

Re:View

Keeping excellence in your sights | February 2016 | Issue 24



**Profile feature
on Gemma Rae**

We find out about Gemma and her research into the effects of cigarette smoking on the cornea and tear film layer

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A report on the college's latest Employers' Liaison Meeting

Team inspiration tips

Does every member of your practice team feel inspired by their potential?

**MSc in Health
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An interview with CCCU's
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Team inspiration tips

Does every member of your practice team feel inspired by their potential? Even if their day has been busy, are they still motivated by their chance to improve their qualifications and take the next step in their career?

Working in optics, the career ladder is right there for everyone, from the receptionist who might want to take her first Level 2 qualification, to the DO who is considering management, the Contact Lens Certificate course, or perhaps a Masters. Sometimes it can be hard to see the next step, but investing in your existing staff is a great investment, so here are some tips from other practitioners about what got them motivated, and some ideas to help you motivate your team.

Peter Williamson 33, DO BSc(Hons) FBDO, senior optical dispenser at Birmingham & Midland Eye Centre, City Hospital, is currently undertaking the Low Vision Honours course and Distance Learning Tutor course. He says, "I worked my way from OA to DO with D&A/Boots. I was motivated by an enthusiastic senior DO and my then manager who was also a DO. They'd always have time to answer my questions and give me support when I needed it! The company also had a great training program that ran alongside the ABDO College course."

- Get the new ABDO College and WCSM prospectuses and leave them in the staff room or coffee area. Check out the student profiles in *Re:View* too, and you'll find out more about the many different routes into optics.

- Dedicate one staff training session to discussing the training options available to your junior staff. You could focus on personal goals in the short, medium and long term, and see what type of training fits in. With a wider variety of courses and modes of study available than ever before it is easy to find the next step for each individual, whether they want to dip a toe in the water and study for a single Level 2 qualification, feel ready to aim for Level 4, or want to commit to training to become a dispensing optician or CLO.
- Review your training plans and budget. What does the practice need, and how can you train up current staff to meet those needs?
- Make sure that when new staff join your paperwork is in order. Check what the contract offers in the way of training, and make sure you are explicit about what you expect from staff in return. It is reasonable to ask staff to stay on for a certain term after completing their training if you have sponsored them through it, but this needs to be clear from the start. Include a career profession leaflet or information sheet as appropriate in staff induction packs.

CCCU senior lecturer Anthony Blackman says, "After the OA courses I went on to the DO, then CLO courses. My branch was small so you had to be a fast learner. When I was new I shadowed my senior colleagues so I could observe and then have a go with them watching. As I learnt to do more then I got more confident and it was a way to get a pay rise!"

- Have one-to-ones with staff where you find out their ambitions and outline some options. Discover what motivates your staff: some may be driven by learning, others by the response from customers, while others may quite reasonably be motivated by money. Financial incentives aren't just about cash: find out if a member of staff is saving up for a car, their first home or to get married, all of which are strong drivers and can provide the motivation to earn.
- Ask team members to run training sessions for the others covering something they have learnt recently during their studies. Use feedback forms after the session so that this is a learning experience for the trainer too, and make sure each form asks staff to feedback on 'what I thought was great about this session', 'what I learnt', and 'how I will put this into practice', as well as any criticisms.
- Help staff learn about the wider opportunities in optics. This might mean taking the whole team to a national optical exhibition, or arranging a visit to a laboratory or manufacturer. Trainee DOs may feel encouraged if you offer to take them to a CET meeting,

Looking forward to challenges and opportunities

or introduce them to people on the LOC. Understanding the bigger picture can help people stay motivated and see how their involvement in the world of optics can continue to grow even after qualification.

- Celebrate success. If someone passes their exams, make sure that the whole team celebrates. Whether you simply buy cake for the morning coffee break or take everyone out for a meal, pick a reward to match the size of the success.

