

Re:View

Keeping excellence in your sights | February 2014 | Issue 16



Gill Elstub interview

DOs graduating from the ophthalmic dispensing degree course are now seeing the bigger picture

Profile feature on Abigail Peters

We find out about Abigail and her research into fitting young children with contact lenses

Low Vision: High Priority

Jennifer Brower and Avril Chapman highlight how to get involved with low vision

A positive start to 2014



We enter 2014 on a positive note as ABDO College (for the second time since 2012) has successfully secured an additional

January student intake for its ophthalmic dispensing course. It's maybe another small indicator that the UK economy is showing some signs of recovery and that employers in optics are prepared to invest in training that will assist in building and safeguarding the profession for the future.

These factors were also highlighted at the 5th annual employer liaison event that was held at Godmersham towards the end of last year. You can find a report on the event in this issue of *Re:View* and I would personally like to thank Abigail Peters and Daniel Smithard for presenting the results, together with an insightful overview, of their survey into

supervision support for DO students. Also in this issue you can find out more about Abigail and her research into fitting young children with contact lenses.

There's an interview feature with Gill Elstub, who's now in her eighth year as part of the academic team at the College. Just over a year ago Gill was considering emigrating to either Australia or New Zealand, but I'm delighted that she decided to stay with us and has since progressed her career by becoming our courses coordinator, whilst we still retain her services as a well-liked lecturer.

I'm aware that there's a growing demand for low vision services and that many DOs are interested in this field of work; however it appears that few opticians know how to get started. In this issue Jennifer Brower and Avril Chapman outline how to become involved with low vision work and I hope this will also stimulate readers to enrol for the Low Vision Honours course offered by ABDO College (which leads to the FBDO (Hons) LVA qualification).

I'm pleased to announce three new ABDO College publications will be

available to order from the ABDO College Bookshop:

- *Low Vision – An inter-professional approach*
- *Ophthalmic Lenses Availability – 2014 Edition*
- *British Standards Extracts – 2014 Edition*

Finally, we are delighted that Contamac Ltd has joined the official list of College sponsors. Contamac is a leader in the development of specialist polymers and a major global provider of biocompatible materials for implantable and medical applications to the ophthalmic industry. As a result of their sponsorship we have already devised some exciting joint initiatives that will benefit our students; of which you will hear more in future issues of *Re:View*.

As you can see we have commenced 2014 at a pace and intend to keep the momentum running throughout the year. There's an open invitation to join in with us in any way you can!

**Huntly Taylor FBDO, Chairman,
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An interview with Gill Elstub

Courses coordinator and lecturer at ABDO College

In each issue of *Re:View* you can meet some of the staff at ABDO College and their colleagues at Christ Church Canterbury University, all of whom work on the extensive range of courses in dispensing optics and associated topics.

This time, we meet Gill Elstub, who is courses coordinator at ABDO College as well as being a lecturer on the degree and diploma courses in ophthalmic dispensing. In this article you can learn a little more about Gill and find out her views on what you need to succeed on an ABDO course, especially when you are studying by distance learning.

Gill Elstub has been a qualified dispensing optician for more than ten years. She studied dispensing optics at City and Islington College on a day release basis, and then went on to complete the contact lens course while working in a busy independent optical practice in Brighton. She says, "While studying for the contact lens course I saw an advertisement for a visiting tutor post, working one day a week at City and Islington. This seemed like an interesting way to expand my career and I applied." Gill was successful and the job grew from one day a week into a full time post, teaching first year topics including optics and ophthalmic lenses. Gill says, "I got on well with the practice I was working for at the time, and I wasn't keen to work for a rival practice, so lecturing helped me do something different and I could use my skills to help others with a course that I'd found



Gill Elstub

a great help for my career. I started teaching full time students who came every day to the college. A lot of them were 16 year olds and it was great fun, as well as a challenge to explain everything in a way to help others understand. As a new lecturer I built up skills alongside my students as they learnt. I was interested in a change from practice, after working in a high

volume independent practice all through my training and for a couple of years after."

