBDO(Hons)
SLD(Hons)LVA Dip Dist Ed Cert Ed
Richard Harsant FBDO(Hons)CL(Hons)LVA
Andrew Keirl BOptom(Hons) MCOptom FBDO
Angela McNamee BSc(Hons) MCOptom FBDO(Hons)CL FBCLA Cert Ed
Linda Rapley BSc(Hons) FCOptom PGDip PGCE
Andrew Stokes FBDO SMC(Tech)

JOURNAL ADVISORY COMMITTEE

Richard Crook FBDO
Kim Devlin FBDO(Hons)CL
Kevin Gutsell FBDO(Hons) SLD
Ros Kirk FBDO
Angela McNamee BSc(Hons) MCOptom FBDO(Hons)CL FBCLA Cert Ed

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ABDO Board certification

DO Dispatches



SUPPORTING CAREER PROGRESSION

During my many years of involvement
with ABDO I have attended meetings
where the subject of career progression
and expanding scope of practice has been

discussed. Generally, the discussion has centred on
optometry colleagues; the skills they possess, how they
can meet eye health needs, accessibility in community
settings and the view that professional progression is
within their capability. For clarity, ABDO will continue to
offer complete support for optometry progression.

Historically, what has been most intriguing is the reaction when
ophthalmology opposes such development. At a time when eye
departments are unable to cope with demand, it is remarkable
that opposition exists. With the continued suggestion that
eyecare needs will increase dramatically in the years to come, it
would seem unreasonable not to remove any barriers.

It is understandable that many DOs might prefer to refrain
from increasing their scope of practice. That said, many do
wish to develop with the knowledge that there are
opportunities to do so. There is no question that more should
be done in the provision of low vision (LV) services and areas
such as minor eye conditions services (MECS) for CLOs. It is
our strong opinion that LV services can be competently
delivered by all DOs currently and, with appropriate
accreditation, MECS could also become a reality for CLOs.

Over the past few months, we have been in dialogue with a
number of colleagues internally and externally who have
adopted a really positive view on how DOs can be involved in
community pathways and enhanced services. Whilst nothing
is guaranteed, what is apparent is that DOs/CLOs/LVOs can
and should be doing more.

Our aim is to ensure that opportunities will be created to
allow members to choose to increase their scope of practice if
they wish. Advancing the status and character of DOs is a
priority for me personally, as well as for the ABDO board and
executive team. I hope we can collectively make it happen.

Barry Duncan FBDO

Head of policy and development





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

The Anderson Files

There's no doubt that we are increasingly living in an 'instant age'. With 24/7 news, Twitter, Facebook, Instagram, Pinterest and the like conveying every minute detail of what's going on in the world to our mobile devices every minute of every day, life has become so fast-paced.

Indeed, at a recent ABDO event I had the pleasure of awarding Honorary Fellowship to Frank Munro for his services to ABDO over many years – and before the day was out there we were being Tweeted over the ether with all those 'in the know' instantly aware of the great news.

Fast forward a few days, and I am *en route* to India – more specifically to the Sankara Nethralaya Academy in Chennai to examine overseas students for ABDO. During this visit, we were based in a college, funded entirely by charitable means, examining students including trainee DOs and optometrists, taking ABDO PQE and FQE exams.

This being my first visit to India, I was a little unsure of what to expect; a feast for the senses for sure with the sights, sounds, smells and, of course, the heat. Living in the north of Scotland, heat is something we don't experience very often – but boy was it hot.

The juxtaposition of traditional life and our 'instant' 21st century living was stark – with ladies in beautiful traditional saris, simple delicious food and a language I can never hope to understand, mixed with the high-tech trappings of today. However, communication could not have been easier. Ultra-fast broadband everywhere and speeds double or three times what I experience at home made keeping in touch with loved ones back in the UK all too easy.

Some of the more bizarre sights I experienced included the most manic driving I have ever seen with mopeds, motorbikes, cars, lorries, buses, rickshaws, tuktuks and cows jostling haphazardly for their space on the roads. The colours of the saris worn by the ladies were stunning and it made me feel truly grateful to have



Examiners and staff from the college

reasonable visual acuity to be able to see the riot of colours on show.

All too soon, the time came for us to return to the airport for our flight home. It never ceases to amaze me on these overseas examining trips how a group of individuals with just a few things in common – being DOs, CLOs or LVOs and members of ABDO and examiners – can set

off as individuals and, after just a few short days, have gelled together to work and play as a tight knit unit.

It just goes to show what a common theme and goal can do for group dynamics – something which I think can be applied to the wider world of optics. We all have different roles to play within the sector but our common aim, no matter what our role, is to help those with a visual impairment by whichever means we can. Sometimes it may be a pair of spectacles or contact lenses, it might be a low vision aid, or just some friendly advice. But we do what we do to help others and I, for one, hope we never lose sight of that.

Nowadays with commercial pressures and the busy 'instant' lives we lead, it is often easy to forget that our vocation does indeed help others.

EYE CONDITIONS EXPLAINED

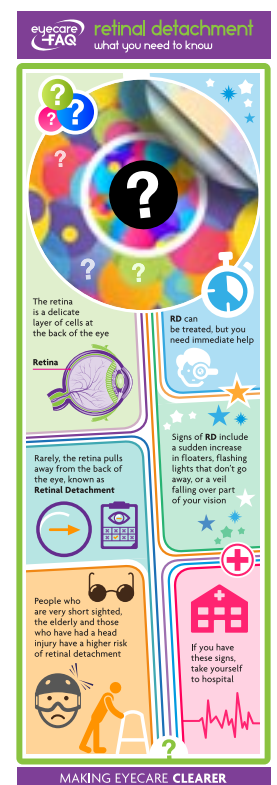
Last month EyecareFAQ looked at retinal detachment (see *infographic*). This month the focus is on nystagmus plus the equipment used in optical practices with an infographic and answers to FAQs.

Watch out for an illustrated guide to who can get eyecare funded by the NHS, relating to the different countries of the UK. We will also be sharing images and information related to eye conditions of old age. Check the ABDO Facebook group for advance notice of images to share with your patients, promoting better eyecare and eyewear for sports fans and participants. Find questions and answers on more topics at www.abdo.org.uk/information-for-the-public/eyecarefaq. These are available to members for use on your practice website and social media channels.

Eyecare FAQ is at:

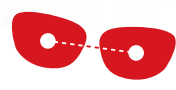
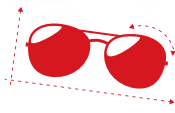
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Don't forget: ABDO and ABDO College are on Facebook, Twitter and LinkedIn. Check out the social media channels for optical news and updates. Please share photos from optical events with us and invite your colleagues to like the social media accounts too.





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ABDO set to return to 100% Optical

100% OPEN FOR BUSINESS

ABDO has confirmed its attendance once again at 100% Optical, to be held at ExCel London from 4-6 February.

Visitors may now register online for the show, which will see the return of the ABDO Arms and a new-look Dispensing Workshop.

With companies such as Shamir, Silhouette, Zeiss and Heidelberg Engineering already signed up, the show organiser Media 10 is promising "a prestigious and packed event". The Association of Optometrists (AOP) will hold its annual awards ceremony during the event for the first time on the evening of Sunday 5 February.

Event director, Nathan Garnett, said: "Work has already begun on another inspiring speaker and education programme with our partners at the AOP along with ABDO, LOCSU, WCSM and BIRA to offer more CET points to visitors. We've seen a 20 per cent growth in exhibitors and visitors each year and will continue to make that our target in 2017."

Register at www.100percentoptical.com

HIGH ALTITUDE EYEWEAR

Julbo's heritage Vermont Classic mountaineering sunglass so favoured by climbers has re-emerged as a High Street classic.

Julbo has embraced the use of its iconic frame and launched a number of new options for the winter season with the addition of a range of mirror coatings. "This has seen sales into central London and other major capitals surge over the last few weeks, driven by lower altitude pursuits," said a spokesperson for Lenstec, which distributes the Julbo range in the UK.



OC UNDER REVIEW AS CHAIRMAN STEPS DOWN

The future direction of the Optical Confederation (OC) is under review after Chris Hunt stepped down as its chairman last month.

Chris, who was OC chairman for two years, commented: "I have greatly enjoyed my role as chairman of the Optical Confederation and have gained a real insight into the ability of the member organisations

to work together for the benefit of the sector and the patients we serve.

"However, I now feel it is the right time to return to my wider interests in optics and take up other opportunities which I have put on hold whilst chairing the OC. I will maintain



Chris Hunt



Nick receives his Honorary Fellowship

HONORARY FELLOWSHIPS AWARDED

Optometrists Frank Munro and Nick Rumney have been awarded Honorary Fellowships of the Association in recognition of their contributions to ABDO and to the dispensing profession in general.

A past president of the College of Optometrists and a founding member of Optometry Scotland, Frank was presented with his Fellowship certificate by ABDO president, Fiona Anderson at an Area 12 event in Dunblane (see Area news page 19). Nick, who is the chairman of independent practice BBR Optometry, received his Fellowship at an ABDO board and trustees' dinner in London.

Commenting on his award, Nick said: "My grandfather started in optics before the first world war when it was very much concentrated on the dispensing and, indeed, manufacturing of spectacles. My father was similar – a true ophthalmic optician. In fact, my first job was in manufacturing spectacles and I have remained in touch with the dispensing of high quality spectacles ever since.

"Dispensing opticians are as much an important part of the team as anyone else, and as optometry scope of practice changes I fully expect DOs to be integral as their role also changes," added Nick.

a close interest in the work of the OC and will continue to advocate the merits of a single voice for optics."

Tony Garrett, speaking for the OC, said: "We are all extremely grateful to Chris for all he has done on our behalf and the sector as a whole, and will miss him. His knowledge, passion and good humour have been a tremendous asset and his leadership has been outstanding. We wish him well in his future endeavours."

The role of OC chairman will rotate while a review of its work gets underway.

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Enjoying the sights of Paris

ROMANTIC BREAK FOR SILMO WINNER

Nicola Dell was the lucky winner of a trip to Silmo in Paris after entering ABDO's exclusive prize draw for two flights and two nights' accommodation.

A dispensing optician at independent opticians, D. Murphy in Cambridge, Nicola took her fiancé Chris on the trip with her. She said: "It was a wonderful surprise to receive the phone call from Elaine Grisdale to say I had won. The exhibition was vast – full of vibrant colours, energy and wonderful products. We were also lucky enough to be invited to the Silmo d'Or Awards and took full advantage of our time in Paris. Thank you Silmo and ABDO."

Turn to page 39 to read our Silmo 2016 report.

QUACKINGLY POPULAR BRAND

Norville has declared its Duck & Cover a favourite option for young men reporting its ever-increasing popularity.

The trend for black frames has proved popular in Norville's Duck & Cover range making DC038 C2 (pictured), DC036 C1 and DC002 C1 amongst the company's top selling models of 2016.

The full range can be viewed at www.norville.co.uk



Black frames on-trend

FESTIVE WINDOW DISPLAY OFFER

Enter the festive season with Silhouette's Christmas window initiative featuring its sparkling Elegance Collections.

Practices that purchase four or more frames from the collections will receive a point-of-sale kit that includes a Christmas Silhouette poster and window sticker, a stand-up tree display, and a range of dangling snowflakes.

Those who tweet a photo of their Christmas themed window using the hashtag #silhouettechristmas and tagging @silhouette_1964 will be in with a chance to win a deluxe Christmas hamper.



Receive an elegant seasonal display



Medal award ceremony

NEW MASTER INSTALLED

Don Grocott was installed as the Master of the Worshipful Company of Spectacle Makers (WCSM) during the Company's annual service at St Bride's, Fleet Street.

Well known across the optical world, Don has been chairman of the Association of Contact Lens Manufacturers and president of Euromcontact, the AOP and FODO. He also spearheaded the formation of the Optical Confederation, and was its chairman until 2014.

Don is pictured with Dr Jasmina Cehajic Kapetanovic, a trainee academic ophthalmologist who was awarded the 2016 WCSM Ruskell Medal, and Professor John Marshall, chairman of the WCSM Professional Committee.

The 2016 WCSM Master's Medal was awarded to Corinne Fulcher, an optometrist studying for a doctorate at the University of Bradford, for her paper: 'Object size determines the spatial spread of visual time'.

BRINGING OCT TO LIFE

Three CET points for dispensing opticians are available to those who attend a Heidelberg Engineering Academy OCT Live event.

Bringing OCT to life, OCT Live will guide attendees through the patient journey, from scanning the patient live in HD on the big screen to interpreting images and making a decision on patient management.

The theme is macular pathology and the patient journey, from the beginning (how OCT can be used to spot pathology) through to the end (referral protocol and treatment), will be followed.

OCT Live evening events will take place at the: Mount Hotel, Wolverhampton, on 6 December; Holiday Inn, Brighton on 17 January; in Glasgow on 23 January; in London on 31 January; and in Nottingham on 21 February. Book at:

<http://academy.heidelbergengineering.com>

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The Yuniku dispensing concept

3D EYEWEAR DESIGN CONCEPT

Hoya Vision Corp unveiled its new eyewear concept developed in partnership with 3D printing software provider, Materilaise, at Silmo 2016 in Paris.

Called Yuniku, Japanese for 'unique', the company claims it is the world's first 3D tailored eyewear designed entirely around the optimal vision of the wearer.

Advanced software calculates the ideal position of the lenses in practice, and then the frame is designed based on these unique parameters; 3D printing allows for further tailoring of the frame. A selection of frame designs, colours and finishes are available with a choice of lenses.

"Yuniku is an exciting step forward in custom eyewear," said Hoya Vision Corp vice president of global marketing, Jon Warrick. "By capitalising on advances in 3D printing technology, we have removed the limitations posed by traditional spectacles."

DIAMANTÉ IN THE DETAIL

Continental Eyewear has added petite supra JL 1276 to its Jacques Lamont collection.