Chris Froment says, "I did work experience, worked as a Saturday boy, became a trainee, then a DO, did an MBA then went off to Bradford to do the conversion course in optometry." He says, "It is great when you engage all members of staff. Sometimes as a professional you can forget just how interesting the job can be. Showing a DO or receptionist a cool photo, a dodgy OCT or explaining why you made that clinical decision makes the job more interesting and people more valued in their work. They can also talk to patients with more confidence and reassurance if needed because they have experience in what the patient can expect going forward."

Having read these tips, what action do you need to take next? It may be that you are inspired to review your own career progression too, all of which will help you inspire and motivate your team!



I am honoured to have succeeded Huntly Taylor who completed his spell as chairman of the college trustees at the end of December.

He served in the post for four years with great distinction and commitment, and I know that the whole college team are really grateful to him for a job well done.

Featured in this issue of *Re:View* is a report on the college's latest Employers' Liaison Meeting. Every year optical employers are invited to Godmersham to be updated on developments and to enable us to obtain their feedback regarding courses and educational needs for their staff. Also on the topic of practice staff, the article on team inspiration tips provides some ideas to help you motivate your colleagues.

I hope those who decided to give up smoking as their New Year's resolution

are succeeding, and Gemma Rae's research on the effects of cigarette smoking outlines some of the reasons why we should be sure to advise our patients to quit the habit.

A large part of my career has been devoted to education, so it's gratifying to see that there's now an opportunity for dispensing opticians to work towards an MSc in Health and Wellbeing, details of which are outlined in the interview with Jeannette Head of Canterbury Christ Church University.

As I commence my tenure as chairman of the board of trustees, with record student numbers for ABDO College, WCSM courses added to our portfolio, and an extended degree programme with CCCU, I'm really looking forward to the challenges and opportunities that lie ahead.

Angela McNamee

BSc(Hons) MCOptom FBDO (Hons) CL FBCLA Cert Ed

**Chairman,
ABDO College Board of Trustees**

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Gemma Rae

We find out about Gemma and her research

Gemma Rae graduated from ABDO College in 2015 with a BSc in Ophthalmic Dispensing. In this article you can find out a little bit more about Gemma, and also discover what she found for her dissertation project when she asked the question, "What are the effects of tobacco cigarette smoking on the cornea and tear film layer?"

Gemma Rae is from Peterhead in Scotland. Explaining how, like many people, she stumbled into the world of optics, she says, "I stayed on for the sixth year at school and did Highers. I applied to go to uni, but decided I didn't want to go in the end, which left me without a job to go to. I panicked, applied for lots of jobs and eventually got a job in Aberdeen with Boots Opticians. The Boots training was good, and got me interested in optics, but the practice was 45 minutes from home. After a year of commuting I moved to Duncan and Todd in Peterhead. At Duncan and Todd the opportunity was there to learn more, and I did want to do my degree, so when they offered to fund my training to become a dispensing optician I went for it. A number of people in the company had done the course before me, and Duncan and Todd employees have always tended to go to ABDO College. I looked at the structure of the course and thought that distance learning and block release was the right combination because I wouldn't miss too much time at work."

Peterhead to Kent is a long journey, and Gemma says, "It was a bit traumatic the first time I travelled all the way to

ABDO College, but I soon got used to the flight followed by the train journey." Discussing her initial experiences at the college, she says, "The course was so much more than I expected, in terms of workload, trying to fit in work, the course and a personal life. The work itself was difficult in parts, easy in others, but the notes and support from ABDO were more than enough to see you through.

The practical aspects were straightforward, but self-teaching, especially in the first year, wasn't always easy – sometimes I found that things I thought I knew through self-study weren't correct when I turned up on block, but that was always something that staff would help with. The two week block periods are tough going, after all we were learning six months work in that time, but it gives you more than enough to go on with when you go back to studying at home. Anatomy was one of my favourite subjects, and the staff are great at making every subject interesting for you." Looking back on her time, Gemma says, "Before you go to ABDO College you have no idea what to expect. I chose to stay in the ABDO accommodation for the block study periods. They are such



Gemma Rae receiving her Foundation Degree, with ABDO President Peter Black

an intense experience that it was great to only have a short walk home, along with lots of other people going through the same experience. After my first block I felt like I had known everyone a long time, and every block after that it was great to go back, meet them all again and catch up."

being harmful to the eyes. By the end of the paper I felt strongly that we should be warning our patients that smoking doesn't just affect the heart and lungs, it also damages the eye.