Gill then moved to ABDO College in 2006, where she currently teaches all theory topics for first, second and third year students. She says, "ABDO College presented me with a fresh challenge. I have to cover far more topics, and most of the work is done via distance learning. When you only see students for two-week block release sessions you have to make sure that they understand as much as possible first time round. I have found that the difference with ABDO students is that they are a lot more self-motivated, or at least they learn how to be self-motivated in the first few weeks of their course. They only have block release for four weeks of the year, so they need to work out how to complete their study in the weeks in between. Distance learning students have to put themselves forward to ask for help once they are back in practice, whereas for those who are in college every day, staff have more opportunities to spot if someone is struggling. Fortunately, once students join ABDO College and come on their first block release, they meet the student liaison officer who will pass them to the right person at any point when they need help. Students can get support to help them develop time management skills, which are particularly important for those on the degree course who have deadlines throughout the year."

Gill has been teaching on the ophthalmic dispensing degree course since it was launched and she says,

"I really feel that the dispensing opticians who are graduating from the degree course are now seeing the bigger picture. Because the course work is more focussed on the academic modules, students are becoming more interested in research. A few are exploring areas where there isn't enough information in practice and looking to get their work published. Some of the current students and recent graduates are looking at publication in peer reviewed journals this year. The contact lens and low vision fields have research pioneers and we are hoping to find people with a dispensing background who will do the same for ophthalmic dispensing." Gill is also keen to extend the remit of the profession. She says, "In the last year I have completed the ophthalmic public health course and, together with Anthony Blackman, we will be including information that we have learnt as

part of the foundation degree course. There is a gap in ophthalmic public health research, and much more needs to be done to raise public awareness. This course has fired up my personal interest in research and I want to do the same for students. If they say that they can't find enough research information on a topic in dispensing, I want to see DOs planning what they can do to change the situation, by creating their own research projects."

Alongside teaching, Gill spends half the week working in Operational Services ensuring all courses are up to date, all model answers and guides are changed every year, and acting as a support link for tutors. She says, "I started this new role in September 2013. It's brilliant – I really enjoy seeing a different side to the course. Also I am relishing the challenge of bridging any gap between my roles. I can make the course material better as I can see

the areas that students have struggled with as I have taught over the last six years. It's nice to be able to put an input in here."

If you're thinking of applying for a dispensing course, Gill advises, "For a start, you need to be employed in full time practice. You need to have five GCSEs at grade C or above, including maths, English and science, as well as a certificate of recent learning in the last five years which can be in any subject or field. In terms of experience, we have students who have had 20 years' experience as well as those who have been working in optics for just a couple of days. Every student must have a supervisor who has been registered for at least two years with the General Optical Council. Your supervisor needs to be willing and able to support you through practical tasks. Alongside these requirements, you also need the ability to work on your own, good time management skills and an interest in the subject."

Over the years of teaching at ABDO College Gill has found that different subjects are loved and dreaded by different students. Gill says, "Only a minority love maths. Most find the subject a little daunting. During block release we run extra evening classes on the maths that students need for their course. This isn't trying to remind them of the whole GCSE syllabus but is very specific and focused on what they need to know to pass their degree or diploma. Everything that makes up the study sessions is geared to making the DO course achievable." While some

The ABDO College scarf

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students have concerns about their maths skills, others worry about the writing elements of the course. Gill says, "In the diploma course you need to do a limited amount of writing as part of the professional conduct and

and to pass their exams, they also learn skills like repairs and adjustments. Students who are very good at theory and worry about the viva always feel much more prepared by the end of their first year."

'This course has fired up my personal interest in research and I want to do the same for students. If they say that they can't find enough research information on a topic in dispensing, I want to see DOs planning what they can do to change the situation, by creating their own research projects.'

communication modules. Only on the degree course will you need to write essays, where four to six modules a year involve academic writing. However the degree course starts with the basics. The first module helps you learn how to construct sentences as part of an essay and how to reference correctly. Compare first year and third year work and it is at a completely different level which shows how much progress students make." Alongside maths and English concerns, Gill says, "Some students worry about learning the theory, but others are concerned about the practical side of the course, particularly the viva. In the first year Sally Bates goes through all the practical skills students need for work

Gill is optimistic about the future for dispensing optics at ABDO College and in the community. She says, "I would like any vision of the future to include dispensing opticians taking their degrees further. They'll always provide fantastic service for their patients, whether they have completed a degree or a diploma, but beyond this I'd like to see degree students going on to study further, perhaps to do a masters, to carry out research, so there is more investigation into dispensing eye care that will help raise awareness of dispensing optics. Personally, I want to make a success of the new role I've been given. I would always like to further my own academic career, to do a masters and a eventually even a PhD when I find the time!"

