

Re:View

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**How to write a
personal statement**

**How to become a
contact lens optician**

**Profile feature
on Karolina Jablonka**

We find out about Karolina
and MIOLS for the over-50s

**An interview
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ABDO's sector skills
development officer



A passion for contact lens practice



The ability to succinctly outline one's educational and employment history is a useful skill to acquire, therefore the 'How to write a

personal statement' article in this latest issue of *Re:View* will provide a useful aide-mémoire to those applying for further and higher education courses, or a new job.

I have a passion for contact lens practice, so I'm delighted that also in this issue there's a feature on how to become a contact lens optician. I would urge those with an interest in this subject to seriously consider progressing their career by specialising in contact lenses, something that I've personally found extremely rewarding.

In the profile feature Karolina Jablonka tells us how she progressed from selling shooting and fly fishing equipment to conducting research relating to multifocal intraocular lenses. Having recently qualified as a dispensing optician and attaining BSc (Hons), it's good to hear that she

is already considering higher education options and is also looking to learn more about contact lens practice.

A warm welcome to Nick Walsh who recently joined ABDO as sector skills development officer. Nick has the responsibility for promoting all qualifications offered by ABDO and the Worshipful Company of Spectacle Makers, together with the courses provided by ABDO College. I wish him every success in this newly created role.

Angela McNamee

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

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ABDO College Board of Trustees

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How to write a personal statement

Being able to write a personal statement is an essential, whether you are applying for your first course at FE or HE level or for a new job. In this article you can read advice on how to write a really effective statement.

First, check out if there is any advice from the place you are applying to. Read what the institution is asking for in the question on the form. You may know other people in practice who have applied for the same course or to the same institution who can talk about what worked for them. Look at the course or job description and see what qualities they are asking for – ideally you should be able to illustrate how you have each of these qualities somewhere in your application form. Anthony Blackman, senior lecturer at Canterbury Christ Church University (CCCU) says, "For the FD/BSc dispensing course the ideal student is someone who can be professional, organised (as they will have to juggle work, study and a life!) and enjoys optics. We attract students of all ages, so some will have more life experience than others. Even if you have not been in optics long, then think about other things you have done that you can relate to the role as a DO." He adds, "The personal statement should reflect on the content of the CV, as you will usually submit both together."

For almost any course or job you will need to explain why you are applying. If you find it hard to write this down, try chatting it through with someone. What are your long-term ambitions and what interests you about the subject, course

provider or workplace? Do show that you know your strengths and can outline your ideas clearly. This is your chance to shine. Anthony Blackman says, "If someone has a real passion for the profession they wish to join then it usually shows through their statement, the language they use and things they have done already. Before you apply, it is helpful to do some research first about the place/course, eg why you feel a certain study method (such as blended learning) would suit you better; or if you are particularly interested in a certain module. It shows you have read about the course."

Before you start trying to create a neat version on a form sit down with someone who knows you well, and together make a list of: clubs or societies you belong to, sporting, creative or musical; volunteering and work experience; skills developed with Duke of Edinburgh Award, National Citizen Service or Young Enterprise; science, technology, engineering or maths skills gained with the Crest Awards. If you aren't quite sure how to succinctly explain what you did and how it links to your application, try the ABC method: what Action did you take, what was the Benefit, and how does it relate to the Course. For example, you could write, "I volunteered in a charity shop for six months as part



2016/17 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 ophthalmic dispensing and its related specialist areas.

Offering a range of courses including access, foundation degree, diploma, degree, advanced and honours, ABDO College provides quality programmes leading to ABDO examinations and qualifications.

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

of my Duke of Edinburgh Award. This gave me an understanding of how retail works, and I learned to communicate better with the customers, skills that will help me when I work as a trainee DO alongside the course.” Anthony Blackman says that, for courses where demand is high, “we look for examples to back up statements. So, if a potential student stated ‘I like helping old people’ we would want to see evidence, so something like volunteering at a care home is a way to demonstrate that you mean what you say.” He has another example too, where an applicant turned what could have been a negative into a positive: “An example I remember is someone who had been unemployed for a while. They used this as an example of how they became good at handling money and budgets, since they lived on a low income between jobs.” When you have come up with an example, do ask yourself: ‘Is this relevant?’ With limited space you need to make sure everything you mention ties in to your application and the skills and strengths needed for your course. Make sure that you are enthusiastic and let this show in your application. It may tip the balance in your favour. Always tell the truth and don’t exaggerate, because at best you may end up in a position that you struggle with, and at worst you will be exposed. Remember that if you have an interview, the interviewer may ask you about any part of the information that you have supplied. Finish your draft statement with a strong conclusion for a lasting impact. Sum up how studying your chosen course will allow you to

pursue your chosen career, and reiterate your determination and motivation.