Reflecting on her time at ABDO College, Gemma says, "In all honesty, there were points where I could have

'Before you go to ABDO College you have no idea what to expect. I chose to stay in the ABDO accommodation for the block study periods. They are such an intense experience that it was great to only have a short walk home, along with lots of other people going through the same experience.'

Every third year degree student is required to write a 4,000 word dissertation. Gemma explains, "I struggled to find a topic for a dissertation. They give you guidelines and tell you to pick something that interests you. I looked into a few topics and found out a little bit about them. I'm a non-smoker, I hate smoking which motivated me to investigate the research question, "What are the effects of tobacco cigarette smoking on the cornea and tear film layer?" The work I had already done over three years of the degree had given me the tools to find the information I needed. There was plenty of information available too: I was spoiled for choice. I had to work out which were the best and most relevant research papers. Everything I found pointed to smoking

given up, just because of the work load. Looking back, though, it has been so worth it. The respect that you get from staff and patients now you are qualified makes it worthwhile. I will now never say I'm 'just' a DO." And if you are considering whether to study for the degree or diploma, Gemma says, "Do the degree. The only difference is the essays – you are studying exactly the same material, and for six essays a year, it is definitely worth it to get the extra qualification." Gemma is committed to working at Duncan and Todd in the long run, and says, "I would love to go into management, I was so lucky that Duncan and Todd funded everything for me, and I would hope to continue with their support in the management side."

ABDO College and WCSM Courses prospectus



ABDO College now provides training courses leading to ABDO and the Worshipful Company of Spectacle Makers (WCSM) qualifications. WCSM qualifications lay a solid foundation for the development of essential optical skills and open up a clearly defined career pathway.

To obtain a copy of the current ABDO College and/or WCSM Courses Prospectus, please contact the Courses Team at ABDO College on 01227 738 829 (Option 1), or email info@abdocollege.org.uk.

What are the effects of tobacco cigarette smoking on the

By Gemma Rae BSc(Hons) FBDO

INTRODUCTION

According to the World Health Organisation (2015) approximately one billion of the world's population smoke tobacco based cigarettes, killing around six million people each year. Hill (2010) suggests smokers are warned of a number of health related risks; illnesses, amputations, synthetic voice boxes and tarred lungs. This triggered the question, "What are the effects of tobacco cigarette smoking on the cornea and tear film layer?"

Sundmacher, Jones and Rice (2009) explain that smokers are more likely to quit as a result of a change in health, providing they have prior sufficient information relating to the potential health issues. As clarified by the General Optical Council (GOC) (2005), "Code of Conduct" it is the responsibility of every dispensing optician to provide patients with information which they can understand and provide assistance when making decisions regarding their care. Depending on the results of this investigation, there may be a requirement for change, in practice, to allow patients to understand the full ocular health risks caused by smoking.

AIM

The purpose of the research was to discover the effects of cigarette smoking on the cornea and tear film layer. Realising the notorious general health warnings widely documented instilled a desire to find the effects of smoking on the eyes. Knowledge gained in researching the specific area will allow dispensing opticians and optometrists to inform patients the risk they expose themselves to when smoking.

METHOD

Information relating to the research question was sourced using academic search engines and medical databases. The information found was systematically analysed using a critical framework to identify the strengths and weaknesses. The material was referenced to a hierarchy of evidence in order to justify inclusion.

RESULTS

The initial article critiqued was a cohort study conducted by, Thomas *et al.* (2012). The purpose of the cohort study was to find the effects that smoking had on the cornea and precorneal tear film. This was achieved using a sample group of smokers with a control group of non-smokers. Subjects were examined using a number of instruments and tests to detect the effects smoking had. Each subject was tested on an individual basis and results from the two separate groups were collated for comparison. The results of the study were expressed as a p value. Comparison of tear break up time, aqueous production, corneal sensitivity, conjunctival sensitivity and punctate staining in smokers to non-smokers established p values = 0.0001, 0.22, 0.0001, 0.0001 and <0.0001 respectively. According to Peat, Barton and Elliot (2008) a p value of less than 0.05 indicates that the difference between the groups is unlikely to have occurred by chance and a significant difference can be assumed correct. The conclusion can be made that smoking causes tear film instability, reduced corneal sensitivity, reduced conjunctival sensitivity and dry eyes apparent with staining.