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Entry requirements

- Grade C or above GCSE in English, mathematics, science and two other subjects, including evidence of recent learning
- Applicants must be working in practice as a trainee dispensing optician for a minimum of 30 hours per week and have the support of their employer



Does fitting young children with contact lenses as opposed to spectacles improve psychological aspects of daily life?

by Abigail Peters BSc(Hons) FBDO

According to Newman (2012)

'correcting refractive error can have a significant impact on a child's quality of life and development'.

In the past there have been many concerns which have made optometrists and contact lens opticians reluctant to fit a child with contact lenses as the primary form of refractive error correction. A study by Zeri *et al* (2010) found that only forty per cent of an examined paediatric population had been given information relating to the possibilities of contact lens prescribing by their optometrist. Some of these concerns include a child's lack of maturity to care for the lenses and an increased risk of contact lens related adverse events (Newman, 2012).

Studies have often concluded that young children are deemed unsuitable for contact lens wear by practitioners and parents. Conclusions from these studies may have impacted on what is considered to be best practice within the optical industry, affecting practitioner and parental attitudes towards contact lens prescribing, creating a tendency within practice to provide school aged children with spectacles as the first choice of vision correction.

The reason for undertaking this study was that many young children within practice are requesting contact lenses and are being confronted with disapproving responses from practitioners and parents based entirely on age and perceived maturity alone, without considering the child's motivation and underlying reasons for such a request.

The study highlighted possible reasons for an increase in demand for contact lenses as a method of vision correction as opposed to spectacles and investigated whether prescribing contact

lenses as opposed to spectacles could improve psychological aspects of a child's daily life, such as self-perception and self-esteem.

According to (Harter, 1982 cited in Walline *et al*, 2009) "self-perception refers to one's own sense of value and ability and is formed by the age of eight years".

The findings of the study indicated that prescribing contact lenses as opposed to spectacles significantly affected a child's self-perceptions, with physical appearance, athletic competence and social acceptance scores being notably higher for paediatric contact lens wearers than for spectacle wearers. The study identified that children have a desire to align with their peers and that contact lenses can alleviate feelings of differential embarrassment. Increased victimisation was also an issue associated with spectacle wear and it was suggested that children wearing spectacles were deemed physically weaker by their emmetropic peers. This posed an increased risk of children wearing spectacles experiencing

negative peer interaction leading to feelings of loneliness and low self-esteem. It was found that prescribing contact lenses as opposed to spectacles could remove this issue as they allow children requiring refractive correction to appear physically equal to their peers, reducing the risks of victimisation which may produce negative psychological effects for the developing child.

The limited availability of recent evidence relating to the study was identified and the topic would benefit from more research to fully examine the psychological effects of fitting children with contact lenses as opposed to spectacles. However these findings may impact on the considerations and decision making processes of practitioners with regards to their method of prescribing refractive error correction to children and also upon the role of optometric members of staff with regards to patient-centred care and the ways in which the individual needs of children are effectively dealt with in practice.

AIM

Various factors have made optometrists and CLOs reluctant to fit a child with contact lenses giving rise to negative responses without consideration of the child's motivational reasons for requesting contact lenses as their primary source of vision correction. The aim of this study is to highlight possible reasons for an increase in demand for contact lenses as the primary method of vision correction and to investigate whether prescribing contact lenses as opposed to spectacles could improve psychological aspects of a child's daily life.

METHOD

Evidence for the study was sourced using information from optical related organisations and by performing a literature review of published online journals. Each article from the body of literature found was critically analysed in a systematic manner as this allowed the eradication of any articles deemed of insufficient validity or unethical in nature which would reduce the credibility of the study's findings and conclusions.