With temples embellished by an array of diamanté details, the frame has the added advantage of a quality spring hinge. It is available in tan, rose and lilac and fits a 49 eye size.

* Andrew Bailey has joined Continental's commercial team. Based in the South West, Andrew has worked in optics for more than 30 years and follows in the footsteps of Vic Jerrom who has retired after 30 years with the company.



New Optrafair areas planned

FRESH IDEAS FOR OPTRAFAIR

Optrafair 2017, from 1-3 April at the NEC Birmingham, will introduce a range of new areas including a Business Theatre, Window Dressing, Trend Forecasting and a Centenary Bar.

The Business Theatre will deliver business sessions and real-world case studies embracing management issues such as HR and marketing, while the Window Dressing area, sponsored by International Eyewear, will see experts explore how to dress practice windows for any and every day of the week.

The Trend Forecasting zone will help designers and buyers focus on choosing the right products at the right time for their business. Located at the centre of the show, the Centenary Bar will showcase the heritage and developments of the British optical sector, celebrating 100 years of the Federation of Manufacturing Opticians.

Register for the show, where ABDO will have its usual strong presence, at www.optrafair.co.uk

GUIDE SUPPORTS "SEA CHANGE" CALL

High Street optical practices can deliver preventative health for patients, especially for those who do not often visit a GP, highlights a new guide for local authorities jointly produced by the Optical Confederation (OC), Local Optical Committee Support Unit (LOCSU) and the Local Government Association (LGA).

The guide, 'Improving eye health through community optical practice', calls on local authorities to make better use of the nationwide network of optical practices to make every contact count and help combat smoking, alcohol consumption, obesity, falls, isolation and more.

"A sea change is required in eye health care delivery, and opticians and optometrists can be a vital part of that,"



Katrina with Cllr Jonathan McShane from the LGA

said Katrina Venerus on behalf of the OC. "Optical practices should be the first port of call for all eye health issues."

The guide is aimed at Health and Wellbeing Boards in England and Scrutiny Committees, and can be downloaded from www.opticalconfederation.org.uk



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Complimentary display

BOX UNIT WITH ATTITUDE

Eyespace has introduced a new merchandising unit available complimentary with purchases of Basebox frames.

Basebox comprises more than 30 models using premium materials such as high definition, super-thin and ombre acetates, stainless steel and crystals. The latest releases draw strongly on the British retro revival.

Eyespace marketing manager, Nicky Clement, said: "Loaded with attitude, the innovative layout and choice of materials provide an original merchandising solution for practitioners."

PHARMA PORTFOLIO SOLD

Moorfields Eye Hospital NHS Foundation Trust has sold its commercial pharmaceutical business, Moorfields Pharmaceuticals, to Rayner Intraocular Lenses.

The announcement follows a strategic review by Moorfields and the businesses within its portfolio.

FMO PLANS ITS STRATEGY

The Federation of Manufacturing Opticians (FMO) will present an "ambitious" new strategic plan which will have "far-reaching consequences" to members at its AGM in December.

A draft Strategic Plan was launched for consultation at the FMO's autumn meeting in October, with the aim of setting out a vision, mission, values and overarching strategic aim for the future.

In his new role as chairman, Andy Yorke, will help deliver the Plan. Andy, who is managing director of Topcon Medical, has taken over the role from Mark Truss.



Opti 2016 facts and stats

OPTI EYES THE FUTURE

German trade fair Opti is looking to the future as it prepares to celebrate its 10th anniversary at the 2017 show, being held from 28 to 30 January at the Fairground Mess München.

The inaugural Opti in 2008 attracted 357 exhibitors while this year's event saw 570 firms taking part with some 28,000 people visiting. Originally conceived as a domestic event, Opti now attracts more international visitors than national and covers more than 40,000 square metres of floor space in four halls. Indeed, with waiting lists to exhibit a regular theme each year, a further two halls are being built for 2019.

Find out more about the show in next month's issue.

25 YEARS ON CALL

No7 Contact Lenses' technical director, Kevin Taylor, is celebrating 25 years with the business he first joined as laboratory manager.

Kevin, who leads No7's customer services team, said: "We receive between 250 and 300 calls a day and some are of a very complex nature – others are supporting practitioners who are new to fitting contact lenses.

"One of the most interesting areas we are speaking to customers about is using scleral lenses for dry eye patients – it is a modality we expect to see more practitioners dispensing," added Kevin.



David Mowat MP

OC MEETS NEW MINISTER

Optical Confederation (OC) representatives called for the roll-out of Minor Eye Care Services (MECS) to all commissioning areas across England at their first meeting with the new Parliamentary Under Secretary of State for Health, David Mowat MP.

Central to the discussions were the pressures facing hospitals and GPs. Immediate past chairman of the OC, Chris Hunt, said: "We are heartened that the Minister was genuinely interested in how the optical sector can offer real value within a primary care setting and deliver the Five Year Forward View.

"He was surprised that eye health services were not higher up the NHS agenda, a concern which we fully share. Indeed, it was not clear that officials had convincing answers for this."

David Mowat is due to speak at the National Optical Conference on 10 November, and will meet with the OC again in early 2017.



Kevin Taylor

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A Media 10 event



The Storm team

BUSINESS BUILDING STORM-TROOPERS

A group of well-known industry experts have joined forces to launch a new business service for independent practices called Storm.

Offering a range of programmes to support practice owners in optimising specific areas of their business, the Storm team includes Imran Hakim, Gavin Rebello, Sarah Morgan, David Samuel, Nick Browning, Rob Hogan and Mark Draper.

Brian and Nicky Tompkins of Tompkins, Knight & Son in Northampton are amongst a number of practitioners who trialed the Storm process prior to its full launch. They said: "We've been in practice for a number of years now and it's made us question aspects of our business we'd never thought of before. I wouldn't hesitate to recommend the programme to all independent practices, no matter how successful they are."



Superdry model Bendo

JAPANESE SPIRIT AT SILMO

Inspecs brought British design with the spirit of Japan to Silmo 2016 with the launch of its latest Superdry collection.

The new styles include acetates, subtly distressed metals and ultra-light TR90LXS frames. On-trend nude colour palettes are paired with Superdry fluoro detailing and luxe finishes, all with Japanese-inspired branding.

Model Bendo (pictured) is a classic Superdry tri-colour style with barrel hinges and ultra-light TR90LXS for functionality and style.

DO JOINS DUNELM

Dispensing optician Wendy Fox has joined Dunelm Optical as its regional sales and product development manager for East Anglia and Lincolnshire.

Craig Gibbons has also taken up the same role, but covering the North West region.

Peter Beaumont, Dunelm Optical MD, said: "We are delighted to welcome both Wendy and Craig on board. They bring with them great knowledge and experience and will be well placed to ensure that our customers continue to receive excellent levels of support."



Call for volunteers

CHRISTMAS APPEAL

Vision Care for Homeless People (VCHP) is looking for a volunteer to share the role of Opticians Service Organiser for Crisis at Christmas 2016.

Readers interested in the role, which involves project managing a week of mobile opticians' clinics for homeless people across London, should email VCHP general manager david.brown@vchp.org.uk

The Crisis at Christmas online appeal for optometrists and dispensing opticians is now live. Volunteer at www.crisis.org.uk

BLOGGERS ON BOARD

Three high-profile UK and Ireland based bloggers are sharing their contact lens wearing experiences as they trial Alcon's Dailies Total1 contact lenses.

Chantelle Znideric, an award winning personal shopper and a lapsed contact lens wearer, Ree of Love30, a contact lens wearer who promotes lifestyle choices for women in their 30s, and contact lens novice, Yvonne of YstyleIreland, are sharing their experiences of life with their lenses.

The campaign includes three new social media channels dedicated to the Dailies contact lens brand using the handle @dailieslenses



Wendy Fox



Slick design and simple lines from Paul Costelloe

IRISH FASHION IN THE FRAME

The Paul Costelloe eyewear autumn release comprises 11 frames, each available in three colourways and carefully curated by the Irish designer fresh from a round of successful shows at London Fashion Week.

The designer's latest clothing collection draws on sensibilities of the past, updating the ancient material of linen in tailored shapes and structured folds. These principles are followed by the latest luxury frames from Dunelm Optical, whose MD Peter Beaumont commented: "We enjoy working closely with the inspirational Paul Costelloe to bring a range of exciting new frames to the market. His brand is a key part of our portfolio and we are proud to be the sole supplier."

OPTICAL BENEFITS RESTORED

Ireland's optical bodies have welcomed the restoration of free spectacle provision or contribution towards spectacles, and the inclusion of self-employed workers for the first time, into the Treatment Benefit Scheme as announced in the recent budget.

Announcing the changes to the Scheme, the Minister for Social Protection, Leo Varadkar TD, said that the "expansion of the Scheme means that the range of optical treatments will benefit up to 2.5 million people".

Ann Blackmore, director of policy and strategy at the Federation of Ophthalmic and Dispensing Opticians (FODO) Ireland, said: "FODO Ireland is delighted that the minister has responded positively to our calls for the restoration of optical benefits and for bringing self-employed workers into the Treatment Benefit Scheme. This is a very positive move which will enable proper access to sight testing and treatments for working people."

Whilst also welcoming the announcement, the Association of Optometrists Ireland (AOI) said the fee paid to optometrists for eye exams was far below the recommended level of €34-€50 and called for this to be addressed in future budgets.

VIRTUAL EYEWEAR COACH

The Luxottica Group and Intel have launched a smart eyewear featuring a real-time voice activated coaching system called the Radar Pace.

Seeking to redefine the way athletes train, Radar Pace is the result of years of research and development between Luxottica's Oakley brand and Intel. Available online

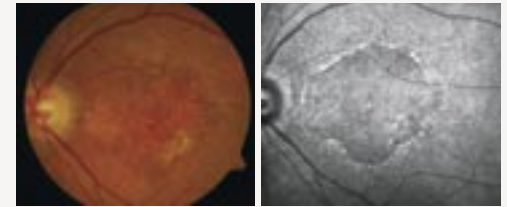
at www.Oakley.com and in select Oakley retail stores, the device creates dynamic and personalised training programmes, tracks performance, coaches in real-time and responds to questions asked by the user.

"Radar Pace is a testament that everything can and will be made better," said Scott Smith, Luxottica's vice president of strategic partnerships. "It is the ultimate hands-free training wearable that will push the boundaries of smart eyewear."



The Radar Pace

NEXT GENERATION FUNDUS IMAGING



Colour fundus photography made its debut on the High Street more than 25 years ago, providing a record of the retinal examination and allowing disease progression to be monitored by noting changes between visits.

Colour fundus photography is now routine in most optometric practices and has also been adopted as the standard for diabetic retinopathy screening in the UK.

The confocal scanning laser ophthalmoscope (cSLO) opens up a new dimension in fundus imaging. This technology can offer unparalleled resolution through an undilated pupil in monochromatic, colour and metabolic imaging modes.

The cSLO infrared mode has some significant advantages over colour fundus photography.

Firstly, infrared light at 815-820nm is invisible to the eye and even the most photophobic patients, including children, can tolerate a fundus examination using this technique, as there is no bright flash.

The infrared wavelength is not diffracted by media opacity, making it possible to image patients with moderate cataract. It is easily absorbed by fluid and pigment offering better visualisation of structural changes, such as epiretinal membranes and macular oedema.

Disruption of the photoreceptors is also clearly visible. For example, the infrared image (*above right*) shows an area of retinal pigment epithelium atrophy, which is not as clearly visualised in the fundus photograph of the same eye (*above left*).

Infrared reflectance imaging is just one cSLO option. MultiColor laser imaging and autofluorescence can provide additional information for accurate referrals and treatment at the right time.

See a live cSLO image acquisition at www.youtube.com/watch?v=AINF5rK48RY



The ultimate optical trade show is back—exciting, original and sensational. And, for one time only, **opti 2017** will start on a Saturday: experience the major industry event **opti**, with all its variety of trends and technologies, innovations and ideas, information and inspiration!

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PLATINUM CELEBRATIONS FOR FAMILY FIRM

The Optoplast Actman Eyewear Company has marked its 70th anniversary by releasing four limited edition designs for Walter & Herbert – its premium Made in England brand named after

Optoplast's founding fathers, Walter Conway and Herbert Thorn.

Just 100 units each of the black frames are available, one ophthalmic and one sun design, named after iconic figures from history – Constable, Chaucer, Woolf and Nesbit. In a nod to the



One of the limited edition Walter & Herbert frames

company's platinum celebrations, the frames feature intricate metal detailing.

The new frames were unveiled as Optoplast celebrated its milestone at London's Sky Garden last month. During the event CEO James Conway, grandson of Walter Conway, presented a cheque for £2,100 to children's cancer charity Momentum. Since the start of the year, Optoplast has been making a donation for every pair of sun and optical frames it sells from its 2016 Walter & Herbert range.



Cancer charity donation

James Conway commented: "It was important to us to bring together those people who have been part of our story to celebrate 70 years of innovation in eyewear. Many companies don't stand the test of time so 70 years is a milestone worth marking.

"Eyewear is an evolving industry, and our aim is to continue to be at the forefront for many years to come. We have invested heavily in state-of-the-art machinery and recruited some very talented people along the way. We are privileged to have staff that have been loyal to us for nearly 30 years and that's important, especially being a family business at heart.

"We're excited to release four new designs in our Walter & Herbert range, which are a testament to our 70-year journey," James continued, "and we'd like to thank our team and our customers who have made this celebration possible and who also helped with our fundraising efforts for Momentum."

Anniversary celebrations have also taken to the roads in the capital, with five black cabs adorned with Walter & Herbert branding. Cab receipts can be exchanged by passengers to receive 10 per cent off their first purchase in store. Each frame is offered in an individual, limited edition wooden box.



Branded black cabs

As summer turned to autumn so the minds of ABDO members turned from holidays to CET, writes Richard Rawlinson

Access all CET areas

Delegates from throughout the Midlands and Wales gathered on a delightful sunny evening at the Royal National College for the Blind in Hereford to partake in CET and networking provided free of charge to members by ABDO. This keenly attended event offered seven interactive CET points covering seven core competencies and was generously supported by Essilor and Orange Eyewear.