The second article was a clinical trial performed by, Higuchi *et al.* (2011). In this instance the purpose of the study was to discover the effects of smoking on the cornea and lacrimal gland. The study involved two groups of rats, one subjected to cigarette smoke and the other spared as a control group. One group of rats was exposed to cigarette smoke for three hours with incessant fresh air, similar to humans in a smoking room, for a five day period. At the end of the period fluorescein staining was used in the eyes, photographed and then scored on a scale from 0–4. The results of the study showed that the rats exposed to cigarette smoking had a gradual increase in scoring throughout the test period whereas the rats not exposed remained the same score throughout. From this it can be seen that smoke exposure had a detrimental effect on the cornea causing increased corneal staining.

The penultimate article analysed was of a study conducted by, Altinors *et al.* (2006). The drive for the study was to determine the effect of smoking on the ocular surface and lipid layer of the tear film. Two groups of subjects were used, one consisting of smokers and the other

non-smokers. Subjects were examined for corneal and conjunctival sensitivity, surface staining, tear break-up time, tear production and conjunctival impression. Dry eye symptoms were scored by questionnaire. As a measure of results, p values were given for all comparisons. P values were less than 0.05 in the following categories: questionnaire score, tear break-up time, fluorescein staining, conjunctival sensitivity and corneal sensitivity. P values were more than 0.05 in two categories: tear production and conjunctival impression. The conclusions made were that smoking can cause damage and compromise to the lipid layer of the tear film, which in turn would cause dry eye symptoms.

The final article studied was a cohort study by Yoon, Song and Seo (2005). The purpose of the study was to find the effects of smoking on the tear film and ocular surface. The study consisted of subjects split into two groups: smokers and non-smokers. The smoking group was split into three subdivisions of light smokers, moderate smokers and heavy smokers. Subjects were examined to determine: tear break-up time, symptom score, tear production, fluorescein staining, corneal sensitivity and conjunctival impression. Results were evaluated for the three subdivisions within the smoking group initially. These included: 77.6% with abnormal tear break-up time, 36.2% with abnormal tear production, 8.6% with low corneal sensitivity and 70% with abnormal impression cytology findings. The comparison made between the smoking group and non-smoking group was expressed as a p value. Comparison was made for symptom score, tear break-up time, tear production, corneal sensitivity, fluorescein staining and impression cytology providing p values of 0.097, <0.01, <0.01, 0.04, 0.76, 0.02 and 0.23 respectively. The conclusions made from the article were that smoking proves detrimental to the tear film and ocular surface due to slower production of tears, poorer quality of tears and reduction in corneal sensitivity.

All information sourced indicated a detrimental effect on the cornea and the tear film layer. Smoking caused the cornea to dry, compromised the tear film layer and reduced corneal and conjunctival sensitivity.

cornea and tear film layer?



DISCUSSION

Critical analysis of the material identified the need for further research on a wider range of subjects. Information was a solid basis to start implementing change in practice but additional studies would provide superior justification for change.

CONCLUSION

From the studies cited, the general consensus was that smoking did cause a detrimental effect on the cornea and tear film layer.

The studies agreed that all smoking subjects presented with dry eyes compared to the non-smoking control groups. In addition to this, discovery of reduced corneal sensitivity and reduced conjunctival sensitivity was found in smoking patients.

In practice, it remains the responsibility of the dispensing optician and optometrist to inform patients, within their capability, the risks they may be causing to their health. Considering the above conclusions, a potential for change has been identified for those practising within the optical industry. By informing our patients the risks they are imposing to their ocular health when smoking/passive smoking it may be possible to prevent or alleviate their symptoms.

