

Re:View

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Helping low vision patients make the most of life

Annette Ball writes about her experiences and professional fulfilment in a low vision clinic

Education doesn't stop at the school gate!

Phil Mullins talks about an education ethos in optics

Despite the economic climate ABDO College secures an additional January student intake

May I start my remarks by wishing you a happy, successful and prosperous New Year. We are in times of dire economic climate, when we are told the country, even the world is near to financial collapse, and yet we are still here, still working and trying our hardest to avert this near catastrophe!

I believe we are very lucky in optics; whilst we are not immune to this entire problem, I believe we are providing a necessary service that will continue to be used, albeit at a lower spend, for the foreseeable future.

At ABDO College we have been equally affected; our costs have risen and we are always concerned that demand for our courses will diminish. In the past, when economic times have been hard, the training budget always seems to be the first to be hit. When some of the major employers start to complain two or three years later that there is an undersupply of qualified dispensing opticians, they cannot see that they only have themselves to blame!

Some months ago, and despite the current economic climate, we applied to the General Optical Council for permission to increase our student numbers from 180 to 240 per year. The GOC kindly granted us that permission and we commenced 2012 with our first ever January intake of 40 additional first year ophthalmic dispensing students, following a nearly full intake in September 2011. We are convinced that giving employers the flexibility of students starting the course at either point in the year will not only benefit the College with a higher student intake, but will be of a great advantage in employers' strategic planning for their future student training programmes. I give great credit to Jo Underwood and her academic team for this expansion and to Michelle Derbyshire and her staff for the speed with which they managed to fill this new intake.

In this issue of *Re:View* we see Phil Mullins of National Eyecare Group (one of our sponsors) talking about education not stopping at the school gate and we hear from Annette Ball about her

experiences in a low vision clinic. At ABDO College, we are very aware of CPD (Continuing Professional Development) as we run the Low Vision and Contact Lens courses which lead to ABDO honours qualifications. We try to encourage FBDO qualified DOs to participate in these courses with mixed results. There are some years when an individual course may be oversubscribed and in another year we only secure the minimum number required. It would be nice to know the factors which influence this variable demand; it certainly doesn't seem to match any economic factors! So if there is anyone out there who has an answer, we would be therefore delighted to hear from you.

May I, once more, invite any ABDO member who has not yet managed to visit the College in Godmersham, to please come along and see what a magnificent facility we have, one that as a profession we should be very proud of and one that we should give our full support.

**Colin Lee FBDO, Chairman,
ABDO College Board of Trustees**

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Helping low vision patients make the most of life

Annette Ball writes about her experiences and professional fulfilment during her first year in a low vision clinic.

As a dispensing optician for nearly thirty years, I needed a new challenge and change of career direction so I enrolled on the ABDO College Low Vision Honours course. I was a little concerned that my text books were rather too dusty and the brain would have some difficulty with those optics calculations, but I succeeded with superb guidance of my tutor, Lizzie Bartlam, and the invaluable practical advice in the hospital environment of Sally Williams.

On attaining the FBDO (Hons) LVA qualification I had the opportunity to take over the low vision clinic at my local hospital in King's Lynn, I can now look back on a successful and rewarding first year.

The Queen Elizabeth Hospital employs DOs for low vision and contact lens clinics and thus we operate as self-employed. I prefer this approach as I am free to supply patients with what I consider most appropriate, without the restrictions of hospital's preferred suppliers or what they care to stock.

So having purchased a comprehensive low vision assessment kit and various things that I consider essential, I wondered if a small van might be more appropriate than my little Mitsubishi Colt with the back seats down to transport the LV load.

Walking in on my first official day, the thought struck me that I was totally on my own, no colleagues to consult, what if I get stuck? But I shouldn't have worried. Although very busy and five minutes for lunch if I'm lucky, I find I enjoy my independence. The hospital



staff are most helpful and it is good to be acquainted with all the ophthalmologists.

As failing sight affects us more as we get older, the average age of the folk in my clinic is probably 80. Low vision patients range from those with early AMD who have just found that their new specs are not as wonderful as they had hoped, to those registered severely sight impaired and have adapted to their condition over several years. Many have multiple ocular conditions, and of course dealing with elderly means they often have several other medical complaints. The joy of the hospital work is that you will have to work your way past the pretty pictures of the intestines and the big toe before you arrive at the ophthalmology section, the copious notes will include field plots, OCT scans and details of various consultations. A valuable part of the assessment is sometimes explaining

what the eye condition is in layman's terms so the patient appreciates why they are having difficulty. Quite often a chat and reassurance puts minds at rest and gives an impetus to face the next challenge.