Proceedings kicked off with a brief presentation on the new ABDO regional structure and how members would be supported by ABDO in their roles and interactions with local optical committees (LOCs) moving forwards. It was then down to the serious business of peer discussion presented and facilitated by Nick Black.

Delegates discussed case studies relating to 'Contact lenses and enhancing vision' with conversations covering the Gillick Competency, consent, contact lens specifications, orthokeratology, myopia control with spectacle lenses and much more besides.

A visual recognition test on the subject of everyday aids for low vision followed and, although the use of the internet was allowed, all of our delegates managed to stay away from Google and answer the questions between themselves.

The evening was rounded off with an informative and engaging discussion workshop on PPL troubleshooting. Facilitated by Andy Hepworth, delegates were able to learn about questioning techniques, resolving problems and vocational lifestyle requirements. To quote one delegate: "It always amazes me that after 40 years in the profession, I always learn something new at these events."

At the end of the evening, ABDO members were reminded that a Level 2 Child Safeguarding CET module is available free of charge through the ABDO website. Dispensing opticians are the only professional group, which has a specific competency for



Frank Munro receives Honorary Fellowship of the ABDO

paediatric dispensing. For that reason, and to satisfy local and national protocols, the dispensing optician must have, as well as the General Optical Council-regulated elements of this competency, a qualification relating to the safeguarding of children. Please visit www.abdo.org.uk/cet/child-safeguarding

GETTING DOWN IN DUNBLANE

ABDO Scotland hosted a very successful social event on Saturday 17 September at the Double Tree by Hilton in Dunblane – hometown of Wimbledon champion Andy Murray, reports Fiona Anderson.

After welcome drinks, the evening started with a very warm welcome by Scott Mackie, recently appointed to ABDO's new National Clinical Committee (NCC). After a delicious three-course meal, Barry Duncan, ABDO head of policy and development, took over as MC for the night.

It was my honour to be invited to say a few words and thank everyone for coming, especially ABDO general secretary Tony Garrett and his wife Jane for making the long journey north, as well as colleagues from NES Optometry and Optometry Scotland.

This was also an opportunity to congratulate Brenda Rennie on her appointment as ABDO regional lead for Scotland from January 2017, as well as Graeme Stevenson who will be the sub-regional lead.

The formalities concluded with a special presentation of Honorary Fellowship to Frank Munro. Frank is known to many, if not all, in the wider world of optics in Scotland. A past president of the College of



Upskilling at the Holiday Inn, Peterborough

Optometrists and a founding member of Optometry Scotland, Frank has dedicated his whole working life to optics and has been a huge player in promoting eyecare in Scotland. Frank will be known to many ABDO members, having presented at many ABDO conferences over the years and he has been a great friend to the Association.

A great night of Motown dancing was had by all of the evening's guests and attendees, each of whom (thanks to Brenda) left with a personalised table place-setting fashioned as a LP record.

Bright and early the next morning, a full-on CET day was provided to 100 ABDO delegates. A mixture of skills and discussion workshops and visual recognition tests were on offer over the day and all members who attended could gain up to 16 CET points covering eight competencies. The hotel did a grand job looking after us and the day was a resounding success thanks in no small part to our ever generous sponsors.

VARIETY OF CET ENJOYED

At the Holiday Inn in Peterborough on Sunday 25 September, Area 4 ABDO members enjoyed a full day of CET, reports Joanne Abbott.

The day provided workshops and presentations including Dr Maggie Woodhouse OBE discussing, 'Understanding patients with Down's syndrome' and Richard Edwards on 'Improving contact lens wearer compliance'. There was also a look at sports vision dispensing and a peer discussion session.

With a generous supply of prizes from sponsors and supporters, a raffle raised more than £120 in aid of Fight for Sight.



Professor James Wolffsohn discussing the presbyopia contact lens category

• PRESBYOPIC PATIENTS' NEEDS TOTALLY COVERED

• Alcon was joined by leading multifocal contact lens prescribers from the UK and Ireland at Warwickshire's Walton Hall Hotel recently for the official launch of Dailies Total1 Multifocal contact lenses.

• The company partnered with Professor James Wolffsohn and Sarah Morgan who brought the multifocal category to life through interactive lectures on presbyopia. The lens was then introduced by Jonathon Bench, head of professional affairs of Alcon UK and Ireland, as "the first and only water gradient contact lens for presbyopia, addressing the unmet needs of presbyopic patients".

• CLO and British Contact Lens Association president elect, Keith Tempamy, commented on the "excellent patient feedback" that he had received after prescribing the lens. The event also gave ECPs an opportunity to fit and trial the lens.

• Dailies Total1 Multifocal contact lenses are available with a power range of +3.00D to -6.00D (in 0.25D steps) and three Add powers (Lo, Med, Hi) with expanded parameters to follow, matching the rest of Alcon's multifocal portfolio (+6.00D to -10.00D in 0.25D steps).



Fitting for success

In this month's Product Spotlight, we look at some of the latest contact lens innovations for presbyopic patients and in other categories too...



Hard-working contact lens for hard-working wearers

• HYDRALUXE TECHNOLOGY NOW IN A DAILY DISPOSABLE

• Johnson & Johnson Vision Care Companies' Acuvue Oasys contact lenses are now available as a daily disposable.

• Acuvue Oasys 1-Day with HydraLuxe technology features a large optic zone, ideal for patients with larger pupil sizes in lower light conditions, as well as a 14.3mm lens diameter for fitting ease. The HydraLuxe technology allows a network of tear-like molecules and highly breathable hydrated silicone to integrate with the patient's own tear film.

• Dr Kamlesh Chauhan, director of professional affairs, UK, at Johnson & Johnson Vision Care Companies, said: "Thanks to a tear-infused design, this is a lens that eyecare professionals can recommend to both new and existing wearers who have demanding work-life schedules."

• The lens is available from +8.00D to -12.00D in both 8.5mm and 9.0mm base curves.

• LENS COATING INNOVATION FOR GPS ON THE WAY

• Contamac, manufacturer of the Optimum line of GP materials, has announced the FDA clearance of Tangible Hydra-PEG (K161100).

• Tangible Hydra-PEG is a novel contact lens coating technology that encapsulates the Optimum GP material in an ultra-thin layer of a PEG-based polymer (polyethylene glycol), creating a lens surface that is extremely wettable and very lubricious.

• "Contamac is excited to partner with Tangible Science to bring this new and exciting technology to the specialty contact lens industry," said Martin Dalsing, director of global strategy and new business development for Contamac. "This long awaited innovation has brought both specialty contact lens laboratories and practitioners a new tool to improve the patient contact lens wearing experience and satisfaction with a noticeably slippery lens surface that creates that 'wow-factor'."

• The nationwide launch of Tangible Hydra-PEG technology through a network of specialty contact lens labs is planned for January 2017.



Exciting new technology for specialty contact lens industry

MONTHLY DISPOSABLE LENS 'FINE-TUNED'

UltraVision has fine-tuned its 'fast focused' monthly disposable silicone hydrogel contact lens, Avanti.

With a unique design, which allows for quick stabilisation, crisp clear vision is achievable at all times with Avanti, says the company. The reduced centre thickness and silicone hydrogel material is said to guarantee maximum comfort and grant patients longer wear times.

Avanti is available in five base curves, three diameters, spherical powers of +/- 20.00D and cyls of up to -8.00D. Multifocal options are also available as centre distance and centre near with add powers of up to +4.00D.

WATER-LOVING LENS IS 'ULTRA' CHOICE FOR PRESBYOPES

Bausch + Lomb has launched its Ultra contact lenses for the presbyopic market.

The three-zone progressive design of Ultra for Presbyopia is said to provide outstanding near, intermediate and distance vision with seamless transitions and easy adaptation between the three zones.

Bausch + Lomb Ultra contact lenses feature MoistureSeal technology, which uses a two-phase polymerisation process to create a silicone hydrogel material in a unique formulation. This is said to result in an exceptional combination of high oxygen transmissibility, low modulus and high wettability without a plasma treatment.

The technology maximises the concentration of PVP (polyvinylpyrrolidone) – a water loving polymer – in the lens. This reverses the usual approach of combining the silicone constituent, and as a result the lenses incorporate significantly more PVP than other leading brands of silicone hydrogel lenses. This helps them to retain high levels of wettability throughout long hours of work and play. Bausch + Lomb's own research has shown the lenses to retain 95 per cent of moisture content for 16 hours of wear.

LENS THAT TACKLES DIGITAL EYE FATIGUE HEAD ON

Biofinity Energys from CooperVision is now available to order in the UK and Ireland.

Boasting a unique Digital Zone Optics lens design, alongside moisture-retaining properties for long-lasting comfort, Biofinity Energys is said to offer patients a revolutionary option for all-day wear, helping to alleviate the symptoms of digital eye fatigue.

The lenses also incorporate a smooth, naturally wettable surface design with a special rounded edge to help reduce conjunctival interaction and improve wearing comfort.



Krupa Patel

"As a nation we rely on smartphones, tablets, laptops, in-car displays and other digital devices every day," said CooperVision's UK and Ireland professional services manager, Krupa Patel. "Extended exposure to bright light, screen glare and longer periods of use can contribute to the issue of digital eye fatigue and symptoms can often be dismissed as 'normal' by patients who have become used to a digital lifestyle.

"The launch of Biofinity Energys offers practitioners a fantastic opportunity to address these needs with a lens that can make a meaningful difference in people's everyday lives," added Krupa.

The lens is available in the same material (comfilcon A, 48 per cent water content) and parameter range as Biofinity sphere lenses, with an 8.6mm base curve, 0.08mm centre thickness at -3.00D, and 14mm diameter in sphere powers from +8.00D to -12.00D. The Dk/t of Biofinity Energys is also the same as Biofinity sphere (160 at -3.00D).

Our December issue Product Spotlight will look ahead at some exciting eyewear launches for 2017



Advantages to be gained from Avanti lenses



Three-zone progressive design for improved comfort



Innovative new silicone hydrogel lens

COMPETENCIES COVERED

Dispensing opticians: Communication, Contact Lenses, Ocular Abnormalities

Contact Lens Opticians: Communication, Ocular Examination, Contact Lenses

Optometrists: Communication, Contact Lenses, Ocular Disease



Too old for contact lenses?

by Angela McNamee BSc(Hons) MCOptom FBDO(Hons)CL FBCLA Cert Ed

When discussing contact lenses for the first time with a presbyopic patient, the practitioner's initial thoughts might concern the prescription: how to achieve levels of distance, intermediate and near vision which are acceptable for that patient's requirements. A thorough pre-fitting conversation will, of course, also include questions about health, taking careful note of any history of ocular or systemic disease. Knowingly or unknowingly, however, these patients will also be subject to a great number of normal ageing changes.

This article aims to look at these common physiological changes as well as some of the diseases, which become more prevalent with age, and to consider how all of these factors may influence successful, continuing contact lens wear.

The distinction between 'normal' ageing changes and ocular disease is often blurred, so the article is classified instead by location within the eye.

PUPILS

Pupil size reduces with age. In normal illumination, the average 20-year-old has a 5mm pupil, increasing to 8mm in low light conditions. By the age of 70 however, the diameter will have reduced to an average of 2.5mm in normal light, increasing only to around 3mm¹. Pupils this small and unreactive not only reduce the amount of light arriving

Box 1: Involutional explained

The term 'involutional' is frequently used when describing age-related changes in anatomy. Its origin is from the Latin involvere – to curl inwards or wrap up, but in medical terms it may be defined as: "A progressive decline or degeneration of normal physiological functioning occurring as a result of the ageing process". In other words, for 'involutional' read 'age-related'.

at the retina, but could also make the fitting of multifocal soft lenses rather challenging, since most of these lenses are, by nature of their design, pupil-dependent.

LIDS

Ptosis

With normal ageing, the top lid gradually assumes a lower position², a condition known as involutional (**Box 1**) or aponeurotic ptosis. The aponeurosis is that portion of the levator muscle which flattens out as it inserts into the tarsal plate, and in this condition the aponeurosis degenerates and/or disinserts from the plate, allowing the lid to droop.

This lowered lid position may be need to be considered when deciding the total diameter of a corneal RGP lens. It may also cause reduced oxygen supply to the superior cornea³, a situation that could be exacerbated by the wearing of low dK soft lenses.

Long term PMMA and RGP lens wearers are known to be at increased risk of

developing aponeurotic ptosis⁴, with the causes thought to be either stretching of the aponeurosis when employing the 'pull and blink' method of lens removal, or possibly low grade, chronic irritation of the lid. One study has suggested that there is also an increased risk in soft lens wearers⁵.

Ectropion

The lower lids are also susceptible to involutional changes. Ectropion (literally 'turning out') may occur, due to degenerative changes in the ligaments of the inner and/or outer canthi, and in the tarsal plate. Alternating/translating bifocal contact lens designs rely on the lower lid to push the lens up, placing the reading portion in the line of gaze, and these would be unsuitable in the presence of ectropion.

A complication of ectropion is punctal eversion, in which the punctum is clearly visible because it is no longer in contact with the globe or with the lower tear

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 March 2017 issue of Dispensing Optics. The closing date is 14 February 2017.



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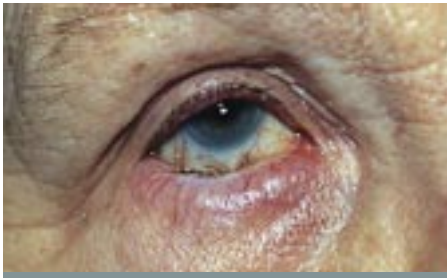


Figure 1: Entropion, showing the lower lashes rubbing against the cornea



Figure 2: Dermatochalasis



Figure 3: Blepharitis, showing crusting between the lashes

meniscus. In this situation the tears are unable to find their natural drainage hole and so spill down the cheek (epiphora). The problem may be made worse by frequent contact lens insertion and removal³.