Smoking cigarettes leads to ocular health conditions. Patients who smoke are likely to suffer dry eyes, irritation and decreased corneal and conjunctival sensitivity. Dispensing opticians and optometrists should advise each patient that presents for an eye examination the negative effects in which they are exposed to if they smoke cigarettes.

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Liaison with employers

Every year optical employers are invited to ABDO College, on the day after the ABDO graduation ceremony, for an update and an inside look at just what goes on at the College. This is a fascinating chance to hear about new developments in optical training and education: read on to find out more.

The latest Employers' Liaison Meeting was hosted and introduced by Jo Underwood, Principal at ABDO College. The first session was presented by Debbie Gigg, course co-ordinator – optical support programmes. Debbie is responsible for the running of the Worshipful Company of Spectacle Makers (WCSM) courses which are now provided by ABDO College. Debbie gave an update on the new courses available, in particular the Level 4 Diploma for Optical Assistants course which will be launched during 2016. She explained how the new WCSM courses programme has been streamlined, thereby making the provision clearer for learners and employers to understand. It also offers a clearer career progression ladder, with Level 2 and 3 Optical Support leading into the new Level 4 diploma, and thence on to the FBDO diploma or degree courses. There is a new WCSM courses prospectus also available in print and online via the ABDO College website.

Jo Underwood followed this with an update for attendees on the changes to the FBDO and BSc syllabii following the ABDO quinquennial review, which incorporated feedback from employers, staff, examiners, industry, and students. The changes are mainly in year two.

In the past the anatomy syllabus has been taught in year two but examined in year three as part of the Management of Refractive Errors paper. It will now form a standalone module with a two hour exam comprising multiple choice and short answer questions at the end of year two. In addition the Professional Conduct module will be renamed Abnormal Ocular Conditions and Standards of Practice, and will be assessed separately. Some of the ability to do practical elements will now be assessed within the practice at the practice visit instead of in the FQE practical exams. The other new module is Paediatric Dispensing. The topic has always been taught but within different modules: this new module draws in elements from three different modules. This topic is assessed at a work-based practice visit and in the FQE practical examination. The new structure is more in line with GOC core competencies, and this is reflected in the way the written syllabus is mapped.

Along with the new modules, Jo Underwood explained that there will be more of an emphasis on assessment in practice. The Preliminary Qualifying Examinations will still take place at the end of year one, with the skills assessed

in relation to single vision lenses. The practice visit will take place sometime during the second and third year, and will depend on the educational establishments' order of teaching different topics. The visit has a number of purposes: to ensure students have the correct support and their supervisors are aware of their requirements; to check the students have access to appropriate equipment; to provide feedback on 10 pre-prepared case records; to view the case record audit trail; and to assess some elements of the core competencies in a familiar practice environment. It will assess more skills and abilities than before. The Final Qualifying Examinations, including the practical examinations are designed to reflect everyday situations in practice. Both are now fundamentally linked to GOC core competencies, and will include selecting and fitting a frame to a paediatric head as well as practical low vision skills. Abnormal ocular conditions will be presented in photographic format rather than schematic, truer to real life. There will be OSCE style station exams for low vision, abnormal ocular conditions and special optical appliances.

In the next session, Jill Kemp, head of operational services at ABDO College outlined the choices students and employers have when considering whether to opt for a degree or diploma course. ABDO College offers a two year foundation degree course followed by a third year BSc course in Ophthalmic Dispensing, leading to BSc(Hons) and the ABDO Level 6 FBDO qualifications,



Jill Kemp and Jo Underwood

or a three year diploma course in Ophthalmic Dispensing leading to the ABDO level 6 FBDO qualification.

Jill explained that a degree can be seen as a more portable qualification, both within and outside the profession. She explained how the ABDO College/ Canterbury Christ Church University (CCCU) course encourages students to develop critical thinking skills, leadership skills, problem solving and report writing, team working and time management skills. The difference in course price is less than £100 per month, and there are already students who 'top up' their employer's contribution to allow them to complete the degree course. What's more, joining the degree course allows students to apply for student finance. There is a new leaflet available outlining the key facts and fuller course details are available in the ABDO College prospectus. There is also an information pack with details of the next intake for either course, fees, deadline and an

application form, all available from ABDO College.