Do write your application in draft form first. Use your best formal English and don’t let spelling and grammatical errors spoil your statement. Anthony Blackman says, “At CCCU we certainly look at use of English ie spelling, punctuation and grammar.” Don’t use abbreviations, emojis or txt spk (text speak). If you have an upper word or character limit, don’t worry about that for your first draft. Note down everything you want to say, then see how long it is. If you are struggling with an over-long draft, make sure that you are not simply telling the person who will be reading your form things they already know, such as what is in the course. Look for words like ‘really’, ‘very’ and ‘just’ that can often be omitted without changing the meaning of what you are saying. Use short clear words rather than fancy phrases: you need to convey what you mean rather than impress people with your vocabulary. Review the first paragraph: we often take a while to get to the heart of the matter when we start writing, so ask yourself if your first few lines are earning their place in the statement. Don’t be afraid to cut out whole lines. Avoid clichés, and ensure your opening paragraph packs a punch,

summing up your enthusiasm and experience which you then expand on in more detail. And call in help. Someone else may bring a fresh view on which are the weakest parts of your statement.

Proofread your statement, ideally after a couple of days away from it. Find someone else to proof it too, because it’s not always easy to spot your own typos. Don’t rely on spellcheck. Another way to get a fresh view on your statement is to read it out loud. That can help you find parts that don’t flow, and you may also pick up errors that you have not spotted when simply reading it in your head. Remember you may need to write several drafts before you reach the final version. And running it by other people and taking time to proofread and re-write means that you can’t leave it to the last minute – your statement will seem rushed and important information could be left out. Start as soon as you can, and book a few sessions in your diary to work on it.

Save a copy of your statement. If you are invited for interview you may want to refresh your memory about what you wrote. But don’t stress over it once you have sent it in. Submit it and don’t look back. Instead, look forward to the exciting new opportunity that it may bring.

Resources

There is a personal statement mind map and personal statement worksheet on the UCAS website which can help you focus, whether you are applying via UCAS or not. There is also advice on the Which?

University site: <http://university.which.co.uk/advice/>

The University of Kent has a good list of employability skills: <https://www.kent.ac.uk/careers/sk/top-ten-skills.htm>

How to become a contact lens optician

If you have recently qualified as a DO you might be wondering about your next step. If you have been working in optics for a number of years you may want a new challenge. Read on to find out more about becoming a contact lens optician.

A contact lens optician (CLO) is a specialist practitioner who is trained and qualified to fit, and provide aftercare for, patients with contact lenses. CLOs assess whether contact lenses meet the needs of their patient, resolving clinical and tolerance issues, and remain responsible for clinical decisions enabling them to provide continuity of care to their patients. Becoming a CLO is a great way to take the skills you have already developed as a DO, such as your ability to communicate with patients and your knowledge of the eye, and use them in another specialism. The world of contact lenses is growing, with practitioners finding successful solutions for patients with a range of issues using multifocal contact lenses, mini sclerals and techniques such as orthokeratology. Anthony Blackman is a courses coordinator at ABDO College, and a CLO. He explains the factors that motivated him to take the course: "More knowledge, more responsibility, more money and more career options. I went straight from DO to CLO as I had a contract with my employer to stay 18 months after qualifying as a DO. Doing the contact lens course also gave me the opportunity to go to a larger practice one day a week to be with my supervisor."

If you want to become a CLO you need to take the Contact Lens Certificate course which leads to theory examinations, the contact lens practical course and practical examinations. You must also complete a number of patient case

the work. It is a nice step up from DO but without the full responsibilities of being an optometrist. The exams are hard but doable if you put the work in."

The Contact Lens Certificate course is delivered by a method called 'blended learning' that consists of practice based learning, block release and distance learning coursework. In the course there are three main areas of study: ocular anatomy, physiology and related pathology and visual optics, which looks at instrumentation and emerging technology, refractive techniques, the optics of the

'More knowledge, more responsibility'.

records before you are fully qualified. There is then the option to take your studies to the next level with the Contact Lens Honours course. Hayley Butler is a CLO who practises for Specsavers. She qualified in 2014 and says, "I love

eye and the optics of contact lenses, and contact lens practice, which addresses instrumentation, clinical procedures, abnormal conditions, design, materials, manufacture, clinical application of all contact lens types, solutions and



drugs. The practical elements are: initial assessment, soft contact lens fitting, RGP contact lens fitting, complex lenses, aftercare routine and management, verification and identification. The theory course takes one academic year. Beyond this many students take an additional six months to a year to develop patient case records and before undertaking the practical examinations.