Many patients are often worried about hospital appointments and an LV assessment is no exception. If it is a first visit, they don't know what to expect, presume nothing can be done because the doctor has told them so, and are not looking forward to yet another appointment which achieves nothing. Always bear in mind that, with the patients permission, it is good to involve family members or close friends, as they are acutely affected by their loved ones problems and are almost as delighted as they are when an LVA is successful. Your "bedside manner" is most important to reassure and gain the patients confidence. As the



assessment proceeds and you establish their needs and provide suitable LVAs, the atmosphere thaws and things may even become quite exciting as the patient now thinks of many other things you may be able to help with. A patients' first comment is generally "I can't see anything", if you have selected the correct LVA, just wait for the "oohs" and "aahs" as they surprise themselves, then you can wink at their partner who is sitting opposite with a big smile on their face!

Adapting to sight impairment is a traumatic experience, so be prepared for a few tears (from the patient!) and hand-holding along the way. It is often the case that the person with the failing sight is not used to being the carer. One gentleman said he was having trouble seeing the cooker dials, his wife usually did all the cooking and housekeeping, but now she had had a fall and was immobile, so it was now down to him

to burn the dinner. Another gent looked after his wife who had severe dementia and was hoping his vision would allow him to continue to care for her. There are so many life scenarios that you will encounter.

Many long-term, systemic conditions such as Multiple Sclerosis often have a detrimental effect on vision. One lovely chap, who got around on his mobility scooter, had MS for many years and wanted to read his own horoscope; the fact that I could enable him to do this, which he thought he would never be able to do, made his day!

A lady who was confined to a wheelchair used to love to knit. Simple magnifiers and advice on lighting enabled her to take up her hobby again and feel useful. At a follow-up appointment I asked the usual question of how she was getting on, "Oh marvellous dear, look what I've made" and out of her pocket came a very fancy hat and matching gloves. "I feel so much better being able to do something rather than just sitting around, you made my day" well she certainly made mine too.

These days we hear so much about wonderful carers, and they are fantastic people, but folk really want to be able to do things for themselves and not be reliant on others. If you can give them back some independence you've done a good job.

One good thing about the LV clinic is that aids are dispensed immediately from my stock, so the patient leaves with a goody bag! Those who arrive sad and despondent usually leave with a smile on their face and often comment, "I never

realised all this was available for me".

So what are the qualities of a good LV practitioner? Obviously good technical knowledge, but a patient and understanding manner mixed with a good sense of humour. Some may view the low vision clinic as the end of the road, but I look at it as the starting place for a new way to cope with visual impairment. As long as my patients go away feeling much happier than when they arrived, I feel I have done a good job. I am no miracle worker, I cannot give sight to the blind, but I can enhance the vision they still have and help them adapt to their new situation and make the most of life.

For further information about the Low Vision Honours course contact DLI at ABDO College on 01227 733 920/921 or email info@abdocollege.org.uk.



Annette Ball, FBDO (Hons) LVA is the low vision specialist at the Queen Elizabeth NHS Trust Hospital in King's Lynn. She is a dispensing manager for an independent group in Norfolk and an ABDO practical and theory examiner.

Communicating with confidence

by Sally Bates BSc (Hons) FBDO Cert Ed, ABDO College Lecturer

This is the final article in a series of three focusing on communication skills which are designed to help improve your customer service expertise in the optical environment. Good communication skills are vital in order to convey the correct information and interact with patients and fellow employees.

Communication skills are currently a core competency of the ABDO FQE (Final Qualification Examination) syllabus. Students are now examined on their communication skills, both in the written theory examination and Section D of the practical examinations.

Human behavior

As dispensing opticians our job comprises of communicating and imparting our knowledge and expertise of frames and lenses with a variety of different patients. Generally, most people are easy to get along with, whereas some patients are a little more demanding or challenging. Occasionally we may find it more difficult to 'click' with those individuals. Usually people like people who are like themselves. If you consider who your close friends are, they are generally similar to you. You have mutual and comparable interests, share the same passions, laugh at the same jokes, dress similarly, have the same choices in music and come from similar social backgrounds.