Also, inadequate contact between the lids and the globe may prevent efficient spreading of the tear film across the cornea and contact lens. Add to all of this the increased exposure caused by the lowered lid position and it is clear that ectropion is a strong risk factor for dry eye.

Entropion

The most common type of entropion ('turning in') is also age-related, and usually affects the lower lid (Figure 1). There is a combination of causes for involitional entropion, including changes occurring in the orbicularis muscle, where its preseptal (inferior) portion becomes more mobile, allowing it to override the pretarsal (eyelid) portion, thus turning the eyelid in. The lower lid retractors, responsible for depressing the lower lid on downgaze, may become looser or disinserted. Lid laxity is also a factor.

The obvious result of entropion is that the eyelashes turn inwards, causing inferior corneal and conjunctival abrasion. For therapeutic protection from the lashes, silicone hydrogel contact lenses may be considered in mild cases, and sclerals in the more advanced. However, both entropion and ectropion may be amenable to surgery, and are not necessarily conditions which patients simply have to accept as part of getting old.

Dermatochalasis (Figure 2)

Sometimes confused with ptosis, in this condition the skin of the eyelids becomes looser and less elastic, and may hang down in a fold over the upper lashes, obscuring their roots. This can make good lid hygiene quite difficult, leading to an increase in blepharitis (see below).

Loss of lid tension

Occurring in both the upper and lower eyelids, loss of lid tone can make rigid contact lenses more difficult to remove, as the lids become

less tight against the eye. It can also preclude the fitting of rigid alternating (translating) bifocal contact lenses, which rely on good contact between lower lid and globe in order to raise the lens on downgaze.

Blepharitis

One way of classifying blepharitis (Figure 3) is in terms of its cause: seborrheic (a disorder of the sebaceous glands), bacterial (usually staphylococcal) and Demodex (caused by the Demodex folliculorum mite). There is a general increase in blepharitis with increasing age⁶, and Demodex has been found in 100 per cent of over 70-year-olds⁷. Increased Demodex infestation has also been associated with contact lens wear⁸. Since blepharitis may increase infection risk, it should be treated before commencing contact lens fitting, by giving the relevant advice regarding ongoing lid hygiene.

CORNEA

Sensitivity, fragility, healing

Corneal sensitivity decreases with age, with the threshold for touch almost doubling between the ages of 10 and 80. The majority of this change occurs after the age of 40⁹. This reduced sensitivity has important implications for tear film quality, as discussed later.

At the same time as sensitivity decreases, corneal fragility increases at an almost identical rate, whilst the speed of healing reduces¹⁰. This potentially dangerous combination means that older contact lens wearers are more likely to suffer corneal damage whilst at the same time being unaware that there is a problem. Hence there may be an argument for increasing the frequency of aftercare checks in line with increasing age.

Endothelial changes

Endothelial cell numbers have been found to reduce, and become less regular in shape (pleomorphism) and size (polymegathism) with increasing age^{11,12}, although this finding is inconsistent¹³. Such changes in the endothelium may potentially impair its pumping mechanism, making the cornea more

susceptible to oedema. This risk is exacerbated by the use of contact lenses made from materials with low oxygen transmissibility.

Epithelial basement membrane dystrophy (EBMD)

Also known as Cogan's or Map-dot-fingerprint dystrophy, this is the most common corneal dystrophy, and its prevalence increases with age¹⁴. Most patients are asymptomatic, and the typical corneal epithelial changes of map-like shapes, dots, and whorls like fingerprints are found only on routine examination. It is caused by a defect in the adhesion of the epithelium to the underlying basement membrane.

Some patients may progress to develop recurrent corneal erosion syndrome (RCES), and those who do may awake in the morning with extreme discomfort and lacrimation, as the epithelium lifts from the membrane. The use of ocular lubricants at night will often be helpful. More severe cases may be treated surgically, often with an excimer laser (photo therapeutic keratectomy).

Routine contact lens fitting would be inadvisable in patients with EBMD and/or RCES although, once referred, they will sometimes be fitted with a continuous wear silicone hydrogel as a bandage lens.

Cornea guttata

Appearing in the central cornea, guttae look like tiny droplets (gutta means 'drop') between the endothelium and Descemet's layer, often interspersed with pigment granules. Although very common in the over-40s, they may represent an early manifestation of Fuch's endothelial dystrophy, a condition much rarer but more serious, leading to chronic corneal oedema. Six-monthly review of patients demonstrating guttata may be advisable.

CONJUNCTIVA

Pinguecula and pterygium

Becoming more prevalent with increasing age, pingueculae appear as elevations in the bulbar conjunctiva, near the limbus, at the three and/or nine o'clock positions. Varying



Figure 4: Pterygium

in colour from transparent to white to yellow, they may also be calcified (having white flecks) and are sometimes hyperaemic. The underlying cause is degeneration of the conjunctival stromal collagen and thinning of the overlying epithelium, due to exposure. Their presence may affect the fit of soft contact lenses, but is not a contraindication, although the use of contact lenses further increases the risk of pinguecula¹⁵.

The incidence of pterygium also increases with age, particularly in combination with long term exposure to ultraviolet radiation¹⁶. It appears as a fibrovascular growth, initially on the limbal conjunctiva, at the three and/or nine o'clock positions, and eventually encroaches on the cornea (**Figure 4**). Opinions vary regarding the fitting of contact lenses to patients with pterygium¹⁷. If the experienced practitioner does decide to proceed with caution to fit in the early stages, frequent photographic monitoring is advised.

Since both conditions have been associated with exposure to UV¹⁸, it would also seem intuitive for any contact lens fitted to contain a UV inhibitor, although arguably the best advice for these patients is the use of wraparound sunglasses and a wide-brimmed hat.

Conjunctivochalasis

This is a common consequence of ageing¹⁹, in which the conjunctiva loses its adherence to the underlying tissue, forming multiple folds (**Figure 5**). The use of contact lenses has been shown to further increase the incidence of conjunctivochalasis²⁰. On blinking, soft contact lenses may drag the loose conjunctival tissue, rather than gliding over it.

TEAR FILM AND DRY EYE

The tear film has three essential components^{21,22,23}. The outermost lipid layer is largely secreted by the meibomian glands, and its main function is to keep the tears from evaporating. The middle aqueous layer, secreted mainly by the lacrimal gland,

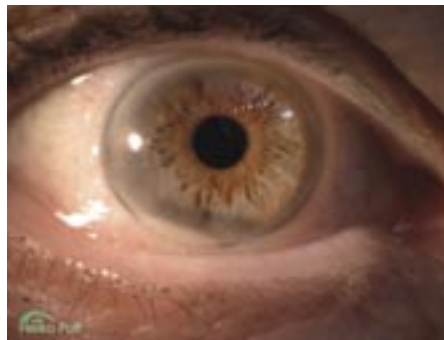


Figure 5: Advanced conjunctivochalasis. The loose conjunctiva partially obscures the lower limbus (image courtesy of Dr Heiko Pult, Optometry and Vision Research, Germany)

provides oxygen to the cornea and has antimicrobial properties.

At the ocular surface, sticky mucins are secreted by the epithelial cells of the cornea and conjunctiva, while soluble mucins, found in varying quantities throughout the aqueous layer, are secreted by the goblet cells of the conjunctiva. Collectively, these mucins ensure adhesion of the aqueous layer to the ocular surface, and help to stabilise the tear film.

Two classes of dry eye have been suggested²⁴. In aqueous-deficient dry eye, there is a reduction in tear aqueous production from the lacrimal gland. In evaporative dry eye, lacrimal gland aqueous production is normal but tears are lost due to excessive evaporation, as for example in meibomian gland dysfunction.

It has been shown that there is a significant increase in both types of dry eye in subjects over the age of 40, and this affects both genders²⁵. Dry eye has been shown to be present in 17.3 per cent of 48-59-year-olds, increasing to 28 per cent in the over-80s²⁶.

Lipids

Changes occur in the meibomian glands with increasing age: their openings narrow, their rate of secretion reduces and there is a reduction in their number (meibomian gland dropout)²⁷. These changes are likely to disrupt the lipid layer of the tears, leading to an increase in evaporative dry eye. Contact lens wear further destabilises the lipid layer²⁸.

Aqueous

The lacrimal gland, largely responsible for secreting the aqueous content of the tear film, has been shown to decrease in function with age²⁹, and aqueous deficient dry eye is more common in both male and female over-40s, but particularly so in females²⁵,

the latter being probably related to post-menopausal changes in sex hormones³⁰.

Mucins

Although numbers of conjunctival goblet cells appear to be maintained, their ability to secrete essential mucins reduces with age³¹. Any reduction in these mucins has the potential to adversely affect tear film quality. A deficiency in any one of the three tear film components can impact on the other two as well (**Box 2**).

Other factors affecting the tear film

Sleep disturbance is more common in older people³⁵ and this is also associated with dry eye symptoms³⁶. Use of medications tends to increase with advancing age, and some, including hormone-replacement therapy^{37,38} diuretics, antihistamines, anti-anxiety drugs, antidepressants and oral steroids²⁶, are also associated with an increased risk of dry eye. As discussed previously, ectropion and punctal eversion can also contribute to dry eye.

LENS

Cataract, and cataract surgery, become much more prevalent with increasing age. The presence of the cataract itself can cause changes to image quality, illumination and contrast sensitivity, all of which could be exacerbated by contact lenses. Tinted lenses will further reduce light transmission.

Fitness to drive may be a consideration; a patient whose visual acuity is already borderline for driving might be pushed below the legal threshold by a deposited contact lens, or one with under-corrected astigmatism. Conversely, a highly myopic patient might benefit from the increased magnification offered by a contact lens. Knowledge of the location of the cataract may be important; consider, for example, the implications of using a centre-distance or centre-near multifocal lens in the presence of a central cataract.

Cataract surgery has been shown to cause a decrease in both corneal sensitivity and in the numbers of mucin-producing conjunctival goblet cells⁴³, with implications for tear film quality and quantity, as described above. Those who have received an intraocular lens without a blue light inhibitor may be at increased risk of macular damage, since the natural protection of their old, yellowing lens has been removed. This may be an argument for always fitting these patients with blue-light-filtering spectacle lenses, but the topic is fraught with controversy⁴⁴.

Box 2: Inflammation and the vicious circle of dry eye

If water is lost from the eye, either by decreased aqueous secretion or increased evaporation, the concentration of electrolytes, such as sodium, potassium and bicarbonate, will be greater, ie. there is an increase in the osmolarity of the tears. We might think of this 'hyperosmolarity' as the tears becoming more salty.

Any form of dry eye can interact with and exacerbate other forms of dry eye, as part of a vicious circle³², in which hyperosmolarity and inflammation are key players. In short, dry eye can cause inflammation and inflammation can cause dry eye. This is because increased osmolarity may lead to an increase in the presence of inflammatory factors in the tears.

Reduced lacrimal gland output, known to be associated with ageing, increases the osmolarity of tears. The ensuing inflammation may damage the lacrimal gland, further decreasing its output, until eventually there is resultant corneal damage. The corneal damage then further reduces age-related corneal sensitivity, leading to a reduction in blinking and a still further drop in lacrimal output³³.

This reduction in blinking also has implications for meibomian gland secretion, since these glands rely on 'milking' by the force of the blink in order to secrete their contents³⁴.

Hyperosmolarity also provokes inflammation in the conjunctiva, and in the meibomian glands, leading to reductions in mucin and lipid output, both already reduced by ageing, and so the inflammatory circle continues, and dry eye increases.

MACULA

Many of the arguments applying to the cataract patient may apply equally to those with age-related macular changes, and care

must be taken that the wearing of contact lenses doesn't further compromise an already disadvantaged visual system. Similarly, a high myope might benefit from

the larger image size produced by a contact lens. The blue light argument (see above), with its associated lack of consensus, may also be relevant.

CONCLUSION

An awareness of all the changes that may occur with increasing age, and the knowledge that many of these may be exacerbated by contact lens wear, should encourage even more careful assessment of the older patient, and more considered choice of design and material. In some cases, more frequent aftercare checks may also be prudent. However, today's contact lens practitioners have access to such a vast array of products that age should normally be no barrier to contact lens wear.

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Box 3: Should diabetics wear contact lenses?



Figure 6: A smart contact lens

introduction of a 'smart' contact lens, (Figure 6) which will be able to analyse blood glucose levels multiple times throughout the day, and feed the data to a smartphone app, removing the need for regular finger-pricking. Google, which holds the patent, is working with Alcon to try to make this technology a reality by the end of the decade.

Type 2 diabetes, whose prevalence increases with age, leads to reduced corneal sensitivity and increased dry eye³⁹. The corneas of diabetics have also been found to be: more fragile; slower to heal; slower to recover from oedema; and more susceptible to infection⁴⁰. However, diabetes should not necessarily be seen as a barrier to contact lens wear, with studies showing that they can be safely and successfully worn^{41,42}.

As with all contact lens wearers, it is vital to carefully record history and symptoms, and to explain all risks and benefits. Initial and ongoing thorough assessment of anterior eye health, frequent aftercare checks, and careful choice of products will all help to ensure a positive outcome.

Another incentive for diabetics is on the horizon, with the

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ANGELA MCNAMEE is an optometrist, contact lens optician, examiner and trainer, and local optical committee secretary. Currently chair of the ABDO Contact Lens Committee and a previous chair of the Optical Confederation Contact Lens Working Group, Angela is a member of the ABDO Journal Advisory Committee, chair of ABDO College trustees, a member of ABDO Continuing Education Review Panel and Advice & Guidelines Working Group. She is also a principal theory examiner for the ABDO dispensing diploma, and a practical examiner in dispensing and contact lenses for ABDO. She has many years' experience in delivering CET-accredited presentations and authoring CET-accredited articles.