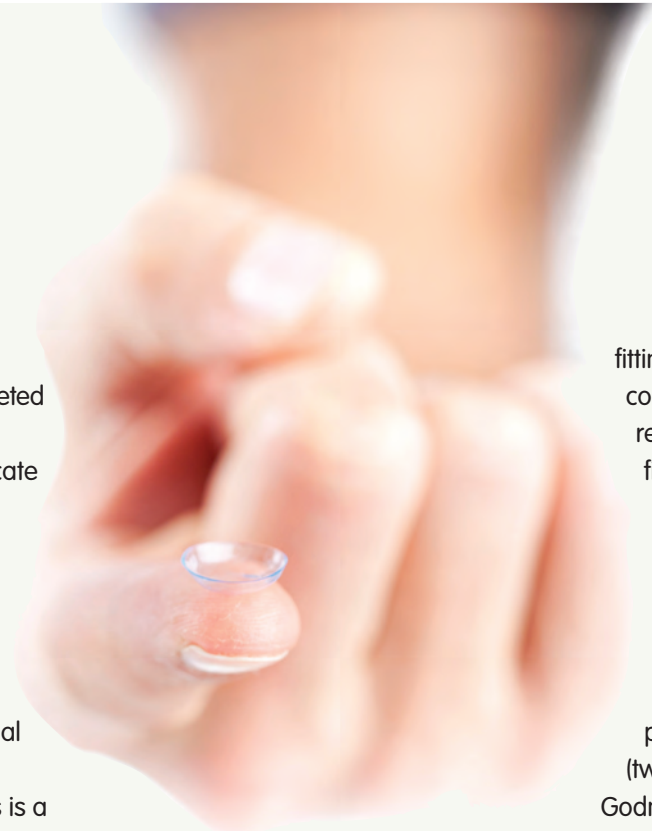
As a graduate of the ophthalmic dispensing course you will be familiar with how to combine work and study through distance learning. You will be

sent coursework material to work through and assignment questions to answer for each part of the course. You are supported by a personal tutor. There are 32 units of coursework, and you will need to complete one a week. As the course is at advanced level, you will also need to undertake some additional research and read around the subject to gain a thorough understanding of the subject. You then send your work to your personal tutor who will mark it for you and return it to you with feedback. Coursework on the contact lens course

will take you approximately 15 hours per week and you will need to be disciplined to make sure you keep up. Alongside the coursework, you need to keep learning in practice with your supervisor. You and your supervisor will be issued with a workbook to guide you both through this part of your training. You will learn practical skills from your supervisor and work with patients in practice (under supervision) to perfect these skills. Hayley adds, "You need a good supervisor in store as you are expected to work out the practical stuff pretty much by yourself."

ROUTE FOR A DISPENSING OPTICIAN TO BECOME A CONTACT LENS OPTICIAN





Once you have completed the Contact Lens Certificate course and the theory exams, you need to take the Contact Lens Practical Preparation course. This is a two-day course designed to guide and support you in preparation for contact lens certificate practical examinations. It is not a pre-examination revision course, but you will review what you have learnt about instrumentation, RGP & soft lens fitting, aftercare consultations and the management of common aftercare issues. There are practical sessions in slit-lamp examination, RGP fitting, soft lens fitting and over-refraction, and tutorial sessions to work through the legal implications of contact lens work, case record preparation and the practical examination.

Having attained the Contact Lens Certificate, you can continue and take the Contact Lens Honours course. This is for qualified contact lens opticians who want to develop their knowledge and skills to a more advanced level to achieve the ABDO Level 7 Advanced Contact Lens Diploma. The Contact Lens Honours course prepares you for the ABDO Level 7 Advanced Diploma in Contact Lens Practice examinations. It has five key areas of study: toric lens

fitting, presbyopia correction, remedial fittings, current knowledge and case records. The course contains a block programme (two days at Godmersham) which includes

both lecture and practical sessions, astigmatic and presbyopic correction, remedial fittings, over-refraction techniques and case record formats. It also addresses the various forms of assessment within the ABDO examination. Revision of the theoretical element of the various subject areas are supported by the distance learning programme. Students are expected to complete four assignments on a

monthly basis. Lastly, a pre-examination day is offered, which involves a mixture of formats designed to assess theory and practical knowledge in preparation for the examination.