FINDINGS

A randomised controlled trial conducted by Walline *et al* (2009) which aimed to determine whether contact lenses affect a child's self-perceptions found that physical appearance scores were notably higher for the paediatric contact lens wearers than for the spectacle wearers, as were athletic competence and social acceptance scores ($p < 0.01$). In relation to social acceptance scores, Horwood *et al* (2005) investigated whether wearing spectacles influences the likelihood of children being victimised in school. The study found that children who wear spectacles were thirty five per cent more likely to experience overt victimisation from their peers ($p = 0.016$).

Corresponding with the results of Walline *et al* (2009) relating to an increase in athletic competence scores and contact lens wear, the relationship between children's perceived sports competence and their psychology was investigated by Slutzky and Simpkins (2009) with results concluding that children with higher sporting self-concept scores had higher levels of self-esteem ($p < 0.05$).

In relation to practitioner concerns based upon previous research a study by Jones *et al* (2009) concluded that children did not experience higher levels of contact lens related symptoms than older teens. Results of a similar study by Chalmers *et al* (2011) found that of a sample population ranging between the ages of eight and thirty three years, the risk factor results peaked between the ages of fifteen and twenty five ($p < 0.008$) with younger children posing significantly lower risks of contact lens related adverse events.

A recent survey produced by Efron, Morgan and Wood (2011) revealed that of over a thousand contact lens fittings under two per cent of them were performed on children aged between six and twelve years old. This statistic may be an indication that young children are being overlooked when it comes to the suggestion of prescribing contact lenses as the primary source of vision correction.

It can be seen from the literature review that there was a significant difference between contact lens wearers and spectacle wearers relating to self-perception of physical appearance. The findings indicate that children's self-perception of physical attractiveness is likely to improve with contact lens wear. Birkeland *et al* (2012) states that self-perception of physical attractiveness or body image is one of the primary influences on self-esteem for children, suggesting that those children who report higher self-perception scores in relation to physical appearance will have higher levels of self-esteem. With regards to the research topic it can therefore be concluded that



wearing contact lenses as opposed to spectacles would have positive psychological effects on the younger paediatric population.

In association with physical attractiveness, as children are developing there is a desire to align with peers in relation to physical appearance. Morgan (2011) states that as children are entering into puberty physical changes can make this a difficult time, with spectacle wear being an added inconvenience and differential embarrassment. This may be a motivational factor for children with regards to the desire for contact lens wear. The change to contact lenses from spectacles may alleviate negative feelings, as contact lenses are discreet meaning that a child requiring vision correction will appear more in line with their non spectacle wearing, emmetropic peers with regards to physical characteristics, (Morgan, 2011).

In relation to this aspect research findings concluded that children who wear spectacles are more likely to be victimised by their peers. Horwood *et al* (2005) suggested that this could be due to the perceived characteristic of physical weakness relating to spectacle wear. Witvliet *et al* (2010) suggests that problematic peer relations regarding clique isolation and low levels of friendliness elevate feelings of loneliness, leading to depressive symptoms such as low self-esteem in developing children. It would appear that if a child is perceived as physically different from their peers there is an increased risk of negative peer interaction which may lead to negative psychological development for that child.



The negative feelings may therefore be alleviated by choosing to fit children with contact lenses which appear almost invisible on the eye as opposed to spectacles. This would eliminate the differences in physical stature between a child requiring refractive vision correction and those children who are emmetropic. The change from spectacle wear to contact lenses for this reason may therefore be attributed to an improvement in the psychological state of developing children.

In relation to psychological state and quality of life, the work of Walline *et al* (2009) found that children who switched from spectacle wear to contact lenses reported increased levels of athletic competence. Slutzky and Simpkins (2009) found that children's sporting self-concepts affected the time spent participating in athletic activities and was an associated factor in determining levels of self-esteem. It was suggested that children who have higher self-concept scores are more likely to participate in team sports. Slutzky and Simpkins (2009) suggested that participation in team sports may heighten a child's perceptions of their athletic capabilities further, as the success and achievement of a team may produce positive connections with self-esteem based on team ability and the child's perceived contribution to this ability rather than individual ability alone.

Walline *et al* (2009) suggests that children may participate in athletic activities without wearing vision correction for fear of spectacle breakages and that wearing spectacles during sports can often give rise to complaints of poor peripheral vision. According to Walline *et al* (2009) contact lenses provide an equal level of vision clarity without impairing peripheral vision and field of view, so children feel more able and confident in their sporting ability.