Multiple choice answers:

An introduction to electronic low vision aids by Anthony Blackman BSc(Hons) FBDO CL (Hons) SLD SMC(Tech) CertAcc(Open) PGDip RSci MRSB FRSPH FRI FInstCPD

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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 statement is true?

- a. CCTV systems have unlimited portability
- b. Internet use by the over 65s has doubled between 2006 and 2013
- c. Dispensing opticians need further training before supplying low vision aids
- d. Dolphin Guide software is recommended for people with sight impairment who have little computer knowledge

d is the correct answer. The software needs only minimal technical input to be operational.

In a survey of handheld electronic low vision aids a preference was identified for...

- a. continuous magnification up to 24x
- b. a fixed working distance
- c. a screen size between 3.5 and 5 inches
- d. very lightweight equipment

c is the correct answer.

Which statement is false?

- a. The ClearReader+ is able to interpret text audibly
- b. The OrCam MyEye can interact with a smartphone
- c. The portable MonoMouse can provide magnification of up to 20x on a 14-inch screen
- d. CCTV systems can provide magnification up to 100x

c is the correct answer. This device provides about 14x magnification on a 20-inch screen.

Which statement is correct regarding CCTV systems?

- a. With increasing magnification the working distance decreases
- b. It is quite straightforward to change the amount of magnification
- c. Line marking is not available
- d. Most systems have to be used monocularly

b is the correct answer.

When viewing magnified text on a visual display screen which has blue as a background, the text should be...

- a. orange
- b. green
- c. yellow
- d. red

a is the correct answer. This provides the best contrast.

What is NOT a feature of Portable Electronic Vision Enhancement Systems (P-EVES)?

- a. The ability to take photographs
- b. Braille functionality
- c. Changes in magnification
- d. Adjustable contrast

b is the correct answer. Sight and Sound Technology software has a Braille or audio support, not P-EVES.

Which statement is true?

- a. The Compact 4HD unit has 5 control buttons
- b. Battery life on portable units is less than three hours
- c. All electronic devices rely on the object to viewed being stationary
- d. The Schweizer eMag43 has three magnification settings

d is the correct answer. See table of data. The Schweizer eMag43 can magnify 5x, 7.5x and 10x as shown in the comparison table.

Complete the following sentence correctly. Highly powered optical magnifiers...

- a. are only available as handheld devices
- b. have a very short working distance
- c. cannot be used without an internal light source
- d. are too large to be portable

b is the correct answer. The more powerful the lens, the shorter the working distance because this is related to the focal length.

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

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



As DOs and CLOs it's important to discuss contact lenses with all types of patients across all age groups, writes Antonia Chitty

Let's talk contact lenses...

In this month's *In practice* feature, we consider how to introduce contact lenses to younger children and their parents, and to presbyopes who have never contemplated lenses before, and examine how doing so could benefit both practice and patient.

"It doesn't matter how happy a patient is with glasses, there will be moments when specs are a problem," says Wendy Sethi, a CLO and Fellow of the British Contact Lens Association (FBCLA). "We don't offer enough people occasional use. For example, I had a patient in tears about her new haircut. She had been to the hairdressers and taken off her specs, so she couldn't see what the hairdresser was doing. I mopped up her tears and talked about lenses to wear once every six weeks to the hairdresser to solve that particular problem. Now she wears the lenses every weekend.

"For each patient you have to find the occasion for them when wearing glasses are a pain," suggests Wendy. "Ask about their hobbies, their work, and if they go to the gym. Ask how the glasses are for that particular activity, as this gives you a way to start a conversation about contact lenses."

Shelly Bansal, also a CLO and FBCLA, served two consecutive terms as the president of the BCLA. He believes that introducing the idea of contact lenses to patients "is about mindset". He says: "Our way of thinking in our practice is that contact lenses are as appropriate as spectacles. If you look at it from a business perspective, contact lens patients are more loyal, just adding to the reasons to introduce lenses in the same conversation as discussing spectacles."

EARLY ADOPTERS

Shelly is enthusiastic about starting children as contact lens wearers from an early age. He says: "Start them at seven



Patients of all ages can be successful with contact lenses

years old. We have 10 years to get them trained in good contact lens habits. It is a great time in contact lens practice. As much as parents are concerned about hygiene and health, they are concerned about myopia progression. Our approach starts with a talk about the consequences of needing vision correction, and how the early introduction of contact lenses can affect myopia progression.

"There is still a stigma to wearing specs, and they can limit a child's ability to participate in the playground – let alone at sport," Shelly continues. "Contact lenses allow our younger patients to be more 'normal' and parents understand this – they want the best for their children."

Wendy agrees: "We should be routinely fitting children from seven to eight years of age. We are keen to combat myopia progression. We have children's files that are a foot thick due to repairs, and contact lenses can help here." Slipping spectacles are also a common problem in children. Wendy says: "When you fit specs to a child,



Starting children in contact lenses early can lead to lifelong loyalty

they will fit on the day you fit them, but soon they slip down, altering the effective power. Contact lenses provide a stable visual correction."

If parents don't seem to understand how their child sees without specs, Wendy suggests: "If a child is -4.00DS, put +4.00DS into a trial frame to show what their child might be dealing with. Parents then ask for contact lenses even before you offer."

If you want to consider lowering the age from which you start discussing contact lenses for children, Shelly advises:

"Conversations start in terms of making sure your practice is child friendly, and that staff and practitioners are trained to communicate with children. I have five and six-year-olds inserting and removing lenses. I invest my time in helping them learn how to do it.

"It is worth investing time now, because you will have a patient for life. It is easier to teach them good habits when they are young than when they are teenagers. If we invest the time, parents will also act as



Wendy Sethi

advocates for your practice, driving your business, bringing you more customers as they discuss things at school," adds Shelly.

MULTIFARIOUS OPTIONS

Presbyopes may be on a different part of the age spectrum to young children, but they offer a similar chance to increase the scope of your contact lens practice. Shelly says: "We now have a range of products that work better than anything we have had in the past for presbyopes. If we look at the hyperopes, emmetropes who are becoming presbyopic, they have had a lifetime without vision correction, so they don't want specs. They have often been in denial for four to five years, so they are receptive



Shelly Bansal

to anything that alleviates the need to use specs, at least on a social basis.

"The daily disposable multifocal lens has been a big success in our practice. We're seeing patients who came out of contact lenses because the vision quality of multifocals used not to be great, going back into full-time wear. Our presbyopic contact lens wearers are loyal too. Patients value the fact that we discuss different solutions and give them the chance to try them. We say, 'If it doesn't work, don't worry, products on the market will get better'.

"Daily disposable lenses allow us to be creative," Shelly continues. "I have patients who have different prescriptions for different activities. One is a school teacher who is a professional musician. She has one prescription for school, another for music and other lenses that are for distance and social wear. She comes in and asks for the right number of boxes for the different prescription. Patients love that we personalise the product to their needs and lifestyle, and you can't get that online."

Wendy is a strong advocate of lenses for everyone. She says: "As a profession, we let down older people. We have fantastic multifocal lenses. We're living longer and staying younger. There are older people who are more active and I hope that I will still be offered all options in my 70s.

"I had a chap who was 78 and wanted contact lenses to go skiing. A colleague fitted a lady who was 101. When he commented how surprised he was to see her requesting contact lenses, she said, 'Young man, most people are surprised to see me at all!' After a lifetime of spectacle wear, she loved her contact lenses, and wore

them until she died at 103. She even asked if she could wear them for her final journey. We can still change lives for elderly patients – and what's more, they are compliant, turn up on time and sometimes even bring cakes!"

SOWING THE SEEDS

Wendy suggests that a good opening question to start a conversation about contact lenses could be, 'Tell me when your glasses annoy you'. She explains further: "It might be when going out in the rain or when playing golf. Then I say, 'Well, there's something you can do about that'."

Another friendly introductory question might be to ask about any events they have coming up. People may be interested in lenses for their own wedding anniversary or their child's wedding. Wendy says: "I give them contact lenses to play with, because they are from the generation who knew about the old hard lenses and seeing modern soft lenses can make a big difference. And it's sowing the seed. I tell people that they don't have to continue to wear lenses if they are getting them for a special event, but nine times out of 10 they do."

By thinking about children and older people as potential contact lens wearers we can learn some important lessons. However much a spectacle wearer likes their glasses, there will be occasions when they would prefer an alternative. Occasional and part-time use can be a good way to open a conversation about contact lenses, and follows on naturally from the questions you ask every day as a DO and CLO about hobbies, work and lifestyle. By giving every patient the chance to consider how lenses might work for them, you are not only improving patients' lives, you will also be improving the practice bottom line.

Wendy says: "I think that everyone should be offered lenses routinely. If I went to the audiologist and was told, 'Wendy, you're going a little bit deaf', and I was offered an aid that sits on the back of the ear, then found out a few months later I could have had an invisible in the ear aid, I would have been cross with the audiologist. I would be willing to pay more to have the invisible option, and the same applies to contact lenses. Give everyone the choice."

Shelly adds: "You have to embrace new developments in contact lenses. If you don't, people like myself will grab every opportunity and you will lose patients. Having successful patients breeds more patients. Don't wait for people to ask you about a product. You can't dabble in contact lenses, you need to dedicate your practice to it."

Following last month's profile of ABDO's new National Clinical Committee members, we introduce the Association's newly appointed regional leads

Leading the way forward

regional leads

From January 2017, ABDO will be divided onto the following regions: ABDO Scotland, ABDO Wales, ABDO Northern Ireland, ABDO North of England, ABDO Midlands, ABDO London and ABDO South.

Tasked with ensuring dispensing opticians (DOs) are properly represented in an ever-changing political landscape, ABDO's regional leads will promote the skills and character of DOs locally and nationally. They will also support the ABDO board and executive in identifying opportunities locally where DOs can be integral to eyecare delivery.

Meet ABDO's new regional leads...



From left: Richard Rawlinson, Max Halford, Brenda Rennie, Geri Dynan and Kevin Milsom

GERI DYNAN: ABDO NORTHERN IRELAND



The dispensing optician at an independent practice in Belfast, Geri Dynan FBDO has been in optics for more and 20 years and an ABDO board member for the past year. She is also an ABDO practical examiner in the UK and overseas and recently became an ABDO College trustee and tutor – posts which Geri describes as

hugely enjoyable and rewarding. "It's a privilege to help guide students on their career path and support them on an individual basis too," she says.

Geri has also been Area chairman for Northern Ireland for a number of years, helping to organise CET events for members in the area. "This has been a great way to meet fellow DOs, get to know each other better and engage and network both professionally and socially," she comments.

Geri also engages with optometrist colleagues as a committee member of Optometry Northern Ireland, describing this as "a great opportunity to work together for the duty of care to our patients". Geri particularly enjoys the challenges and rewards that paediatric dispensing brings to her day job.

Commenting on the changes ahead and her new role as ABDO regional lead for Northern Ireland, Geri says: "The new ABDO regional structure will provide real opportunities

for member involvement. By working together in our shared future, communications with optometrists and our other optical colleagues will be improved and enhanced. As an Association, this will give us greater scope for proactively promoting the role of the dispensing optician – and I am very much looking forward to assisting our members on this at a local level."

MAX HALFORD: ABDO SOUTH



A clinical practice manager for a large multiple in Plymouth, ABDO South regional lead Max Halford FBDO CL spends most of his time in clinic either looking after contact lens patients or carrying out diabetic retinal screening as a qualified diabetic retinal screener; he is also finishing his qualification to become a diabetic retinal grader.

Max qualified in 1993 and has worked in the South West ever since. He's been heavily involved with Devon local optical committee (LOC) over many years, and this year was appointed its first-ever DO chairman. He sits on the local clinical pathway group for NEW Devon clinical commissioning group and is a board member of the Plymouth Diabetic Retinal Screening Service.

"I'm passionate about promoting the role the DO can play in the delivery of primary care services," says Max. "For

far too long our skill set has been ignored and under-utilised – often because we were not 'invited to the table' during contract negotiations."

Max feels that his new role within ABDO will give him the opportunity to promote, support and mentor DOs who want to become part of the changing world of enhanced and shared care services. He explains: "I spend a great deal of time negotiating contracts which often refer only to optometrists when patently dispensing opticians are able to fulfil the role. I view it as part of my role to educate and support LOCs across my patch to start looking at the wider workforce in order to help sort out the crisis in secondary care."

Max views the new ABDO structure as "ground breaking". "We are mapping and duplicating the NHS regions, overlaying our structure onto the NHS's so we can recognise opportunities and act at pace to make sure we are involved from the beginning," he says.

Convinced that DOs in their primary care setting will have a huge role to play in the delivery of care in the coming years, Max believes this is "an amazing time to be a DO".

"An opportunity has opened for us and we must not fail to seize it," he enthuses.

KEVIN MILSOM: ABDO WALES



Kevin Milsom FBDO R FEAOO qualified as a DO in 1983, after which he spent 28 years working for a multitude as a DO and CLO. For the past 11 years, Kevin has worked as a locum.

Kevin has a long association with ABDO, having been a practical examiner for the past 10 years; he's also been

marking theory papers in both the winter and summer exams for a number of years. His first involvement with ABDO was as an Area representative on the old ABDO council. He went on to become vice president and subsequently president in 2006.

Knowing what the profession has to offer, and how difficult it has been to break into some of the schemes available around the country, was what drove Kevin to apply for the position of regional lead. "It may take a long time to achieve our collective goals, but I believe we will eventually succeed if we keep up the momentum," he says.

Kevin hopes his previous experience and ongoing committee memberships will enable him to continue work started in other roles to help DOs improve and increase their scope of practice. He says: "There have been some successes over the years but there are many more roles in which DOs and CLOs can be involved; we have to ensure we are there pushing for our profession to be included in discussions and that our members are involved in delivering them.

"What we do, we do well," Kevin continues, "but we need to move forward and take on new challenges. There is a future for DOs, and we need to be in the best position possible to drive our profession forward. The new ABDO structure should put us in a good position to do this, and I look forward to continuing the good work that has already begun," Kevin concludes.