Occasionally it may be difficult and testing to connect with particular patients; this is often due to their character or personality traits. As a DO we must make the effort to communicate effectively

by researching, seeking information and making enquiries to find the 'common ground' with those individuals; this is human behavior. We need to match the information which we give to patients in suitable chunks which they can digest. We should also match their volume of voice pace of speech and their personality.

After working in practice for a number of years, we develop an almost effortless skill to spot the signs from a distance and read the signals, enabling us to assess an individual's personality traits. Our job becomes practically straightforward and seamless when dealing with an assortment of diverse patients. Dispensing opticians should develop the expertise of assessing the patient's body language, looking at their posture, gestures and breathing. We should mirror the patient, not mimic the patient.

Deliberate

This patient wants time to think things over; they are slow and leisurely in speech. They appear to have unlimited time to listen, and they have the 'I've got all day' approach. Often this patient is critical and wants to know an excessive amount of information about the products that we recommend.

Body language

The patient may take their coat off and settle down at the dispensing desk as they have an unrestricted amount of time to select their new spectacles. Often they are very particular about the position of the chair, the lighting, the mirror and want to look at themselves from different angles.

TOP TIPS

- Set aside time to deal with the patient
- If you are busy, offer to make an appointment for the dispensing at a quieter time that is convenient to you both
- Ask the patient about themselves – it is their favorite topic!
- Ask a few specific questions (open and closed) to find out their objectives
- Offer the patient tea or coffee as the dispensing process will take a while



Hurried

The hurried patient appears to be impatient, nervous or fidgety. They pace the room, ask when they will be seen and are often brisk in manner. They clock watch and are concerned about the time spent waiting, often commenting on their parking time, or another appointment to keep etc.

Body language

The patient touches their watch and keeps checking the time. They fidget, drum their fingers, cross and uncross their legs. They flick through magazines, check their phone and look around in a quick manner.

TOP TIPS

- Assure the patient that they won't be kept waiting
- Offer a quick glazing service
- Speed up your pace of speech
- Be direct with your recommendations



Indecisive

The indecisive patient finds it difficult to make up their mind. They waver between different frame and lens options, and constantly ask questions.

Body language

The patient keeps looking at the frame choice. They rub their chin, cross and re-cross their legs.

TOP TIPS

- Keep the frame and lens options to minimum
- Avoid giving too many choices
- Ask leading questions to confirm the patient's objectives
- State the frame and lens features, advantages and benefits
- Write down price quotations for the patient's consideration
- Offer time to think things over



Disagreeable

This patient wants to argue, they make unreasonable demands and often refuse to be pleased. They tend to talk loudly and are inclined to be sarcastic, abrupt or antagonistic.

Body language

The patient often points at you, taps their fingers and feet and portrays 'closed' body language. This patient scowls or frowns at you. They pull themselves up to their full height to be able to look down at you.

TOP TIPS

- Lower your tone of voice and talk quietly – this makes the patient listen to you
- Don't rise to an argument – if it is a battle, you will never win
- Work with the patient – ask what you can do to help them
- Be firm, fair and friendly
- Don't justify any problems which the patient may have previously had
- Prove your optical knowledge and stay calm
- Summarise your recommendations in a positive manner



Bossy

This patient tries to display their own optical knowledge. They contradict, question your statements or talk over you. They may possibly be overbearing, argumentative or tense.

Body language

The patient may sit in a dominant position – arms and legs crossed, slightly leaning forwards. Their body language is 'closed'. They may point their finger at you when talking. This type of individual typically tries to read their record card and moves the dispensing equipment on your desk, by uniformly lining it up.

TOP TIPS

- Let the patient display their knowledge
- Listen to the patient and paraphrase what they have said
- Agree with the patient's comments
- Compliment the patient on their knowledge
- Work with the patient
- Flatter the patient's frame choice
- Make the patient feel special



Silent

This patient will not answer your questions easily and often does not wish to make conversation. They tend to shop around and have usually checked internet information and prices. They generally appear to be cynical, suspicious or uninterested.

Body language

They apparently do not hear you and make very little eye contact.