Contact Lenses and Sport (British Contact lens Association, 2013) shares similar views and states that wearing contact lenses for sporting activities has numerous benefits over spectacle wear, such as a wider field of view due to lack of a restricting spectacle frame, no decrease in optical clarity from fogging up or dirt which is an environmental factor which affects spectacle wear and increased depth perception capabilities due to elimination of the magnification/minification effects of spectacle lenses.

Results produced by Walline *et al* (2009) identified an increase in scholastic competence scores for children who were prescribed contact lenses and had expressed an initial dislike towards spectacle wear. Perhaps this result occurs as children who dislike wearing spectacles whilst at school may opt to remove them, reducing visual acuity which may compromise educational learning and self-concept of scholastic ability. For these instances prescribing contact lenses as opposed to spectacles may increase positive feelings towards scholastic ability.

Barriers to contact lens wear have previously been documented and may have been a contributing factor as to why many children are overlooked in relation to prescribing contact lenses. The findings of Jones *et al* (2009) and Chalmers *et al* (2011) concluded that children do not experience higher amounts of adverse events relating to contact lens wear than older teenagers. From these results it has been demonstrated that young children are capable of successful contact lens wear without posing a significant risk to their ocular health. However, in circumstances where a child is not suitably competent Cho and Boost (2013) suggest that daily disposable contact lenses are the most suitable option as these reduce the risks of complication in relation to ocular health as there is no lens cleaning regime involved.



CONCLUSION

From the evidence found in producing this study it can be seen that young children are capable of successfully wearing contact lenses and by doing so as opposed to spectacles various psychological aspects of daily life such as self-concept and self-esteem can be improved. When a child asks for the opportunity to be prescribed contact lenses, various considerations should be made. These considerations should not just relate to age and perceived maturity, but the motivational for expressing such a desire, as there may be underlying psychological reasons for being dissatisfied with spectacles as the primary source of vision correction. With this in mind healthcare professionals should be able to effectively identify the individual needs of their paediatric patients and should maintain up to date knowledge of contact lens availability so that they may advise and give guidance to young members of the population.

It should be noted that the limitations of the study, the literature search produced only a small number of articles relating directly to the topic, therefore more research may need to be produced for data to be conclusive.

Abigail Peters

We find out about Abigail and her research



Abigail Peters

Abigail Peters has recently completed her BSc (Hons) in Ophthalmic Dispensing with ABDO College in association with Canterbury Christ Church University (CCCU) and has attained the FBDO qualification. She is currently studying optometry at Aston University. Her final year project examined whether fitting young children with contact lenses as opposed to spectacles improves psychological aspects of daily life. In this regular series showcasing ABDO College graduates and their work, we find out more about Abigail and her research. In the previous pages you can learn more about her research project and recommendations that you can use in practice.

Abigail Peters has had a longstanding interest in optics. She says, "My mum worked in an independent practice when I was small and I was interested in what she did. One of her colleagues opened their own practice, and I got a

job as a receptionist. It was a year after I started work there that I first thought about becoming a dispensing optician." Abigail studied through distance learning and block release. She says, "Doing the course by distance learning and block release seemed to be the most effective way to study. Working in practice full time gave me lots of experience, and I got to meet other students during the block release periods. Hands on experience in practice was invaluable. The practical parts of the course were fun, both in practice and on block release. Everything I did at ABDO College was very interactive, and it was good to see other students' perspectives and learn from what they did in their different practices." Studying in this way comes with a number of challenges. Abigail says, "The most difficult bit was combining revising for exams along with weekly

optics. Young children seem to be image aware nowadays and quite a few have asked me about contact lenses, but the discussion always seemed to stop at, 'You're too young'. There wasn't much exploration of why they were asking this – just a decision made based on their age. We had a few cases where children were bullied because of their spectacles. These negative experiences made me want to look into it." Abigail assessed existing research on the topic. She says, "I found that there is limited research. One particular group of researchers has done a number of studies. They found that levels of self-esteem and self-perception relating to appearance and sporting ability were increased in those who wore contact lenses. Because of the stigma associated with spectacle wear, some children weren't even wearing their spectacles

'The most difficult bit was combining revising for exams along with weekly assignments and writing essays on top of the assignments which is part of the degree.'

assignments and writing essays on top of the assignments which is part of the degree course. I had to be very organised."