If you want to become a CLO you must hold the ABDO Level 6 Diploma in Ophthalmic Dispensing (FBDO) or be a qualified optometrist. You need to be a member of ABDO and registered with the GOC. You must be working in practice as a trainee contact lens optician for a minimum of one day a week. It is essential that you are gaining practical experience to support your theory learning and developing practical skills in contact lens practice. Your next step is to talk to your employer. They will need to support you and you will need a dedicated supervisor to work with you and help you with your training in practice. Then, contact ABDO College for an information pack with details of the next intake, fees, deadline and an application form.



Karolina Jablonka

We find out about Karolina and her research

Karolina Jablonka recently completed her ophthalmic dispensing degree. She practices in Bill Opticians in Dawlish and Newton Abbott. As part of her studies she wrote her dissertation on the increasingly relevant question, 'Should multifocal intraocular lens exchange be offered as a viable solution to presbyopia in patients aged 50 or over without surgical contraindication?' In this article you can find out more about Karolina, and read the following pages to find out more about intraocular lens replacement and discussing this with patients in practice.

Karolina started her career in retail, but not in optics. She says, "I used to work in a country sports shop selling shooting and fly fishing equipment. Although I occasionally enjoy country pursuits, it became increasingly difficult to maintain a sense of excitement when a new model of fishing reel or a fresh design of chest waders was introduced. Consequently, I applied for the job in an independent optical practice and joined Bill Opticians in 2012 at the age of thirty. For me, thirty was the age when I realised the sheer enthusiasm of youth was no longer enough to maintain professional fulfilment but of course I was lacking the knowledge and expertise of the more established practitioners. The late bloomer I am, I decided to enrol on the ABDO College degree course in September 2013."

Like many students, returning to study was a challenge for Karolina. She says, "Studying and working full time was challenging at times so I had to do my best to balance the two effectively. English is not my first language,



Karolina Jablonka

I am from Poland, so initially I found writing essays time consuming. My social life was dull on occasions but on a plus side my vocabulary was expanding. Now, owing to the hours spent doing anatomy assignments, I know lots of interesting words and I am known to occasionally win a game of Scrabble! I wasn't a natural at maths, but I have been fortunate enough to have a

dedicated supervisor who was willing to share not only his optical knowledge but also his mathematical aptitude. I remember him glancing over my calculations once with a look of disbelief and almost shouting in exasperation 'Karolina, what exactly is an optical power of a plane mirror?' I really had to think about it and it took me a little while to answer..." Karolina continues, "The lecturers at ABDO College are very approachable and the block release definitely gives an insight of what is needed to pass each module. I live in Devon so I used to stay in Kent for the duration of each block. The first time I stayed in a B&B nearby the College but after that I rented a cottage with a fellow student which was much more enjoyable and comfortable. I used to visit London or Canterbury during weekends. It was stimulating to share our individual views on our studies and work with other students, not only from different parts of the UK but also from diverse optical backgrounds."

In their third year every degree student needs to pick a topic for in-depth research. Karolina explains how she selected her research question: "Due to the demographics of Devon, the majority of patients I see are over 60. I believe that ageing eyesight should not lead to a diminished quality of life, which is why my professional interests lie in the field of presbyopia correction. I knew I would benefit from researching this subject for the dissertation. In addition, I also find the structure of health care provision and the driving forces behind the purchase of private optical services intriguing."

In my opinion NHS and GOS provide a high quality care. Due to limited state funded resources treatment is offered only when absolutely necessary. For this reason, the patients should be advised that there are alternative solutions available to improve their vision, even if they are more expensive. The decision on whether it is better to save the waiting time and anxiety or to save money should be made by the patient rather

knowledge to provide the patients with the basic information then direct them to a more comprehensive consultation with an optometrist or ophthalmologist.” Karolina continues, “Being able to choose the research topic myself made writing the dissertation rewarding.”

Karolina enjoyed her studies and has plans to continue. She says, “I have realised I enjoy academic work and would like to embark on a distance

back to the College for the second contact lens block release in February. Eat your heart out St. Moritz, Godmersham Park is the place to be this winter. I am especially interested in developments of the multifocal contact lens designs with the view to introducing elderly patients to contact lens wear in the future.”

If you aren't sure what to recommend when asked about intraocular lenses, Karolina says, “Definitely talk to people about the subject. Everyone suffers from presbyopia, many people will have to have cataract operations. People forget about the progress in intraocular lenses and more information can only help patients. I'm fortunate to work at Bill Opticians which is affiliated to The Medical Eye Clinic, so we can offer all the options to our patients, but I think every optician needs to be able to discuss intraocular lens options and take our role to a new level.”