TOP TIPS

- Use the funnel technique of asking questions – it is ideal to start by asking general open questions to put the patient at their ease and to build a rapport; then ask closed questions to find out the patient's wants, needs and requirements
- Be polite and chatty
- A short presentation leading to your positive recommendation of suitable frames and lenses is ideal
- Ensure you give a technical 'tit bit' of information which is personal to the patient's prescription or requirements, that they would not have found from the internet – this will build their confidence in you
- Give the patient your full attention



Talkative

This type of patient continues to talk over you and does not concentrate on the information or advice that you offer. They often tend to discuss their personal affairs with you.

Body language

You will notice that this type of patient has very 'open' body language.

TOP TIPS

- Let the patient do the talking – whatever you say, the patient will not listen to you!
- Use closed questions to find out specific information
- Compliment the patient
- Avoid giving too much choice otherwise this patient will be talking all day
- Summarise the frame and lens options with positive brief objectives
- Be firm with your recommendations



Nervous

This patient looks worried, will not talk easily and needs reassurance. This could possibly be the patient's first visit to an Optician and they are worried about the findings and outcome of the eye examination.

Body language

The patient touches their watch and keeps checking the time. They fidget, drum their fingers, cross and uncross their legs, and avoids eye contact. They often start to feel hot and have to remove their coat or jumper.

TOP TIPS

- Put the patient at their ease by asking open and leading questions, so they have to chat back – this will relax the patient and help to build a rapport
- Give reassurance to the patient
- Offer the patient a cup of tea or coffee
- Chat to the patient to take their mind off the waiting time for the eye exam
- Find a 'common ground'



Putting patients first

Understand the patient's perspectives and expectations of their new spectacles. Allow the patient to talk about what they want. Build a trusting relationship with your patients by showing an interest. Find out the patient's needs, wants and requirements by asking questions. Use your expertise and lens knowledge to offer the best options to suit the patient's requests. Explore any concerns that the patient may have. Explain your recommendations and bring your lens descriptions to life by 'dropping props'. Demonstrate and show samples of hi-index thin lenses, Transitions lenses, MAR coatings, Trivex lenses, tints and polarised lenses etc.

Dealing with complaints – turn adversity into advantage

Complaints are often viewed by us in a negative way and because of this we tend to handle them badly. However, if we deal with complaints correctly, we not only sort out any problems, but we also show the customer we care about their satisfaction and they do not feel as if they are being 'fobbed off.' Problems which are resolved help you and your practice. You will be able to raise the patient's estimations of you, they will trust you, and return to you again. It is very easy to take a complaint personally, and usually this is not intended. Most complaints arise because the patient feels their new spectacles or contact lenses do not meet their expectations. This gives us the opportunity to put things right – it is important to find out the patient's real needs.

Listen

- Be patient, you need to listen to the whole complaint
- Don't get worked up by a complaining patient
- Talking to you will calm the patient down
- Ensure the environment is calming – take the patient to a quiet area where they can discuss their complaint without everyone overhearing
- Use body language to give the patient the impression that you are caring and interested in them
- Posture – lean in slightly toward the patient
- Proximity – don't sit across the desk from the patient as this creates a barrier, sit to their side
- Make eye contact and be aware of your facial expressions



Sympathise

- Most patients are not habitual complainers
- Their uncertainty often manifests itself as aggression
- You need to be calming and sympathetic
- Do not admit you have made a mistake unless absolutely sure that you have

Don't justify

- Patients do not wish to know the problems we have encountered which contributed to their complaint; they only wish to know when their spectacles will be ready, or if you will exchange the frame etc.
- Do not justify by saying 'it's not my job' or 'it's company policy' or 'it's the lab's fault'
- Do not take a complaint personally and try to control your feelings
- Never lose your temper – it won't help the situation
- Do not be defensive
- Never lie to the patient, or make false promises
- Never make the patient look stupid or foolish



Ask questions

- Use open questions which require a descriptive answer
- Then use the 'funnel technique' by asking 'closed' questions
- Finish by asking leading questions – usually 'closed' questions which are answered with a single 'yes' or 'no'. This serves as confirmation and enables you to move on to recommending products, use closed questions when you wish to summarise, this gives you direct information