ABI PAGE: ABDO LONDON



The new regional lead for London, Abi Page FBDO began her career at her father's independent practice as a 16-year-old receptionist. She soon progressed and became practice manager in 2002, qualifying as a DO in 2005. In April 2012, the practice changed its legal status to a limited company and she

became a co-director along with her father. She was also co-opted onto the Bexley, Bromley and Greenwich LOC and was involved in setting up a contracting vehicle for local enhanced services.

"Although I love my core dispensing optician role and the business I've grown up in, I found that I really enjoyed being involved in this wider role of optics," says Abi, who in 2012 completed a post-graduate course in Leadership Skills for Optical Professionals run by WOPEC at Cardiff University.

In 2013, Abi was appointed as the London LOC representative of the LOCSU board. "I have enjoyed the challenges that this role has presented and now have a much better understanding of how a larger organisation works. It has been a steep learning curve but I have embraced the challenge," she adds.

On hearing about the proposed structural changes for ABDO, Abi was immediately intrigued and wanted to be involved. "I hope that together we can make positive changes for our profession to ensure that our skills are valued, developed and fully utilised in the future," she says.

Abi hopes to draw on all the experiences she's had in her new role – from running her own practice to being an active LOC member. "I've always had a special interest in paediatric eyecare and am lucky to have been involved in developing a pathway in my local area that includes a DO. I'd like to see more opportunities for DOs in the future to be involved in community eyecare at a local level," she adds.

RICHARD RAWLINSON: ABDO NORTH OF ENGLAND, MIDLANDS AND ANGLIA



Richard Rawlinson FBDO has been a DO for more than 25 years, and a fervent champion of the profession in all that time. After qualifying in 1992, he followed the practice management route and took on his own franchise finding time to be involved with Vision Aid Overseas (VAO) helping to set up vision centres.

Passionate about domiciliary eyecare services, in 2009 Richard became the ABDO representative on the UK Domiciliary Eyecare Committee. He's a member of the Walsall LOC and has supported the development of community services. He was an early adopter of an optical-led diabetic screening programme, qualifying as a diabetic retinal grader and working alongside ophthalmologists at the local hospital eye department.

As a member of the ABDO Area 3 committee, he learnt more about the workings of the Association and the needs of its members. "CET events are an excellent way to network with members and hear about the diversities within our profession," says Richard.

When the new ABDO roles were announced, Richard felt it was "time to step up and try and inspire others to be the best that they can and support our profession in the future".

Earlier this year, Richard joined the team at the Local Optical Committee Support Unit (LOCSU) as one of seven commissioning leads. Explaining the role, he says: "I support LOCs, CCGs and hospital trusts in the development of primary care community-led eyecare services. These services effect everyone who works directly with patients in the optical sector and, in my view, will develop the bedrock of our profession moving forward.

"There are challenges ahead and I firmly believe DOs and CLOs will have a large part to play in this transformation," Richard predicts. "But to be part of these changes we need to be represented at every level where there are discussions about eyecare. We also need to ensure our profile is raised within NHS England and NHS Area teams as well as within the general practice, pharmacy and ophthalmology sectors.

"Ultimately it is our patients who come first and having all of their optical care centred around one unified healthcare team can only be a good thing. I'm ready for this challenge and urge as many ABDO members as possible to become involved. With the support of ABDO and the new regional and sub-regional leads, you can help transform eyecare for our patients forever," Richard adds.

BRENDA RENNIE: ABDO SCOTLAND



ABDO's new regional lead for Scotland, Brenda Rennie has been an ABDO member since 1998 and qualified as a DO in 2001. She's been involved within the ABDO Area 12 committee since 2002 and is its secretary, treasurer and CET officer.

"My favourite role is the position of CET officer," Brenda tells us. "I enjoy

liaising with the ABDO CET department to provide quality CET provision, and promoting these skills to our members. I also enjoy engaging with members at these events, and always come away invigorated with new ideas.

"There is now a reciprocal relationship between ABDO Scotland and NHS Education for Scotland in providing CET not only to our Scottish members but including optometrist, orthoptist and pharmacist colleagues," Brenda explains. "This has helped us to build relationships and form a united multidisciplinary team."

Brenda sits on the executive committee of Optometry Scotland as well as on its dispensing sub-committee. "I have found this to be an enlightening change," she comments. "It has allowed me to appreciate the political side of optics and understand how working together can change the dynamics of integral eyecare."

Brenda's involvement with ABDO CET continues as she builds her dispensing competences in the ever-developing



From left: Saima Begum (sub-regional lead), Alex Webster (NCC member) and Brenda Rennie at the recent training day event

world of patient expectation and new technology. "I am always learning from my colleagues, whether they are a speaker at an event or a fellow member of ABDO," she says.

Given her involvement with, and enthusiasm for, ABDO's work Brenda was excited by the opportunity to be its new regional lead for Scotland and to be involved with its development and restructure.

"I believe that this experience will inspire me in my opportunities to liaise with new committees," she says. "I'm very much looking forward to being involved in the dynamic changes currently underway within ABDO," adds Brenda.



Jotting down ideas at the training day

Within each region, the regional lead will be supported by sub-regional leads who will help look after the interests of ABDO members. Next month, we meet ABDO's new sub-regional leads.

At the end of July, a team from ABDO was honoured to play an important role at Vision China. Elaine Grisdale reports

'The best time to plant a tree was twenty years ago. The second best time is now'
Chinese proverb

Making a mark at Vision China

On the back of a successful trip to China last year to present at Vision China in Chengdu and fulfill speaking engagements in other provinces, ABDO was honoured to be invited to give a full day's training at Vision China 2016 and participate in other areas of the congress.

Vision China is an important annual conference organised by vision experts from Wenzhou Medical University (WMU) and other bodies, attracting mainly ophthalmologists and optometrists. Qualified opticians are quite rare in China and that was part of the reason for ABDO's presence at the event.

Twenty years ago, WMU signed a successful programme with the New England College of Optometry and later with the State University of New York to undertake optometric training. Optical training in China is in its infancy; the Chinese are proficient in treating disease and making sure that the refraction is correct but translating the quantity of vision into quality of vision is a work in progress. This is why ABDO has nurtured relations and was asked to participate.

HUB OF LEARNING AND PROGRESS

Vision China was held from 28-30 July in Shenzhen – a major financial hub in Guangdong Province located immediately north of Hong Kong. Only 40 years ago, it was a market town on the Kowloon-Canton railway route with only 30,000 inhabitants. But in 1979 it was given city status and became the first Special Economic Zone. The population is now a staggering 10,778,900, with more than 18 million people living in the outer metropolitan area.

ABDO featured prominently both on the backdrop for our day's session and also with our logo on the conference booklets and bags as one of four international Cooperative Societies. We were also honoured in the programme, and I was one of only two foreign people named as a vice chairman of the Vision China Scientific



Some of the ABDO delegation at Vision China

Committee. ABDO general secretary, Tony Garrett, was named as one of six members of the Advisory Committee.

There were around 300 speakers on the programme and more than 2,000 delegates. On top of this, the sessions were streamed live with more than 10 million views recorded over the three days. This is astounding and shows the importance of being associated with our partner organisation WMU and other Chinese organisations.

The opening day of the conference was ABDO Day, and thanks to my continued study of Mandarin I was able to give my introductory presentation entirely in Chinese. This was greatly appreciated by our Chinese colleagues, and helped to demonstrate ABDO's commitment to our burgeoning partnership.

The structure of the day and the expertise of the ABDO team was very much appreciated by delegates. The organisers, sponsors and delegates fed back that they were very pleased with the session; in fact, delegates were so interested that lunch was cut short and the sessions extended.

We were delighted to have Professor Mo Jialie with us, who gave two presentations on dispensing for myopia and hypermetropia. It was novel for the delegates to have such practical workshops, which they enjoyed due to the pragmatism and links to real life situations. The team from ABDO also gave a selection of presentations including a facial measurements and hand-made workshop led by Alicia Thompson, a repairs and



Richard Campbell and Daryl Newsome with one of China's 'Rising Stars' in optometry and medicine

frames fitting workshop led by Miranda Richardson, and a look at prescription analysis (including occupational lenses) with Daryl Newsome and Richard Campbell. Tony Garrett was on hand to present Certificates of Attendance alongside Professor Chen Hao of WMU.

As well as the ABDO Day, I presented to large audiences during plenary sessions. My first was entitled, 'The challenges of modern optical business: a European perspective' while for the second I looked at the results of the Foresight Project and the potential trends in the optics sector in the UK for the coming years.

Tony Garrett was also honoured with joining VIPs to give a welcome address at Vision China's opening ceremony. This followed music from a Chinese quartet in traditional dress during a grand opening befitting of such a prestigious congress.

Daryl Newsome and Richard Campbell joined me on the final day of the conference as VIP guests to hand out awards to 'Rising Stars' of the Chinese optometric and medical profession. ABDO also received an award for being best international partner.

We are very much looking forward to further developing relations with Vision China, WMU and other Chinese organisations. Watch this space...

ELAINE GRISDALE FBDO FFAO is ABDO head of professional services and international development.

Nick Howard reports on some of the key presentations at the inaugural BCLA Asia conference in Hong Kong

East meets West at BCLA Asia

The fascinating, mesmerising and bustling cosmopolitan city of Hong Kong played convivial host to the inaugural joint BCLA Asia conference organised by the British Contact Lens Association (BCLA) and the Hong Kong Cornea and Contact Lens Society (HKCCLS) on 13 and 14 September.

This was a far flung destination indeed, which had taken a good 22 hours to reach via the heat of Dubai. As one of a smattering of familiar faces from the UK, we were delighted to be greeted by colourful and energetic chatter from the throngs of professionals decked in bright orange lanyards on the seventh floor of the Cordis Langham Place Hotel in central Kowloon.

The instantly recognisable voice of BCLA president, Brian Tompkins, soon boomed across the PA system as the Dragon Dancers burst into the central aisle and onto the stage with an exquisite carnival of colour and athleticism. Helen Eng, president of HKCCLS, set the scene and tone for the breathtaking sequence of cutting edge presentations, debates and workshops to follow over the next 48 hours.

MYOPIA CONTROL IN PRACTICE

Splitting into dual, and later triple tracks, the majority of delegates gathered in the eighth floor lecture theatre as BCLA president elect, Keith Tempny, introduced the outstanding Brisbane-based optometrist Kate Gifford for an hour of expertise on the subject of myopia control – possibly the hottest topic in optics today.



BCLA president, Brian Tompkins, takes a conference selfie



Delegates gather for the inaugural BCLA Asia conference

Myopia is already at epidemic levels in the Far East and Kate and her husband Paul Gifford have emerged as globally recognised experts in the fight against the insidious march of myopia, which appears to have planted its early seeds of menace in South East Asia.

The audience, which included delegates from all continents of the world, was enthralled by the simplicity and practicality of introducing an effective myopia management plan into everyday practice. Key features of myopic assessment, including measurements of esophoria and accommodative lag, were emphasised as 'red flag' indicators – as was diminishing levels of hyperopia in patients as young as six or seven who had not yet transgressed into actual myopia, but showed a significant shift in that direction.

Parental (genetic) myopia, binocular vision, number of daylight hours spent outside and many other considerations were scrutinised and acted as a reminder of the reality as expressed by Professor Brien Holden in 2013: that if myopia was reduced by 50 per cent (which is now very achievable) then the incidence of high myopia (above -6.00D) would be reduced by 90 per cent.

The use of spectacle lenses, available across China, showed 37 per cent effectivity, but the real winners were specifically designed soft contact lenses and, in particular, orthokeratology (ortho-k). Global studies

over the last decade have demonstrated the multifactorial benefits of ortho-k and figures range from 32 to 100 per cent effectivity in the slowing of axial length growth with this procedure.

An interesting footnote was that an existing high myope would achieve 63 per cent myopia control using -4.00D of ortho-k as a part of their overall visual correction, bringing those already above the -6.00D threshold into an increasingly large framework of manageable patients.

Before leaving centre stage Kate was able to share with delegates a list of websites for additional reference and learning – so typical of the BCLA culture – sharing of resources and experiences. These are:

www.myopiaprofile.com;
www.mykidsvision.org;
www.myopiacontrol.org;
www.myopiaprevention.org;
www.mivision.com.au; and
www.kategifford.com.au.

DRY EYE DIAGNOSIS TOOLS

Already dizzy with thought, Michel Guillon's Gallic twang set about the 'other' global issue of dry eye and the abstract use of corneal topographers to measure tear film quality and consistency alongside established and accepted techniques. He highlighted the fact that the use of topography on a soft contact lens in situ gave a very realistic and quantifiable measure of potential success

with different products, especially when assessing presbyopic patients.

In the blink of an eye, Kate Gifford was back on stage with a clinical and practical approach to dry eye, ensuring delegates grasped the enormity and importance of this potential market. One PowerPoint image alone displayed topography, meibography, tear film and ocular surface regularity, osmolarity, acute blepharitis management, meibomian gland heating devices and intense pulsed light (IPL) – all important tools in the observation and management of dry eye.

Whilst my own clinic in the UK lacks IPL, all other diagnostic equipment is in regular use. As Kate spoke, a background section of the meibomian gland almost seemed to dwarf and override her presence – which was perhaps symbolic of the importance of this crucial gland.

Blending East and West, Professors Lu Fan (China) and James Wolffsohn (UK) discussed how to manage the expanding numbers of presbyopes worldwide. The implications of demographics, with increasing potential life span and naturally decreasing quality of tear film, and contact lens supply and surgical interventions as appropriate presbyopic correcting media, clearly ran hand in hand and side by side with dry eye management.

COMPLEX FITTING TECHNIQUES

Therapeutics and paediatric contact lens fitting from Moorfields Eye Hospital's Lynne Speedwell brought a personal smile as I considered the challenges (and successes) faced by hospital practitioners in the UK on a daily basis. Observing the hordes of delegates in nodding recognition at the ease of which Lynne demonstrated contact lens application with a difficult, sometimes uncooperative patient base, it was clear that confidence was inextricably linked to competence. An infant in need of complex contact lenses would speedily observe, and warm, to the capable and self-assured professional.

