

Re:View

Keeping excellence in your sights | September 2012 | Issue 11



It's good to talk...
the importance of training and good patient advice

**Don't keep the
knowledge to yourself!**
The benefits of modern software as an
aid to dispensing and business development

The gold standard in dispensing optics at ABDO College



As I write this article we have just won our 25th gold medal at this year's fabulous Olympics. I never

thought I could get so excited over a dressage competition or indeed be able to conduct a conversation on the finer points of taekwondo. However, what is obvious is that there is a feel good factor throughout the country similar to our triumph in the World Cup of 1966. Not being quite that old yet I am reliably informed that there was an economic 'bounce' after '66, let us hope that we see the same thing happening in our high streets benefitting our practices in 2012 and beyond.

Before I go any further, I must thank my predecessor Colin Lee for the superb job he did as chairman of the trustees. 'Hard act to follow' is an often misused phrase, but in Colin's case it is absolutely true and I am delighted that he will be

staying on our board. Thanks also go to the academic and operational staff at Godmersham as they continue to set the gold standard in dispensing optics at ABDO College.

In this issue of *Re:View* we have two excellent contributions from Ian Harrison and Philip Mullins. These articles, on the importance of training and the use of modern dispensing aids respectively, outline that ABDO College is fully aware of the demands and needs of the high street practice. They also show that we work with students, employers and other partners in the optical profession to stimulate commercial awareness and enhanced communication, as well as academic excellence to the benefit of the public.

Congratulations go to our head of operational services Michelle Derbyshire in attaining her MA in management studies, we are very proud of her achievement. Michelle kept it in the family by using one of optics' favourite charities, Vision Aid Overseas, as the case study for her thesis.

We welcome Haydn Dobby who is joining our academic team with effect

from 17th September. Haydn was a student at Godmersham from 2008–2011 on the degree programme. His appointment is a prime example of DO career development based on an ABDO College education.

We say goodbye and of course thank you to two trustees Gillian Twynning and Duncan Counter, they will both be much missed. We will therefore be appointing two new trustees before the end of 2012. We would hope to recruit at least one former student of the College along with another DO who shares an active interest in optical education. Applications are invited from current ABDO members and should be addressed to Sir Anthony Garrett CBE, General Secretary, ABDO, 199 Gloucester Terrace, London W2 6LD.

I hope, if it ever starts, you enjoy the rest of the summer. I shall now resume couch potato mode and enjoy the rest of the Olympics and the Paralympics to follow where I know some of our profession are volunteering.

**Huntly Taylor FBDO, Chairman,
ABDO College Board of Trustees**

ABDO College

Godmersham Park, Godmersham
Canterbury, Kent CT4 7DT

tel: 01227 733 901 | fax: 01227 733 910

info@abdocollege.org.uk
www.abdocollege.org.uk



www.twitter.com/abdocollege



Contents

- 3–4 It's good to talk...
- 6 Master of Arts for Michelle
- 6–7 Don't keep the knowledge to yourself!
- 7 Official ABDO College sponsors

It's good to talk...

Rodenstock's Ian Harrison outlines the importance of training and good patient advice

"Do you get on all right with your existing varifocals Mrs Smith? Yes? Ok, we'll do the same again with your new prescription.

"Since you last had your varifocals Mrs Smith, there have been some developments in spectacle lens designs – let me tell you about them and then you'll be well informed to make a decision about your new lenses."

Be honest, it's a busy clinic and you have a couple of adjustments waiting, as well as the collection by the 'myopic engineer' – what is the most likely conversation you'll have with Mrs Smith, who's just presented with an 0.50D increase in her Add?

"But, I'm too busy!"

The difference between purchasing glasses online or being dispensed spectacles in your practice is just your expertise and time... We are all familiar with the average price of a pair of spectacles being higher on quieter days, simply because we have the time to sit and talk to our patients. Make time to talk; reorganise clinic days, delegate non DO tasks, extend the skills of your support staff, anything and everything to allow you to spend more time in front of your patients, doing what you trained and qualified to do.

More and more consumers are researching a product online before they go anywhere near a shop or practice. 73 per cent of the population wearing spectacles are between 45-59 years old and 93 per cent are 60+ years old*. They are increasingly computer literate

and have the time to research the internet and high street to shop around, not just for the best price, but also for the best product.

Where do you prefer to shop? Is it the 'Out of town giant' or the 'Never knowingly undersold' store? Personally, I prefer to possibly spend a little more time and money and be advised by someone who knows the product inside out, rather than someone who knows less than I do, but can 'check if it's in stock'.