During the final year of the degree course, each student has to complete a research project. Choosing a topic to research can be a challenge. Abigail says, "I scanned other possible research topics, and listened to what other people were doing. In the end, I wanted to follow my own experience in practice. I'm interested in the paediatric side of

to play sport. Children didn't want to feel different, and wearing contact lenses took away the differential. It made it easier for them growing up." Part of the student's project is to assess the quantity and quality of the research. Abigail explains, "I felt that the amount of research available was quite limited: there wasn't that much done recently within my inclusion criteria. Alongside the main findings, I was also interested to see that practitioners may have

Low Vision: High Priority

negative views on children and contact lenses due to some older research that indicated they were prone to complication but which has since been superseded.” With all these projects, there needs to be a link to every day practice, and Abigail has some tips for practitioners faced with a child who asks about contact lenses. She says, “Take time to investigate the underlying reasons why child is asking for contact lenses. Is it to do with sport or other activities? Does the child feel that they don’t want to wear spectacles because of how they look? There needs to be more dialogue beyond, ‘No you’re not old enough’. If the child has the right motivation they are more likely to comply with care.”

Abigail is currently at Aston University. She says, “I didn’t want to have a break from studying – I felt I was on a roll. I have gone straight into the accelerated optometry programme for dispensing opticians qualified to FBDO level where you skip the first year, so I have been thrown in the deep end.” Optometry training has its own challenges for Abigail. She says, “As a DO you are slightly more at arm’s length from the patient, and it is more challenging being up close, more clinical, more hands on.” Abigail is still getting practical experience as a DO, working for Vision Express in Stafford at the weekend. She says, “I want some hospital experience too, and I would like to consider a PhD or teaching in the future. I continue to be interested in paediatrics, and that might be a topic for my future research.”

Have you thought about increasing the amount of low vision work you do in practice? If so, you are not alone. Three recent CET days run at ABDO College, Godmersham, to help dispensing opticians improve their low vision skills have been fully booked, and more than a hundred practitioners have participated. Jennifer Brower has been instrumental in developing and running these eighteen interactive point LV CET days and in this issue she gives us an insight into low vision and how dispensing opticians are getting involved.

Jennifer Brower is a past president and remains an ABDO Board member, low vision adviser to the ABDO Board and chairman of the ABDO Low Vision Committee. Jennifer practises in Hertfordshire, in a practice that she opened with her optometrist partner in 1978. She is co-author of the UK Vision Strategy 2008 and the LOCSU Adult Low Vision Pathway 2012, a member of the VISION 2020 (UK) Learning Disability Group and the Department of Health Eye Health Forum and a low vision tutor and practical examiner. As well as being the first winner of *Optician* Outstanding Dispensing Optician of the Year, Jennifer is the current AOP Dispensing Optician of the Year. With this background, Jennifer is eminently well placed to help practitioners who want to expand their low vision practice. You may not feel like a low vision expert, but many dispensing opticians may be doing low vision work without even knowing it. Jennifer

explains, “Dispensing low vision aids is a very natural part of the DO’s remit. Any DO working in optical practice is likely to see someone who could be helped with a low vision aid, from a magnifier, to improving contrast with tints, to using the right sort of lighting. Sometimes people don’t realise simple solutions such as better lighting are part of LV work. If someone can’t read the newspaper unless they take it to the window in the morning light they might benefit from a better reading light: if you’re giving this sort of advice you are using your low vision skills already.”

All dispensing opticians cover low vision as part of their initial training, but it is clear that many want to know more. Jennifer says, “Many members tell me they are interested in low vision and don’t know where to start. They learned the theory at college, but many practitioners feel they need to get to grips with the hardware and the aids that are available today. To this



Jennifer Brower

end, I was inspired to create the CET day, helping members understand the principles and get some hands on experience at the same time. Practitioners have to see real low vision patients, and we designed the whole day to lead up to this, with the cooperation of patients from the Kent Association for the Blind. This practical experience was to help delegates feel more confident to see their own patients in practice, and the day got great feedback."