Continuing the complex contact lens theme, Dr Stan Isaacs (Singapore) delivered a quirky and entertaining presentation on the pleasures of fitting complex corneas with specialty contact lenses. Fresh from his scleral contact lens workshop with co-presenter and



scleral lens expert, Randy Kojima (Pacific University), Stan's dry sense of humour tickled the audience with his unique style and reflection on the importance of spending time and effort with a small, but highly dependent percentage of the total contact lens wearing market.

Recent technological developments in both digital diagnostic instrumentation alongside innovative contact lens design and materials left little doubt of the need to continually drive, develop and enhance fitting skills regardless of age or experience.

RESEARCH AND TECHNOLOGY

After an evening of networking and socialising, crossing the water on the Star Ferry to the visual stimulation of the Symphony of Lights against the backdrop of the Hong Kong Island skyline, day two of the conference burst into action.

Professor Padjama Sankaridurg (India), now working in the Brien Holden Institute in Australia, talked of the incredible Asian prevalence of myopia and the inevitability of the unchallenged global trend – projecting that by 2050, over half the population of the planet would be myopic, of which more than 10 per cent (over a billion people) would be highly myopic.

Aston University's brilliant Dr Janis Orr seamlessly debated the effectivity of various mechanisms of pharmacological intervention for myopia control and Professor To Chi Ho (Hong Kong) explained his research in retardation of myopic growth in both animals and humans – suggesting that reversing myopic progression was a very real concept for the near future.

Arthur Back introduced the progress of contact lenses from prototype to product launch. The single use disposable lens, specifically developed for myopia control and

already available in the Far East, was detailed along with the required comprehensive approach from practitioner, parent and patient. This centre distance product, with double concentric controlled optical defocus, can slow axial eye growth in children. Practitioners from Europe, already aware of its existence, pondered on 'How long?' before the product would be available across the globe.

We were treated to more on ortho-k from Professor Xie Pei Ying (China), and the iconic Professor Pauline Cho (Hong Kong) provided an insight into the quite staggering number of new ortho-k fits per month in hospitals dotted across this expansive country. Another East and West coming together was enjoyed as Professors Cho and Wolffsohn looked at the global attitudes and parental perspectives on awareness and cultural attitudes toward myopia management processes.

GLOBAL ISSUES AND APPROACHES

The final session of day two was a round table debate with open questions from delegates posed to a heavyweight panel of Professors Cho, Wolffsohn, Pei Ying, Sankaridurg, To Chi Ho and Dr Orr, chaired by Kate Gifford. The realisation quickly kicked in that there was nothing rickety, ramshackle or precarious in the current approaches to tackling myopia. This global phenomenon requires a truly global approach.

As Brian Tompkins brought this inspiring conference to a conclusion in his unique 'circle of life' style, I had the unexpected and privileged opportunity to chat with the legendary Professor Cho.

Discussing general attitudes and approaches in the UK towards myopia management, and in particular ortho-k, we talked briefly and fondly of the 2005 Longitudinal Orthokeratology Research in Children Study (LORIC) study and its interpretation and impact alongside more recent studies. Explaining that there were already pockets of practitioners across our UK shores implementing and practising aggressive anti-myopia and dry eye campaigns, complete commitment and unity was still lacking.

"Is the future a disaster?" I asked Professor Cho. "Disaster is the failure to realise the importance of our abilities to make a correction on behalf of the future," she sagely replied.

NICK HOWARD FBDO (HONS) CL FBCLA works in two hospitals in Lancashire and three independent practices in the North West providing complex contact lenses including ortho-k and dry eye management.



Gathering at the exhibition



Checking the CET programme

A dystopian future or one filled with golden opportunities? Nicky Collinson reports on the BCLA's recent evening meeting

'Future in your hands'

The charismatic double-act of leading eyecare practitioner Brian Tompkins and optical training expert Sarah Morgan brought home the "nightmare scenarios" that could unfold if the clinician is removed from the contact lens prescribing process, during a high-octane presentation at the British Contact Lens Association's (BCLA) recent evening meeting in London.

The theme of the evening was 'The future is in your hands' and, as BCLA president, Brian urged members to nurture and engage with their younger colleagues in practice to safeguard the future of the contact lens profession.

During the evening, held at the Royal College of Nursing, Brian outlined an "ideal future" with fully-engaged and informed repeat patients, but also warned of a future where practices would lose their contact lens business if patients switched to a 'one size fits all' QVC-style buying pattern.

HARNESSING NEW TECHNOLOGIES

Pointing to the march of new technologies that were enabling the rapid evolution of smart contact lenses, Brian warned: "If we're not careful, contact lenses will become a commodity sold in vending machines at the side of the street. We need to protect our position of professionalism and authority on contact lenses. It's vital we retain current patients and attract new ones by ensuring they have the chance to access the latest technologies and products."

Continuing on the theme of technology, Sarah Morgan pointed out that Kostya Novoselov and his University of Manchester colleague Andre Geim had shared the 2010 Nobel Prize in Physics for preparing graphene and discovering its properties. Its single layers of carbon atoms in hexagonal arrays give graphene great strength for its weight, and it conducts electrons faster than any other material at room temperature. The material, said Sarah, was now being applied in the manufacture of rigid gas permeable lenses – a hugely exciting development.

Other advances in smart lenses were being progressed by Alcon and Google, and by



BCLA president, Brian Tompkins, addresses the London audience

Johnson & Johnson Vision Care in the field of printable contact lenses and accommodative contact lenses for presbyopia – not to mention single pixel wireless contact lens displays and the Sensimed Triggerfish contact lens that provides an automated recording of continuous ocular dimensional changes over 24 hours.

All of these technologies would require input from the clinician, delegates were reminded, whose responsibilities and remit in the care of their patients' eyes would undoubtedly evolve.

PATIENT LOYALTY AND RETENTION

Discussing the need to "up-serve and not up-sell", Brian moved on to the challenges of attracting new patients and retaining existing ones in intuitive ways. He encouraged audience members to be unique. "Be the most special and specialised in your area," he said. "Stay on top of your game in terms of continuing education and broadcast your skills to other professions not just to your patients. Be dedicated to the art of contact lens fitting and be a leader in your field. Care about your patients and make them understand your role."

Brian also highlighted that as well as being a leader in technology, by offering patients optical coherence tomography for example, it was crucial for practitioners to charge proper fees whilst taking on new clinical challenges.

"We can change people's lives," Brian declared. "Never stop learning. There will always be a better contact lens out there for your patients – the trick is to make sure you know about it."

The importance of measuring success in



Sarah Morgan

practice was also emphasised, using techniques such as the Net Promoter Score – an index ranging from -100 to 100 that measures the willingness of customers to recommend a company's products or services to others. "Metrics allows you to judge your own performance and act accordingly," said Brian.

Picking up on the subject of performance analysis, Sarah turned to the matter of ensuring that practice staff were being used to their best ability. "Frontline staff are pivotal and can become specialists in contact lens care, helping to ensure patients don't drop out in the early stages," she said.

Sarah went on to tell the story of how her young niece's life was changed when she began wearing contact lenses after her severe myopia was belatedly discovered; and how important it was to demonstrate to parents the impact that poor vision can have on their child's wellbeing. Indeed, myopia control would be a huge area for the future, added Brian, with contact lenses having a starring role.

As an Association, said Brian, the BCLA had an important role to play in ensuring eyecare professionals stayed ahead of the game – with contact lenses providing "golden opportunities" for future generations of practitioners and patients alike.

The annual BCLA Visionaries Conference will be held from noon to 7.30pm on Monday 14 November at the Royal College of Surgeons, London. The 2016 Pioneers Lecture will be delivered by Dr Graeme Young. Book a place at www.bcla.org.uk

Skipton DO becomes youngest to ever qualify

Eleanor Hill has pipped Sinita Sundra by just eight days to become the youngest dispensing optician to ever qualify in the UK at the age of 19 years and 10 days.

Part of the team at Skipton's Benjamin Opticians and an ABDO member, Eleanor studied at ABDO College.

Practice owner Liz Ellis commented: "Elly joined us at 15 as a Saturday girl and we quickly noticed there was something special about her. She was enthusiastic and very keen to learn, so we enrolled her on the foundation course to become a dispensing optician. She's worked doubly hard, combining her studies with in practice training. Eleanor has shown a maturity and professionalism way beyond her years and is very well liked and trusted by our patients."

Eleanor is nonchalant about the accolade: "I'm just happy I qualified after all the hard work. It's been a tough three years and exams are always a challenge. Lots of good things have happened and I've come out of it with a secure job that I love."

Explaining why she wanted to become a DO, Eleanor said: "I used to come to Benjamins with my mum to have her contact lens check and at the time David Benjamin used to look after her. David, who has since retired, could see I was interested and used to let me look through the slit lamp. So when I was 15 it was obvious where I was going on work experience. Liz then offered me a Saturday job which I loved. Then she told me they were expanding and needed a new dispensing optician and I've never looked back."

Jo Underwood, ABDO College principal and one of Eleanor's lecturers, commented: "She has been a model student; has worked hard and consistently, always been attentive in class and supported her colleagues along the way. ABDO College was delighted to be involved in Eleanor's education; she did her employer and us as her teachers very proud."

Izzy Booth, the latest recruit to the Benjamin's team, is also now starting out on the road to becoming a dispensing optician. Meanwhile, Eleanor is embarking on the next step in her career – to become a contact lens optician and pick up where David Benjamin left off and be the one fitting her mum's contact lenses in the future.



Eleanor Hill

RGP fitting and examinations

Are you planning to sit Section 3 of the Certificate in Contact Lens Practice practical examinations soon? If so, read on for some important direction on your revision and preparations for this section of the practical examination which will hopefully lead to your success...

The **Section 3 (RGP fitting)** of the practical examination which assesses Competency 5.1.2 of the General Optical Council (GOC) Contact Lens Specialty Core Competencies takes the following format:

1. Product knowledge

- You are required to know the detail of the materials and all the back and front surface information of the lens designs you use in your practice; AND
- General information about other RGP materials and designs and when they might be used, even if not part of your practice's product range. IN ADDITION
- You will be required to be aware of the impact of changes to the parameters (i.e. clinical equivalents).

(The examination results would indicate that this element of the section is overlooked when it comes to examination preparations.)

2. Selection of a suitable lens

- You are required to choose an appropriate lens material, design and parameters for the subject patient using the data obtained in Section 1 (or given to you) and be prepared to discuss the reasons for your choice.

3. Write an (empirical) order

- You are required to write out an order for the lens selected. You will also be required to write the full back surface parameters of a tricurve or tetracurve lens.

(The examination results would indicate that this element of the section is overlooked when it comes to examination preparations.)

4. Assess the fit of the RGP lens

- You will be required to insert and remove the RGP lens provided.
- You will be required to assess the fit of the lens in situ and discuss changes if any, you deem necessary.
- You will NOT be required to assess the visual acuity or carry out an over-refraction in this section.

5. Communications and patient care

- You will be assessed on your ability to communicate with the subject patient and also your care with such areas as lens preparation during insertion and removal and general approach to hygiene.

If is recommended that candidates revise all of the above parts of the format when preparing for the practical examination. Good luck!

By Rosemary Bailey FBDO(Hons)CL, ABDO chief examiner in contact lens practice.

Education and entertainment were just two of the themes at Techshare Europe 2016 in Glasgow, reports Graeme Stevenson



Graeme tries out the OrCam reader

Smart accessibility for work, rest and play

Techshare Europe 2016: Smart Accessible Technology for Work, Rest and Play, organised by the RNIB in association with Google, was held on 14 and 15 September at the Glasgow Science Centre. The event drew more than 200 delegates, ranging from those with no or partial sight to charity and industry representatives, who gathered to discuss and share new technology in five different areas: education; entertainment; technology; work, rest and play; and family.

In education, the aims are to make tools and resources available to all. A huge problem for visual impaired (VI) students is being able to access text books – and this is why around three-quarters of UK academic institutions have signed up to the Lead to Learn project. Perhaps surprisingly, braille is still widely used especially among those with no sight; a new interactive braille machine was launched and we heard that all shortlisted titles for the 2016 Man Booker Prize would, for the first time, be available in braille.

In entertainment, Apple continues to lead the way with regards to accessibility features. The new IOS 10 download has filter facilities to improve contrast and make adjustments to help those with colour vision defects. A hugely important feature for the VI community is an audio description feature on films, adverts and other media. Apple offers different 'real life' voices for this function as opposed to the rather irritating electronic voice used by some.

There was a fascinating talk on the evolution of the Google Driverless Car, which is being tested in four different locations in the USA and has managed one million miles so far. OxSight, a commercial spin-off of an Oxford University research group, is working in collaboration with the RNIB to produce smart specs for people

with near-blind vision. However, the aim is focused on the reality more than the virtual aspect of VR.

FOCUS ON WELLBEING

The co-founder of Audazzle, Selwyn Lloyd, spoke about providing an option to make gaming accessible to those with a visual impairment. It is such an important part of many youngsters' lives these days and can contribute greatly to the feeling of wellness and being included.

Also related to health and wellbeing was a fascinating talk by the RNIB's Amanda Hawkins and Robin Spinks. Amanda spoke about the counselling services offered by the RNIB and the links between vision loss and mental health issues, while Robin discussed the links between physical fitness and wellbeing. He also explained the work of the RNIB and Park Run to ensure all VI runners can run in parks throughout the UK without the need for a sighted guide runner.

Perhaps the best talk of the two days came from Emma Tracey, a blind BBC journalist and new mum. She spoke of the practical difficulties facing blind mums both during pregnancy and in early motherhood. How does a blind person find out if they are pregnant without telling the world? Simple, she said, use the app Tap Tap See: the user takes a photo of an object, submits it to the

app, a volunteer then looks at the picture and describes what they see.