Jo Underwood then explained about the opportunities for students to move from the diploma to degree. Currently ABDO College and employers will look out for students who are performing particularly well in the first year of the diploma and invite them to move up to the degree for their second and third years. Students who take up this invitation will need to complete an extra module over the summer.

Charlotte Hough represented the student voice at the meeting, reporting on her time at ABDO College. Charlotte explained how ABDO College was the right choice for her. She needed to pick a course that offered study via block release, and felt that the College's close links to ABDO was an advantage. She mentioned the benefits of the supportive staff who had helped her when she had to move jobs mid-course and when there was a death in her family. Charlotte

also gave a fascinating insight into her research project looking at macular damage with long term tamoxifen use. You will be able to read more about this in the next issue of *Re:View*.

Finally, Jan Jenson of CCCU talked about the new MSc in Health and Wellbeing collaboration between CCCU and ABDO College. The course is a logical next step for any DO who has completed a degree course and wants to continue to further their education. It is also a good option for those who have some prior learning at an appropriate level as the course offers Accreditation of Prior Learning. This may be used to recognise other certificated or workplace learning that, through mapping to modules, could contribute to up to 50 per cent of the programme. It means that DOs can bring advanced qualifications in contact lenses or low vision into the programme by portfolio entry accompanied by details of how this learning has been applied and consolidated in the workplace. The course offers two compulsory modules, Promoting Health and Wellbeing, and Research Approaches and Methods, along with an array of optional modules and the chance to bring in work-based learning and customise the course to your own particular field of interest, from management or education to contact lenses or low vision. The course can be taken part time over 2–5 years, and participants have the option to work towards a PGCert, PGDip or the full MSc. This course is also covered in the interview with Jeanette Head of CCCU on page 8–9 of this issue.

MSc in Health and Wellbeing

An interview with CCCU's Jeannette Head

In the last issue of *Re:View* you may have read about the new MSc in Health and Wellbeing from Canterbury Christ Church University in association with ABDO College. Read on to find out more about Jeannette Head, senior lecturer at CCCU, who is the programme director for the course.

Jeannette Head initially trained in occupational therapy. She says, "On graduating I went into mental health practice before moving and becoming a placements tutor at CCCU in 2004. When I applied to become an OT I wanted a job with variety and creativity, something that involved working with people to realise their potential. OT is about problem solving, finding solutions, and working autonomously as a therapist. Helping people realise their potential is still important to me today. My role as a lecturer and now as programme director for the MSc at CCCU is all about supporting people to flourish, to be all that they can be."

Jeannette has been part of the School of Allied Health Professionals throughout the period of development for first the foundation degree in ophthalmic dispensing and then the BSc in association with ABDO College. She says, "At that time I was in working in the placements department and heard about the work Lindsay Keefe was doing to support educators and student learning in practice. I found these developments exciting and interesting. It has helped me see how the optical profession is coming into its own. Having seen some of the journey that has been undertaken before, I can

now be part of the journey ahead moving into Masters level education for dispensing opticians."

The move to postgraduate education follows a general trend in healthcare. Jeannette says, "Looking at healthcare professions in general, it started out with diploma level education, and has moved into degree level education across the board. A degree gives professionals credibility and the next understandable step is that professionals want to continue their education, learning and development. The Masters programme comes out of that. Learning is a lifelong journey and a Masters education can contribute. We hope within Masters level education to advance our critical thinking, analysis and reflections on practice to transform, enhance and develop practice for the future. It gives us the opportunity to be innovative and find new areas for development as well as maintaining the quality of the existing services. We reflect on work, experience, expert knowledge and evidence and utilise that to provide a better service. We can view the profession and what it offers with a critical lens, then create space to have conversations and move the profession forward. A Masters course is for the people who want to