‘I believe that ageing eyesight should not lead to a diminished quality of life.’

than the practitioner alone. This could, in turn, reduce the NHS waiting lists and costs. Patients who were willing to explore options would routinely ask me about cataract surgery and clear lens exchange. I felt I had to improve my

learning or a part-time masters course in the future. I have managed to convince my supervisor, who happens to be a CL specialist, not to give up on me just yet and help me to learn more about contact lens practice. That is why I am coming



Should multifocal intraocular lens (MIOL) exchange be presbyopia in patients aged 50 or over without surgical

By Karolina Jablonka BSc(Hons) FBDO

INTRODUCTION

Over one in three people living in the United Kingdom is at least 50 years old (Office for National Statistics, 2014). In due course, age renders everyone presbyopic. Nearly half of patients of an advanced age develop cataracts. Statistics show that cataract surgery is considered a clinically safe and commonly performed surgical intervention with an average low rate of ocular complications (Voyatzis *et al*, 2014). However, a high demand for the state funded procedures results in lack of resources and serious financial implications for the National Health Services (NHS), as well as long waiting lists and reduced quality of life for patients (Konstantakopoulou *et al*, 2014). Whilst working for an optical business that incorporates a medical eye clinic alongside optometry practices, it became apparent that due to the demographic characteristics of the area, patients are interested not only in easily accessible services but, in the case of private patients, in more advanced options such as toric or multifocal intraocular lens implants, which are at present not funded by the NHS. The multifocal intraocular lens (MIOL) exchange is a technique based on the principle of cataract surgery. It might be a viable option for the correction of a refractive error in conjunction with presbyopia, as well as a concurrent cessation of the need for the cataract surgery in a later life. The obvious advantage of the multifocal implant is the provision of near and intermediate vision without a pronounced compromise to the distance visual acuities.

Currently, presbyopia is most frequently corrected with spectacles and, marginally, with contact lenses (Charman, 2014). However, patients are entitled to detailed information about possible treatment modalities that are best suited to their visual needs and lifestyle (Brett *et al*, 2012). The patients' rights impose specific responsibilities on ocular health professionals. Dispensing opticians must obey statutory duty of care towards the public, continuously expanding their professional expertise and putting patients' wellbeing first (General Optical Council, 2016). Many optical employers are shifting their interest from the sale of spectacles into the provision of

advanced clinical eye care (Konstantakopoulou *et al*, 2014). Therefore, alongside optometrists, dispensing opticians are gradually becoming a first point of contact for patients that not only require a refractive correction but would also like to know more about ocular health and suitable surgical interventions.

METHOD

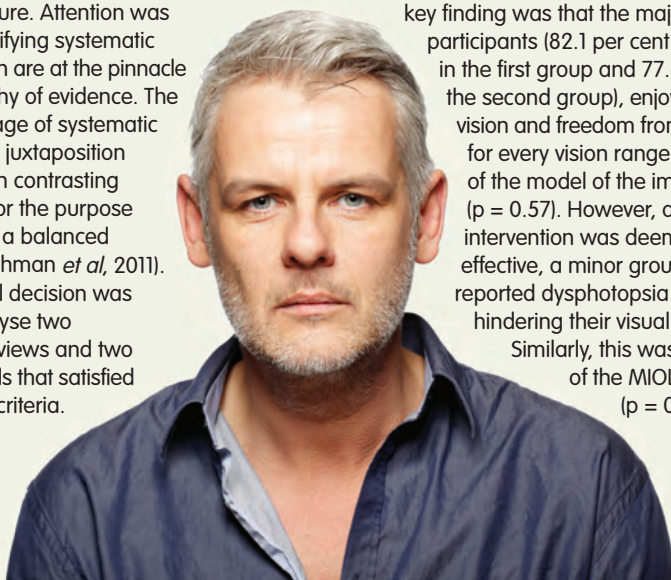
To source peer-viewed literature medical search engines and the Cochrane library were utilised in conjunction with an organised search strategy. Strict inclusion criteria were applied along with a critical appraisal framework in order to assess the credibility of the sourced publications. MIOLs were launched in 1980, however their use in ophthalmology became statistically significant, hence transferable to the wider population, within the past decade (Khoramnia *et al*, 2012). For this reason the research covered the last ten years. This was done to gather information relating only to the latest generation of implants, which owing to innovations in designs and materials are proving to be more successful in comparison with the older models (Gunvant *et al*, 2011).