There was also some wonderful technology unveiled – not least the OrCam reader, which is simply placed on the side of a pair of spectacles to read any printed word to the user.

Former Guide Dogs for the Blind trainer, Gavin Neate, looked at the unsafe and poorly designed pedestrian crossings and felt there was room for improvement using digital technology. A simple app enables the blind or visually impaired user to cross the road safely by using a digital enhancement, which places the operation of the control box into the hands of the crossing user. The Neatebox is currently in use in Edinburgh at Holyrood and at the RBS HQ in Gogarburn, and will soon be launched at six locations in Largs.

Orbit launched an electronic refreshable braille reader, which is fantastic for those with no sight. Braille devices tend to be very expensive but the Orbit is significantly cheaper.

In conclusion, I would say that as a profession we really have failed our visually impaired patients. We offer very little help and advice to these patients, often giving up on them as a lost cause due to the poor level of best corrected visual acuity. We can, and must, do more to help this deserving and expanding group of patients.

FURTHER INFORMATION

www.audazzle.com
www.ts.catapult.org.uk
www.oxsight.co
www.neatebox.com
www.apple.com
www.rnib.org.uk
www.orcam.com

GRAEME STEVENSON FBDO(HONS) CL is a contact lens optician based in Glasgow, and one of ABDO's newly appointed sub-regional leads.



The new Orbit braille reader

Technologies and trends were celebrated at Silmo 2016 with customary Parisian flair

REPORT



A positive business climate characterised Silmo 2016

Sun shines on Silmo

Typified by what organisers describe as a “very positive business climate”, the 2016 Silmo exhibition welcomed 33,771 visitors – including 56.5 per cent from abroad and 43.5 per cent from France.

Although visitor numbers were slightly down on last year’s total of 34,250, the show continues to demonstrate its international appeal during an undeniably choppy climate – with both economic and political uncertainties inside and outside of the sector.

Nevertheless, over the four days of the fair from 23-26 September, the aisles bustled with visitors keen to see all the latest products – the buoyant atmosphere stimulated by the Indian summer being enjoyed across Europe.

As a platform to launch dozens of brands and collections, but also a place to explore niche innovations, Silmo 2016 showcased technologies and future trends in eyewear and lens manufacture. There was a particular focus this year on customisation, support for visually impaired people, and the digitisation of practice point-of-sale.

CUSTOMISATION AND DIGITISATION

The leaps being made in the customisation of eyewear were demonstrated at the show by some of the best eyewear artisans in France, some of whom are working with horn and acetate assisted by new technologies such as CAD vector drawing software.

Netlooks, the 2016 Silmo d’Or award winner in the Material/Equipment category, has developed a 3D software program which “guarantees a perfect tailor-made product”. A digital scan is taken of the wearer’s face using an optical system that creates an avatar by capturing thousands of data points; then with the optician’s assistance, it creates a customised frame by scrolling through thousands of combinations of faces, temples, colours, patterns, etc. The frames are then manufactured in acetate in traditional fashion in a Jura region workshop within two weeks.

The new Yuniku concept by Hoya Vision Care goes even further by outsourcing the entire printing process to its partners Materialise and Hoet design studio (see News page 12).



Practice digitisation was a key focus at this year’s fair

In the low vision arena Visiole has created GoVison, a voice-activated TV enlarger that is “exceptionally ergonomic and easy to use”. The OrCam My Eye device available from Essilor consists of a pair of glasses fitted with a miniature camera and speaker; integrated software reads text to a visually impaired wearer and can recognise people, objects, banknotes, etc (see *TechShare Report on page 38*).

Meanwhile, NuEyes autonomous smart glasses developed by CECIAA incorporate the functions of an electronic magnifier, reading unit and TV enlarger. All three products were joint winners of a Silmo d’Or in the Low Vision category.

Silmo’s Experience Store, an area dedicated to digital solutions, was designed around six points of contact: practice window, reception, waiting area, shelf layout, measurement and tests, and sales.

This novel digital pathway highlighted the benefits of incorporating immersive technologies into the practice using products such as: the ACEP interactive touchscreen window display with dynamic functionality, which grabs the attention of passers-by 24/7; or via the holographic steward created by Seedertech, which interfaces with patients, provides information and prepares them for their consultation.



Eyewear artistry lies at the heart of the Paris show

CREATIVITY AND EDUCATION

Silmo’s creative heart lies in the 1,200 plus brands of frames and sunglasses unveiled each year. Two Pop-Up Stores, the Collectionist and the Selectionist, showcased a selection of brands focused around five themes: Ultra Colours, No Gender, Cosmetic Touches, Gold Thread and Men in Stylish Fashion.

As per tradition, the Silmo d’Or awards enabled the industry to honour and celebrate the leaders in their field. This year’s Jury Special prize was awarded to the Mask E3 by Kuboraum, a frame featuring drilled unworked lenses into which acetate is inserted, to produce eye-catching glasses with porcelain nose-pads and adjustable sleeves.

The show also supports research and education via the Silmo Academy, which this year attracted 425 participants to enjoy presentations by such luminaries as Professor Yves Pouliquen, a member of the Académie Française, ophthalmologist Professor Christian Corbé, and neurologist Dr Olivier Martinaud. With contributions from more than 20 specialists and renowned authorities, the sessions explored the challenges inherent in sight and reading.

This 7th edition of the Silmo Academy also featured its first award of a € 10,000 research grant to the Iris neuroscience laboratory, within the French National Centre for Scientific Research at Paris Descartes University. The laboratory presented a project whose main aim is to study the interactions between ocular motricity, cognition and posture, taking into account inefficiency of plantar afferents.

For the second time, an inter-school contest drew entries from 280 students with eight high schools going head-to-head in the Silmo TV studio to win a trip to the Opti trade fair in Munich in January. The winners of the study trip were the students of Lycée Victor Berard de Morez.

From 6-9 October 2017, Silmo will celebrate its 50th anniversary, where the focus will be on “renewal”. Visit www.silmoparis.com to read more about this year’s show, including the full list of Silmo d’Or winners.



From dispensing optics to podiatry, Anthony Davies charts a colourful career in patient care

If the shoe fits...

You want to do what? What sort o'job's that for a young man? And so it was, with Granny Roses' words ringing loudly in my ears – aided and abetted by an optician uncle – any notion I had of going into podiatry (or chiropody as it was known then) was kicked very firmly into touch.

The year was 1976, and with five very dodgy O Levels (to this day I have no idea how I passed maths), I was accepted onto the two-year full-time course at City & East London College.

Thankfully Len Wray, head of department, was very encouraging that I was a suitable candidate. Having the advantage of the preceding summer holidays in said uncle's practice workshop, where I learnt glazing, toric transposition, frame adjustment and repairs under the tutelage of Tony Jarrett and Geoff Moolenaar, I clearly had an initial advantage given my dubious exam results.

The first year was a struggle, I don't mind telling you. I was a young 16-year-old pitted against 18 plus-year-olds with A Levels. But no matter. I battled on and sailed through the second year having got my first principles sorted, thanks to fear and sound teaching from Mo (now Professor) Jalie.

The second year was a breeze, and I passed my finals in full as one of the 25 per cent of the full-time cohort to do so. Jo Underwood was a new lecturer that year in 1977, so we grew with her – and they were happy times. Leaving nothing to chance, I opted to take the SMC and BOA exams as well, just in case. Contact lens theory followed in 1978/9.

In 1981, I became an ABDO examiner – prelims first before becoming a finals examiner the following year. I was fortunate to rub shoulders with Andrew Cripps and Bill MacDonald in that capacity. In 1984, I enrolled on the inaugural advanced dispensing honours course, tutored by the late George Clayton, a charming man and fellow examiner. If memory serves, I was one of only three who passed all five papers in full at the first attempt. Self-praise is no recommendation.

CHANGE OF COURSE

By the mid 1980s, optics was under change, we had de-regulation and I was increasingly unhappy with the commercial way optics was going. Remember, we couldn't even print the price on a frame in those days. And then in 1989, something snapped in my head and I decided I could

not continue in optics. So at the grand old age of 29, I applied (with little hope and much trepidation) to study chiropody/podiatry as a mature student.

I was immediately accepted by the University of Brighton in Eastbourne onto the degree course as a mature student, where I spent three happy years re-training. Failure was never an option, and I recorded a respectable 2:1 and was awarded the staff prize, mentored by Kate (now Professor Springett and at Canterbury University), for my dissertation.

A sucker for CPD, I went on to do the postgraduate module in prescription-only medicines for podiatric surgery in 2009, which gave me limited access to some prescription-only medicines.

Following the recent changes in regulations allowing podiatrists and physiotherapists to undertake additional training to become independent prescribers in line with nurses, pharmacists and optometrists and other allied health professionals, I embarked on the independent (non-medical) prescribing course at Bournemouth last September. Which, to quote one colleague, "was a marathon not a sprint". Having passed the module at M level, I am tempted to call it a day (at my advanced age), but the lure of a PGCert is very tempting.

When I qualified back in 1979, I was too young to obtain the Freedom of the City of London, being one of the last students to sit the Worshipful Company of Spectacle Makers' exams (you had to be 21 in those days). So after much nagging from my old mum, I received the Freedom in 2011, and was admitted to the Livery in 2012, which was a tremendous honour and humbling experience. The occasion was tinged with sadness as my youngest brother Mark, an optometrist, sadly died the day before my ceremony. But in true show-business style, the show went on.

KEEPING A HAND IN

I have been lucky throughout my working life to be in the right place at the right time. Although I no longer practise optics, I have maintained my CET (just in case). I am off-register but continue to undertake my CET requirements.

One of the perks of this is that when you least expect it, you run into old classmates. I was lucky to be able to attend the recent London Area event (wasn't Kim Devlin a star performer?) and met up with my former peers, Marc Karbaron, Gary Swerner, Andy Conway (from the contact lens course) and Nikki Sheridan, as well as old classmates from DO1/2J, Mike Green and Jane Cohen (nee Mendel-

Lion). It was also good to meet up with fond and former lecturers, Alan Paine and Frances Mecoy, stalwarts of the profession, who remain evergreen and untouched by time.

People often ask me: "How can you treat peoples' feet all day?" My stock answer is always: "It's not the feet, but the people who have problems with their feet that make my job interesting and valuable."

If I had my time over, would I change things? No, not a bit of it. Optics gave me a great start in my working life and was a springboard to other avenues. I will always be

grateful for the experiences and opportunities that have led me to where I am today.

Formerly a dispensing optician, ANTHONY DAVIES BSC (HONS) MCHS DPODM FBDO(HONS) SMC(DISP)BOA(DISP) is lead podiatrist at the Wentworth Foot Clinic in Surrey. A Freeman of the City of London and Liveryman of the Worshipful Company of Spectacle Makers, he was an ABDO examiner and advanced dispensing tutor between 1981 and 1988.

Frequently asked questions

answered by Kim Devlin FBDO (Hons) CL

DUPLICATE CONTACT LENS SPECIFICATIONS

A query was received this month, which I thought would be useful to share. The member asked who could issue a duplicate contact lens specification.

We all know that the law requires us, contact lens opticians (CLOs) and optometrists, to issue a specification at the completion of the contact lens fitting – but there has been some debate as to what 'completion of fit' actually means. In everyday practice, it is when you are satisfied that the contact lenses are safe and may continue to be worn until the next scheduled aftercare appointment, perhaps three months or so in the future.

If there is some doubt that a satisfactory outcome can be achieved in a reasonable timeframe, the patient should be warned at the outset of such a possibility.

At the completion of the fit, the CLO or optometrist must issue the contact lens specification. This document should be handed to the patient with a clear explanation of what it is and how it may be used. It would also be sensible to stress the importance of the document and how a duplicate cannot be given.

Why is that? I can hear you asking.

The specification is carefully dated and the frequency of wear stipulated so that if a patient were to purchase more contact lenses than the specification would indicate, it could mean that the lenses were being used more frequently than the practitioner had stipulated, possibly to the detriment of the patient's eyes.

Suppose the specification stipulated a six-month recheck with daily disposable lenses being worn twice a week; supplying more than 60 pairs would be in conflict with the specifications.

Of course it's possible that the patient loses or damages their lenses regularly so that a 60-pair supply runs

out before the six-month check is due. What is the patient supposed to do?

My view would be that such a patient would benefit from a refresher course in lens handling, and bringing the check-up appointment forward would be an ideal time to do that.

It might also be that the patient lied to their practitioner, agreeing to reduce their lens wear to a couple of days a week, knowing full well they could buy more lenses when their twice a week supply ran out and continue wearing lenses excessively, against professional advice. We all know this happens in every practice

But surely these are adults, perfectly capable of making an informed choice, to ignore advice given by their practitioner if they so wish? This is true and indeed we are not optical policemen regulating the actions of patients; such patients are free to do as they wish. But we are not free – we are governed by strict legislation with which we must comply for fear of losing our right to practise.

We issue a specification in good faith; the frequency of use, lens design and material are all chosen for the wellbeing of the patient. If the supply of contact lenses contravenes the information on the specification, that supplier is accountable in law.

By allowing anyone to issue a duplicate specification, the control of the supply is lost and the patient is no longer protected, even if they do not wish to be protected.

In practice, common sense must prevail. If the patient is well known to the staff and the circumstances of the loss reasonable, a duplicate could be issued by an optometrist or CLO who can make a clinical, professional decision to issue a copy (or not) in the circumstances that have been presented. The information would then be noted, with all the circumstances explained, on the patient's records. If something similar happened again, it would be unlikely that a further duplicate specification would be issued.

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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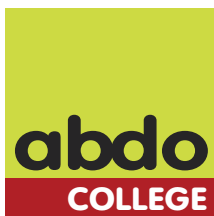
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For further details, contact the ABDO College Courses Department on 01227 738829 or email courses@abdo.org.uk

ABDO

Consultation Day with the Areas

16 November 2016

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All ABDO members welcome to attend

To book your place, please email
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