The low vision CET days are all part of Jennifer's overall aim to see more low vision work in community practice. She explains, "Really it should be part of a dispensing optician's everyday work. Sometimes people are deterred by thinking low vision work is more complex than it needs to be. Before people are eligible to register as blind or partially sighted, their vision may gradually deteriorate, and this is where every DO can help with advice on how to enhance colours, use larger print, and maybe

offer high addition reading glasses. I'm keen to see more low vision advice available in community practices because patients may not be able to travel, and often want to stay with the same practice they have been with for years. Add in the impetus from the Department of Health to move some services out of costly hospital clinics and there is willingness to change. All optometrists and DOs are legally permitted to offer low vision advice and all types of low vision aids: you don't need a specialist qualification."

If you feel that you need more experience with patients, look for opportunities to sit in with someone who does a low vision hospital clinic in your region. Liaise with your local support groups for people with visual impairments. Some have resource centres with displays of low vision aids. See if you can volunteer regularly or occasionally, talk to visitors and advise them. This can help you get experience. Look for day centres too, start to mix with people

practitioners interested in low vision. There is a huge need, low vision aids are lifelines, people travel a long way for care and many patients don't even know what is available." Jennifer concludes, "Make sure your low vision skills are up to scratch. Low vision is a vital service: think how you can best get involved."

If you want to learn more about low vision, Jennifer will be holding further CET days at ABDO College during 2014. DOs, optometrists, orthoptists and ophthalmologists can also undertake the ABDO College Low Vision Honours course.

There are many professionals involved in low vision. Avril Chapman is training manager at the Kent Association for the Blind (KAB). Her focus is on training rehabilitation officers in as part of the Canterbury Christ Church University (CCCU) Foundation Degree in Health and Social Care, Visual Impairment Rehabilitation. Avril says, "At KAB we offer rehabilitation service, we have six teams across Kent, Bromley, Medway

'Sometimes people are deterred by thinking low vision work is more complex than it needs to be.'

with low vision and you will begin to understand the sort of problems they experience. Learning about non optical aids, such as needle threaders, large print phones or liquid level indicators is beneficial too. Jennifer says, "We're getting older, living longer, so more low vision support in the community will be needed and we need to get more

and Bexley with 30-35 rehabilitation workers. Their role is to visit people in their homes, carry out an assessment of need, and establish what their difficulties may be and assisting them to manage daily tasks such as, teaching them to make a cup of tea safely. A rehab worker can offer long cane training, plan routes, put a mobility

programme in place, and take this forward with carers and family so people with sight impairments can mobilise independently. Rehab workers can also carry out environmental audits including town centres, office blocks, public areas and schools, they look at the facilities and give advice on making improvements, such as street layouts, down to the details of tactile paving and painting the edges of steps."

The rehabilitation foundation degree has been running since 2005. Avril explains, "CCCU deliver 50 per cent of the course in core health and social care modules, whilst KAB deliver the work based modules: Understanding Low Vision, Low Vision Advanced, Sight Impairment Rehabilitation, Advanced Rehabilitation, as well as Indoor and Outdoor mobility modules. It is a two-year course, studied over 15 days per term, with five days spent at the university campus. Alternatively it can be studied over a longer period for one day a week. We take up to 17 people per cohort – we keep the numbers low, as we have found smaller groups work well as this is a practical course. The training facilities at Maidstone include a teaching kitchen, and we want a good ratio of staff to students for teaching mobility. Students like this individual attention; we have a low dropout rate." A number of the modules can be taken on their own, leading to a certificate qualification, ideal for practice support staff who want to know more about helping people with low vision.

If you are interested in the course, Avril explains more about the course

participants, "Most people come from working or volunteering in health/social care settings in the field of visual impairment. We've had rehab assistants from a number of local associations, and we put all new KAB rehab workers through the training. Some people have volunteered for local and national organisations, for example Guide Dogs or SeeAbility. As they progress through the degree, many have got jobs where

available for the rehab worker role." Avril goes on to say, "It may be that DOs want to send staff on stand-alone modules such as Indoor Mobility which covers how to guide somebody, approach them, deal with stairs and doorways. It can be useful in practice and comes with 20 university credits. The LV modules are delivered by two optometrists and cover magnification, high-tech equipment and LV assessments.