In order to aid dispensing opticians and optometrists in selecting patients who could benefit from the operation and should be referred for further assessment with an ophthalmic surgeon, the main focus of the review was on the refractive outcomes, contraindications and potential complications of the procedure. Attention was given to identifying systematic reviews, which are at the pinnacle of the hierarchy of evidence. The main advantage of systematic reviews is the juxtaposition of studies with contrasting conclusions for the purpose of presenting a balanced argument (Fichman *et al*, 2011). Thus, the final decision was made to analyse two systematic reviews and two controlled trials that satisfied the inclusion criteria.

FINDINGS

The systematic review by Alio *et al*, 2014 investigates factors encouraging and discouraging refractive lens exchange in both the pre-presbyopic and presbyopic population. This comprehensive review is of interest because it collates studies related to each refractive error (myopia, hyperopia, astigmatism) to analyse the risks and the incidence rate of post-operative complications. This compilation of findings enabled the determination of a mean ratio of successful outcomes versus complications in a broader context, assessed over a timescale ranging from 6 months to 10 years depending on the study. The authors concluded that a multifocal refractive lens exchange in presbyopic patients will inevitably become a preferred option for surgical restoration of vision for hyperopes. However, the statistically significant average occurrence of post-operative retinal detachment (2.83 per cent) in highly myopic elderly patients gives an indication of the high risk associated with the procedure and should be considered only if cataract surgery itself is crucial, rather than for refractive purposes.

The prospective randomised controlled clinical trial conducted by the Moorfields IOL Study Group (Maurino *et al*, 2015) was designed as a double masked assessment of visual performance and independence from spectacles after a multifocal clear lens exchange with two different diffractive multifocal IOLs in presbyopic patients, of which some suffered from cataracts. The key finding was that the majority of participants (82.1 per cent recipients in the first group and 77.6 per cent in the second group), enjoyed functional vision and freedom from spectacles for every vision range irrespectively of the model of the implant ($p = 0.57$). However, although the intervention was deemed as effective, a minor group of patients reported dysphotopsia seriously hindering their visual performance. Similarly, this was regardless of the MIOL model ($p = 0.34$).



offered as a viable solution to contraindications?

The next study by Cochener *et al*, 2010 utilised Bayesian probability to interpret subjective satisfaction and percentage of spectacle independence amongst patients implanted with MIOLs. Interestingly, especially from a dispensing optics perspective, the authors concentrated on the motivating factors for patients undergoing the procedure. Practical and psychological aspects of being free from spectacles were thoroughly deliberated upon, giving significance to discomfort of spectacle wear and physical appearance associated with old age. The collected evidence confirmed that 87.2 per cent of patients did not wear spectacles after the MIOL exchange. This reflects findings by the Moorfields IOL Study Group and reinforces conclusions drawn by Alio *et al*, 2014 that the multifocal clear lens exchange is a particularly plausible strategy for hyperopic patients.

Recent surgical methods for relieving presbyopia were investigated by Gil-Cazorla *et al*, 2015 with in-depth attention given to multifarious MIOLs. This systematic review is supported by the data gathered from numerous clinical findings. Because this paper compared clinical implications of diffractive and refractive MIOLs alongside accommodating intraocular implants, the uniformisation of some variables such as clarity of intermediate vision was problematic. This is because particular implant designs work on different principles (Khoramnia *et al*, 2012). Nevertheless, the findings were consistent with the previously assessed studies. The average of 84.55 per cent of all participants implanted bilaterally with MIOL did not require spectacles for near vision tasks whereas 5.1 per cent suffered from severe dysphotopsia.

DISCUSSION

The main objective of this literature review was to investigate the MIOL exchange without demonising or glorifying practical and ethical aspects of the operation. As with any invasive procedure the MIOL exchange possess ocular risks and threats associated with anaesthesia. However, it ought to be remembered that the

surgical contraindications and postoperative complications of the MIOL exchange apply in equal measure to a monofocal lens implantation after the cataract surgery, which for many patients is inevitable in the late stage of life. The most controversial issue is the statistically significant occurrence of dysphotopsia, which needs to be honestly addressed when offering this procedure to a patient. The efficacy of the implant depends not only on the design itself but, to a high degree, on the patient's eye biometry, pupil aperture and experience of the surgeon (Gil-Cazorla, 2015). Therefore what is practicable for one patient may prove to be unattainable for the other. Nonetheless, the argument for the utilisation of MIOL is strong. The research papers provide a balanced, well executed and up to date overview of the topic. The findings demonstrate that the majority of patients achieve functional visual acuities at all required distances with the visual symptoms of glare and halos being alleviated by the progress in implant manufacture. Surgical techniques are well established owing to the popularity of cataract surgery resulting in a low rate of postoperative complications. Appropriate patient selection is crucial to obtain a successful outcome.