continue to be curious and learn more, for those who want to lead or manage their profession." This fits in well with the way the dispensing profession hopes to move. Jeannette continues, "We want to develop DOs to enhance delivery and lead service development, and to develop a work-based skill set which is a valuable part of that. In the programme that we offer at CCCU, students explore their own perspectives on health and wellbeing. For DO's this would be specifically related to the role of being a dispensing practitioner, what does optical health mean in their role, in the life of the service users. We ask students to consider how we can best promote people's wellbeing within a service. At CCCU we are keen to support emerging professions – we want new leaders and new researchers to emerge from this programme, to foster those who will take the profession forward. We want to nurture researchers and their ability to use best evidence to make well-reasoned and well informed evidence for best practice. Students on the MSc course can select work-based projects and undertake their own investigation on a topic that is relevant and meaningful to their place of business. This type of course will meet employers need to develop practice. It is not a theoretical, academic-only programme but centred around work-based learning. Practice is at the core of the Masters."

The MSc is inter-professional and DO's will find themselves in classes with a range of professionals. Jeannette says, "Dispensing opticians bring another viewpoint to a multi-professional

programme. It is like putting up different lenses to see the world, which enriches our professional community. By coming together, sharing inter-professional stories, we learn from a rich narrative, we become more than the sum of our parts. Whether working on an acute ward or on the high street, we are all working with people. We are looking forward to this from the new student group.”

If you are thinking about just how you could combine a Masters with work and personal commitments, Jeannette

for 40 or 60 credits – the later might be appropriate for those interested in a research career.” The MSc course is designed to be flexible, whether you are interested in research, specific clinical areas such as contact lenses or low vision, management and leadership, or education and training. Jeannette says, “One module, for example, ‘Leadership – advancing innovation and transforming healthcare’ covers theories of leadership and the application of understanding to practice. It is very much about considering

So you could have a MSc combining health based modules with those that would help you know more about education and learning theories in work placed learning, alongside work based clinical skills and or leadership modules.”

Once you have decided on a particular focus for your Masters, Jeannette says, “The MSc has a broad title, we are appropriate to a range of health professional groups, and we also allow negotiated endorsement. This means that a student could have an MSc Health and Wellbeing – Leadership, or an MSc Health and Wellbeing – Low Vision. The student needs to put a case to the university for an endorsement to their Masters. You would select modules that focussed on your area of interest, and tie this in to your dissertation topic too. Students can undertake studies on relevant topics within CCCU or can bring credits in from other educational establishments.”

Summing up, Jeannette says, “In all modules, students will focus on their own professional context and setting. The question is always going to be, ‘How does this apply in optics?’ We are looking forward to welcoming a cohort of dispensing opticians. It is this diversity within the programme that offers students a rich learning experience to transform business or practice.”

‘Supporting people to flourish, to be all that they can be.’

explains: “Most of the students who do the work-based MSc Health and Wellbeing programme do it part time. Typically students attend one or two modules per semester. The semesters run from September to January and February to July. We aim for each student to complete three modules per year as a minimum, paced with their own work commitments. ‘Promoting Health and Wellbeing’ is a compulsory module which is done at the start of the course, as is ‘Research Approaches and Methods’, which needs to be completed before the dissertation, the final part of the Masters. You can choose from a range of modules within the MSc and also any of the other modules on offer at the university. You can negotiate your own pathway to meet your professional and learning needs. There is flexibility for you to choose 4–5 modules worth 20 credits each, and a longer or shorter dissertation

and reflecting on and moving forwards practice developments. It looks at the challenges we face when we try to transform cultures, to think operationally and strategically, how we engage stakeholders, exploring how to promote teamwork and the challenges of managing change. It looks at a whole system, using person centred culture.”

She continues, “The other thread is Education Practice, for applied education. This could be for you if you work in practice and are interested in practice-based education, training and learning. You could devise a path that takes modules looking at education and can link in with the university education faculty,

Find out more: Visit the web page about the MSc at

<http://www.canterbury.ac.uk/study-here/courses/postgraduate/health-and-wellbeing.aspx>. For further details about the programme, contact Jeannette Head, tel: 01634 894 433, email: jeannette.head@canterbury.ac.uk.

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