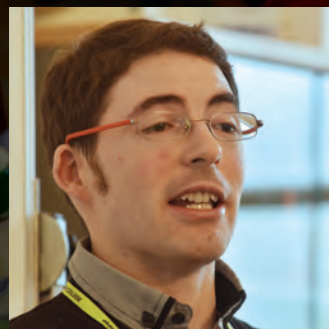
they have volunteered, and in most cohorts one or two end up working for KAB although we can't guarantee this. Once you have completed the foundation degree you can progress to the Inter-professional Practice BSc Hons with a wide choice of modules and specialise in a particular topic of interest related to sight impairment, as well as completing more general health care modules.

We have a dispensing optician studying on our course who is an excellent asset to the other students; during the low vision modules she has also learnt lots from exploring all the equipment

Again, these might be useful as a stand-alone module for an optical assistant. We also offer accredited OCN level 2 and 3 courses in understanding visual awareness, deaf-blindness or hearing impairment. You can send staff to get a basic overview of six common eye conditions over one day. People will learn not to call out a patient's name from across the practice, but instead to go over, introduce themselves and offer an arm to help people navigate the practice environment. Low vision training is not all about high technology!" Find out more at www.kab.org.uk/training.

5th annual employer liaison event

ABDO College held its 5th annual employer liaison event at Godmersham at the end of November.



Following an introduction by ABDO College's head of operational services, Michelle Derbyshire, the event commenced with a presentation by Miranda Richardson, ABDO's assistant director of professional examinations, regarding the benefits of employing dispensing opticians.

Jan Jensen and Anthony Blackman from Canterbury Christ Church University then outlined the benefits of the use of graduates in practice.

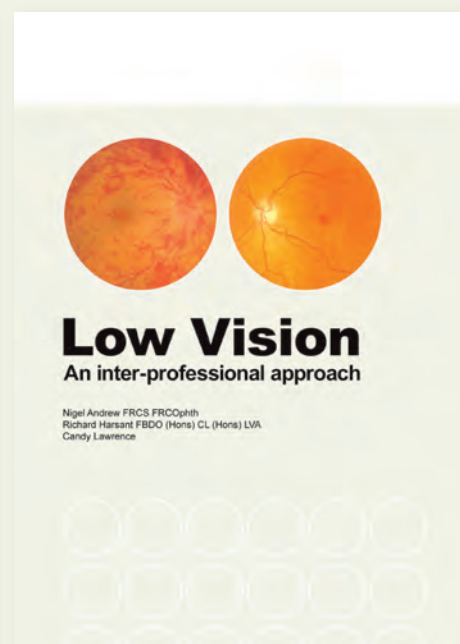
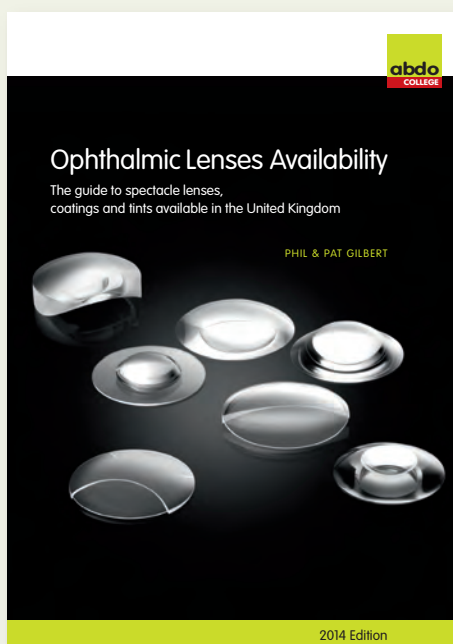


A review of ABDO examination results for the past five years was presented by Mark Chandler, ABDO's head of examinations and registration. ABDO College principal Jo Underwood then provided details of the 2013 examination results for ABDO College students.



Two past ABDO College students Daniel Smithard and Abigail Peters, who both graduated in 2013, gave a presentation on DO supervision support and highlighted the results of a survey they have conducted on the matter.

The event concluded with a lively and positive open debate that involved all attendees, which included a number of key figures from the major optical retail groups and opticians from independent practices.



New ABDO College publications for 2014

The full range of ABDO College publications and other products currently in stock can be viewed and ordered online via the ABDO College website

www.abdocollege.org.uk

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