Agree a course of action

- Suggest a solution that resolves the issue and always try to go the extra mile, however do not oversell the results – remember; miracles take longer!
- Do not use technical jargon – speak to the patient in a language that they can understand
- Keep the patients happy, and keep the patient's money – a refund seldom makes the patient happy



Check the action is carried out

- Follow up!
- Personally take charge of overseeing the action plan
- Follow through the order, contact the patient and arrange an appointment time to see you for collection when you won't be interrupted –don't hand it over to someone else
- Ensure that your promises materialise by the agreed date
- Check that some benefit has been achieved. It is good to ask the patient to return and let you know how they are getting on, whatever the result, as it demonstrates your support

Remember, if we handle a complaint well, we will improve our relationship with the patient. Generally they will tell three or four other people, whereas dissatisfied customers usually tell nine or ten other people.

Sally Bates

BSc (Hons) FBDO Cert Ed

Sally Bates is the proprietor of Identity Optical Training, specialising in training courses for practical examination revision and optical assistants Level 2 and 3 training. She is also an ABDO examiner and part-time lecturer at the ABDO College, where she is responsible for teaching all aspects of practical ophthalmic dispensing.



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For further information on ABDO College sponsorship opportunities contact Michael R Potter FBDO on 01227 733 913 or email at mpotter@abdo.org.uk.

Nikko Turner wins 2010/11 1st year student prize



Left to right: Jo Underwood, Vinni Virdee, Nikko Turner and Tony Douglass

A presentation was recently held at Godmersham to award Nikko Turner with the 2010/11 prize for Best 1st year student on the Foundation Degree in Ophthalmic Dispensing course.

Nikko works at Specsavers in Chesham and started her career as an optical assistant. Although she initially never thought about becoming a DO, she was encouraged by those around her to embark on the course and since then has never looked back.

Completely surprised on winning the prize and almost lost for words, Nikko's comment was short but sweet "It's brilliant" she said.

The Foundation Degree prize is generously sponsored by Transitions Optical and Nikko received a cheque for £500 from their product consultant Vinni Virdee FBDO, as well as a commemorative certificate from ABDO College Principal Jo Underwood. The presentation was also attended by Specsavers Professional Services DO Training Manager, Tony Douglass FBDO, who was delighted by Nikko's achievement.

Education doesn't stop at the school gate!

Phil Mullins talks about an education ethos in optics

There was once a saying that "education is what you're left with, ten years after leaving school", basically education is only worth what you can remember of it and what you use each day, which when looking back may not seem a lot, especially if like me you finished formal education over 20 years ago. But this is

university with the ABDO College distance learning ophthalmic dispensing diploma and degree courses, then on to the higher level contact lens or low vision courses. But this ethos is not only for the professional opticians in our industry, it is equally applicable to our co-workers who can benefit from The Worshipful

'...if we don't move forward we move backwards as everyone else passes by and takes the opportunities that are there for the taking.'

not the case any longer, in fact we now learn far more after our formal time in education than we do during that time.

The reason for this became very apparent recently when, as a school governor, I attended a focus meeting, where we looked at the schools requirements to educate children for the next ten years. We were given a number of facts, the most striking of which was that a child starting school today will have at least 20 jobs in their lifetime and will work until they are at least 70 years old. The days of leaving school or university, getting a job, learning the specialist skills to do the job and then using those skills until we reach the age of 65, then retiring have gone for good. No longer do companies give gold watches for 50 years service, some now reward 5 or even 10 years service.

As a result of these changes in our working world, we have needed to create an ethos of ongoing education, not just CET but starting at college/

Company of Spectacle Makers support staff courses or the technicians qualifications. This wide scope of formal optical education helps us both as individuals and as industry to keep pace with the changes around us and as a result enables us to succeed to higher goals.

What we must remember though is that not all learning comes in the form of lecture, exam, and qualification. Much of what we need to learn comes from different areas and in different formats. We have in recent years seen the rise of CET, which is a truly valuable addition, but should not be our only focus as it concentrates on professional learning, so what about business skills, IT skills or advanced communication techniques? These are just as important in this modern age as understanding the latest progressive lens or the corneal affects of silicon hydrogel lenses. For this reason we are delighted that our IT division Optinet™ is working closely with ABDO



Phil Mullins

College at Godmersham to demonstrate that using an integrated practice management system doesn't only support the business but also assists professional skills with clinical notes, dispensing packages, EDI ordering and so on. Our aim is to enable the students to gain a full skill set, so as they embark on their careers they can not only work within the practice environment but can be an asset to a business and that is what learning is all about.