CONCLUSION

The changing demographics and new dimensions of the optical profession require opticians to maintain a basic understanding of new treatment modalities that could potentially provide previously unknown solutions to patients' ocular problems. The investigation into the MIOL exchange emphasises the need for a patient-centred approach to the provision of eye care. Although this procedure may not be suitable for everyone, in favourable circumstances, it could be a transformative experience, albeit an expensive one, as yet available only privately. Demand for MIOL exchange could potentially increase further if there was adequate documentation providing the means for verification of its effectivity freely available to patients.

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Moving to Moodle – Part 2

In the last issue of *Re:View* you may have read that ABDO College is moving all its courses to Moodle, an online learning environment, for new students from 2017. In this article you can discover how the move is progressing.

Moodle is a learning platform designed to provide educators, administrators and learners with a single robust, secure and integrated system to create personalised learning environments. There are many different online learning environments, and ABDO College has selected Moodle because it is already in use in many other educational establishments, has a proven record of reliability and effectiveness, and will meet the needs of students and staff in the short and long term. The aim is to use Moodle for Year 1 diploma and foundation degree students starting in September 2017. ABDO College lecturer Simon Butterfield is managing the project. He says, "During summer 2016 we completed our first 'Beta' test. Fifteen tutors tested it out, with some acting as 'students' on the course, and others as tutors. The course was run completely through the Virtual Learning Portal (VLP). During this test each 'student' submitted six assignments to their tutor through the VLP, and following marking, the graded assignment was returned, including comments/ annotations, feedback and answer guides. Communication was held completely through the platform for the period. There was positive feedback from the tutors involved, and some edits were made following the exercise."

This is not the only test for Moodle prior to its upcoming launch for new students in September 2017. Simon says, "We have completed our first live course through the VLP. We ran the College's distance learning training course through

running a series of VLP tutor training courses throughout the year. We will take the opportunity of the Optrafair tutor meeting to gain further input from a large number of tutors to enhance the platform for the students."

The next courses due to be delivered through the platform are the College's Access courses, starting from early February 2017, for approximately 50 students. Simon Butterfield says, "There are several subjects running during Access, which will produce more feedback about the platform running multiple

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the VLP, with around 25 tutor candidates. This allowed us to gauge how the VLP performs with students who had no prior knowledge or involvement in the VLP, but who had experienced studying ophthalmic dispensing through other routes, and would have a personal stake in the future provision of the course. This also allowed us to ensure that we have another set of tutors that have experienced the platform. The feedback was again positive, and allowed us to test background functions and further functions." With the success of the distance learning course for tutor training, Simon says, "We are now

courses simultaneously." Following this, the Year 1 Fellowship Diploma in Ophthalmic Dispensing course will be run through the VLP in September 2017, with this rolling over to the second year in 2018, and third in 2019. Simon explains, "If there are enough VLP engaged tutors in April/May 2017 there is the possibility of adding the second years to the platform in September 2017 as some of these will be Cert 4 student/ SMC Tech's who have not experienced learning through ABDO through the paper-based system. We will consider any impact of changing the method of delivery for the other second year



diploma students, versus the benefits afforded by the platform. We would not change the method of delivery for the third years until they have experienced the course through the

VLP in earlier years." The distance learning coursework, the College's block release lectures and seminars information, and communication methods will be available to all students from September 2017, regardless of whether the coursework

is being submitted and graded through the platform.

Check out *Re:View* magazine for regular progress updates on the move to Moodle.



How does Moodle work?

Moodle is simple to use. You log on like you would with any other online account. You click on the links to find the document you require. Moodle is simply a conduit – you complete the course as you would before, but you don't post your course work, you upload it to Moodle. Moodle uses Word documents, so you can type directly into Word, or work on paper, scan and paste. Once a student has uploaded a document to Moodle, the tutor will get an email to tell them it has uploaded, and the student gets an email to say it has arrived. The tutor will mark it, and can give feedback and a mark through Moodle. Moodle stores all your work, and at the end an answer guide will be released.

An interview with Nick Walsh

The Association of British Dispensing Opticians (ABDO) has appointed Nick Walsh to the newly created position of sector skills development officer with responsibility for promoting all qualifications offered by both ABDO and the Worshipful Company of Spectacle Makers (WCSM) together with the courses provided by ABDO College. In this article you can learn more about Nick and his vision for developing this new role.