Education be it academic, practical or learning specific skills like IT, is there to enable us to continue to move forward, to improve us personally and benefit the business we work in, both now and in the future; because if we don't move forward we move backwards as everyone else passes by and takes the opportunities that are there for the taking.

Philip M Mullins FBDO is Director of Business Development for PK National Eyecare Group

Guide Dogs benefit from College support

Charity fund raising event held at Godmersham

Instigated by college technician Sue Rose, a charity table top sale held at Godmersham in December successfully raised £833.40 for Guide Dogs. Around 200 people attended on the day and had an opportunity to meet a guide dog and see for themselves the fantastic work that this charity does.

Amongst the bargains to be had, a raffle was held and light refreshments and cakes were served with all proceeds going in aid of the Guide Dogs charity. Commenting on the event Sue Rose said "I would like to thank all those who participated and attended on the day for generating such a meaningful sum of money. It's the first time we have held an event of this kind at the college and I am delighted with the support that it received. The amount raised really will help this vitally important charity that is so closely associated with our profession."

In what was the first sunny day in

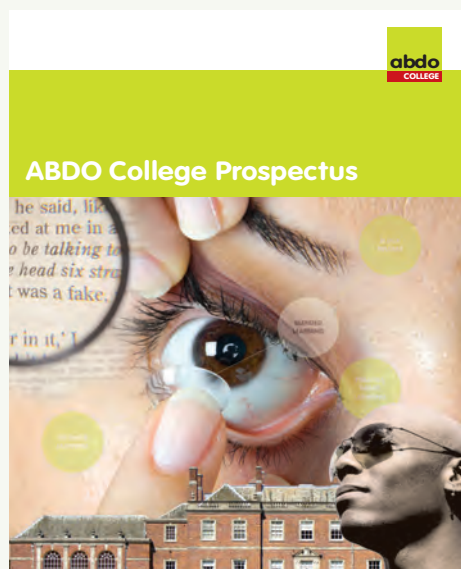
January this year, a cheque was presented to Pat Marshall who visited the College with her guide dog Chloe and her husband Roger. In recognition of the College's contribution Pat presented a framed certificate to ABDO College Principal, Jo Underwood. At the presentation Pat said "The fund raising event was amazing, so well organised and well attended. We are extremely grateful to Sue, Jo and everyone else involved for this initiative, for all their hard work and for the funds that their efforts raised. The event was enjoyed by a great number of people, in splendored surroundings and those attending had a chance to meet a number of guide dog owners and puppy walkers."

The running total the College has so far raised for Guide Dogs now stands at over £1000, the aim is to reach a target of £5000 so that the College will be able



Left to right: Jo Underwood, Sue Rose, Pat Marshall, Roger Marshall with guide dog Chloe

to name a guide dog as a result of its fund raising activities. Should you wish to make a donation to help in achieving this worth goal, please contact Roger Marshall, who is treasurer of the Ashford Branch of Guide Dogs, on 01233 633 533.



New 2012/13 prospectus

ABDO College specialises in distance and blended learning education for the optical profession. It is the only college in the UK devoted solely to the teaching of the theoretical and practical aspects of ophthalmic dispensing and its related specialist areas.

Offering range of courses through access, foundation degree, diploma, degree, advanced and honours, ABDO College provides quality programmes leading to ABDO examinations and qualifications; thereby offering the opportunity to enhance knowledge and career progression and enabling development for optical practice staff at many levels.

The new 2012/13 ABDO College prospectus can be used as a guide to plan your personal career pathway as it contains details of the full range of courses currently available from the College, to obtain a copy of the prospectus please contact DLI at ABDO College on 01227 733 901 or email info@abdocollege.org.uk.

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The ABDO College Bookshop provides an extensive selection of the most popular optical titles to the profession worldwide. Publications covering all aspects of ophthalmic optics – dispensing, optometry, ophthalmology, contact lenses, useful revision guides etc. – plus other products such as ABDO CET CDs, rules, gauges and charts are readily available and a fast, efficient and friendly service is always assured. The ABDO College Bookshop also offers BSI British Standards publications to ABDO members at a substantially discounted price.

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