Nick says, "I've been in optics 26 years. After leaving school I worked as an accountant for a short while. It took me just under a year to work out that I didn't want to do that. I worked in retail for a few years. During that period my mother broke her specs and I took her for some new ones. That was when I first decided that optics looked interesting. Not long afterwards, Dollond and Aitchison (D&A) advertised for trainee DOs and managers which seemed new and exciting, a chance to build on my retail management skills while getting a further qualification. I spent about 10 years with D&A, working in a variety of stores in the Midlands and Manchester. Within that role I did some OA, DO and CLO training. At the same time I was working as a lecturer at Anglia in optics, ophthalmic lenses, visual optics and practical dispensing. Since then I've been working for Specsavers, most recently as head of ophthalmic lenses and dispensing. I joined as a store manager, then moved into a regional role, then became group dispensing manager, looking at dispensing at a strategic level. I was involved in training in a small way with that too. I wanted it so that from a dispensing perspective, anyone could

turn up in any store, at any desk, and find what they needed. I was also involved with developing how store teams could demonstrate lenses and take measurements using tablets."

Nick took up post as sector skills development officer in November 2016. He says, "The initial focus of the role is promoting ABDO and WCSM qualifications, as well as the courses on offer from ABDO College. In making plans to spread the word, I've had to consider

says, "People need to be able to access the information, to understand it, to easily get to it. We need them to be able to find the answer to the question, 'Is there a course that will help me where I am on my career path?' On top of that, part of my role will be helping employers to understand the return on the investment they will get. We need to tell them what staff will be able to do during and after a certain course that they couldn't do before. I want to help people access the good information we have more easily. We know that everyone is walking round with a mobile device in their hand, so we want to make the most of that. From people who have no qualifications, to those who are already a DO, we want them to be able to see at a glance what they can do in the way of further study."

Nick is enthusiastic about the WCSM and ABDO qualifications and courses on

'We need to support businesses to have sustainable growth, which comes down to have the right people with the right skills.'

what the future holds for the industry. There is a lot of change in optics. We talk about the aging population, increased demand, and new technology. We need to support businesses to have sustainable growth, which comes down to have the right people with the right skills. In this area ABDO and the WCSM have some great things to offer."

Nick has been assessing how people find out about a career in optics. He

offer. He says, "We offer level 2, 3, 4, diploma, degree and honours courses, there is something for everybody. I believe that every single person in every business should have a personal development plan. With that in place, people can choose to do as much or as little as they want, from a single WCSM module, to something over three years. Career plans can change, which is why I'm keen to talk about a career path



Nick Walsh

rather than a career ladder. It's not about climbing up or falling off, it's about exploring interesting side routes, and seeing where they take you. A level 2 qualification could be followed by a level 3 and 4. You have the option to do as little or as much as you want to do."

In assessing the current state of the industry, Nick comments: "There are some employers out there who are really good at this, and we want to help those who aren't. We want them to be ready for whatever the future throws at them. If they think about it, they may see that they will have a need for a DO in a few years' time. They need to find the 'star in the making' in their team and start planning and investing, because it will save them costs on recruitment. What's more, we need to think about how we reach employers, and when employers are planning their finances. We need to plant seeds in the minds of employers –

the reasons to develop your team, the courses available – dropping info regularly and frequently. We also need to seed the idea of working to a higher level in the minds of people already in optics: we can use case studies of people who have done a level 2 or 3, those who have become a DO or CLO, as a way for people to identify with them. We need to remember that the students at ABDO College will be the employers of the future, and we need to consider how they can spread the message about training and qualifications to their teams. And finally, we need to extend our reach to those who haven't even thought about optics as a career. I went to the Skills Show in Birmingham to see which industries were there, everything from coffee making to audiology, and thousands of school kids who were talking about 'what GCSEs would I need to do this?' I will be looking at opportunities like that where we could talk to people who aren't yet in optics, and how we can tell them about the many advantages such as 'earn as you learn'. It's a great message to share, and one that is very relevant to the present day: you can build up to getting a degree from wherever your starting point without getting into debt."

If you want to hear more from Nick about what ABDO and the WCSM can offer practice support staff, he says, "I'll be delivering sessions at 100% Optical, and will also be at Optrafair alongside Helen Perkins from the WCSM delivering session in the business theatre. I look forward to seeing you there!"

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A close-up photograph of a young woman with brown hair, wearing a black hat and black-rimmed glasses. She is smiling and looking slightly upwards and to the right. The text 'KEEPING EXCELLENCE IN YOUR SIGHTS' is overlaid in white capital letters across the middle of the image.

KEEPING EXCELLENCE IN YOUR SIGHTS