As a lens manufacturer, we have noticed a massive increase in the number of consumers contacting us direct, wanting to know about our products. We happily forward them to their nearest stockist to continue the consultation; however it demonstrates how the market is changing. As

dispensing opticians we need to at the very least keep up and at best, stay ahead. The very minimum our patients/customers should expect is that we will offer them the very best advice about spectacles, whether that's regarding frame designs, fittings and materials or lens types and materials, enabling them to make an informed choice. If we don't talk about the features and benefits of all our products, we can't be disappointed when our competitors do.

When I entered optics 30+ years ago, it was an exciting time as varifocals had just arrived... otherwise we had very limited opportunity to talk about technology - high index glass, aspheric lenses and D seg bifocals were the limits to our upgrade portfolio. We are spoilt for choice now and although it's a challenging time for optics and retail in general, it couldn't be a more exciting time to be a DO!

How often have you discussed vocational lenses or individualised lenses this week and do you remember how to measure Face Form Angle, Corneal Vertex Distance, and Pantoscopic Tilt, etc.; or are these not necessary for you because OC's and heights are all you need?

A recent survey** demonstrated that 24 per cent of practices had no product, sales or customer service training in a typical year, whilst 20 per cent only had any type of training once in a year. How is it possible to keep a practice at the

*Source: Strategy with Vision

**Sponsored by Optix Software



cutting edge of technology (and ahead of the competition) without any product training? All spectacle lens suppliers are only too willing to arrange training days for professional and support staff, at times to suit the business and it's free of charge. Embrace any training available for your practice staff and be amazed at what is available to you to talk about to your patients. Either that, or wait for your customers to come in and tell you about the new developments.

My sister and her husband recently had their eyes tested at their local independent practice. They both had reached the dreaded presbyopic stage and surprisingly they were both recommended two separate pairs – 'a pair for distance and a pair for reading'... in 2012! Fortunately, I am in a position to make their spectacles

for them and although they bought separate pairs, it was one pair of clear varifocals, one pair of varifocal sunglasses and a pair of vocational near vision specs for PC use each. Did the DO think he was doing them a service by saving them the cost of varifocals? Or did he think they wouldn't tolerate them?

We shouldn't be embarrassed about talking about the best and therefore most expensive frame or lens options, as long as we can talk about the benefits with confidence and can offer alternative options. One pair of spectacles can very rarely provide the optimum for all day, every day, anymore than just one pair of shoes. I personally have a few pairs of varifocals (different frame styles for different occasions), a couple of pairs of computer specs

(one at home and one at the office), a pair of half eyes by the bed and a couple of pairs of sunglasses (one sporty and one fashionable) and I don't even like wearing specs!

The only person who can make a decision on their eyewear is your patient or customer. They may not take your recommendation today, however, the next time they are looking down their nose and struggling to see the full width of the computer screen, they'll possibly remember your advice about a complementary pair of computer specs and be back, but only if you talked to them...

Ian Harrison FBDO is National Sales Manager for Rodenstock UK

Rodenstock is sponsor of *The Rodenstock Technology Library* at ABDO College

Bifocals (part 1)

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

The topic of bifocals is a fundamental part of the ABDO FQE theory and practical examination syllabus. Assessment of this topic includes the discussion of bifocal dispensing solutions and suitability, lens availability, 'jump' and dealing with non-tolerances. FQE examination candidates are also required to submit four elementary bifocal case records as part of their pre-qualification portfolio (PQP); dispense a high powered pair of bifocals and, using a focimeter, verify a basic pair of bifocals against a written order.

Bifocal lenses may be considered as a little old fashioned in today's world, as the majority of first time presbyopes are encouraged to wear progressive lenses or select single vision distance and reading spectacles. However there are still many existing bifocal wearers who do not wish to change their lens design, so bifocals remain important to ensure patient satisfaction.

Bifocal lenses are frequently an essential dispensing option; for example when inducing prism for near vision tasks only, or when dispensing a prescribed reading addition to children, also in the case of correcting differential prismatic effect due to anisometropia, or for vocational or occupational use.

Lens selection

The following points should be considered when dispensing bifocals:

- Both lens portions should provide equal clarity for distance and near vision; 'jump' should be minimised (the definition and calculation of 'jump' will be covered in part 2 of this article, to be published in the next issue of *Re:View*).
- There should be minimum differential prism between the two eyes at the NVP (near visual point) ensuring no diplopia when reading.
- The segments should be as inconspicuous as possible to maximise the cosmetic success.

Choice of segment

The patient's individual needs and requirements must always be identified:

- Ask 'open' questions to enquire about the patient's occupation, hobbies and lifestyle. This will enable you to determine the best lens type, segment size and segment top position for your recommendation to the patient.
- If available, check the previous pair of bifocals: segment shape, segment size, lens material, manufacture of glass segments (fused or solid), segment top position in relation to the lower limbus and find out if the patient has encountered any difficulties with their previous pair.
- Check the patient's posture when standing and sitting. If the patient is very tall, consider reducing the segment heights by approximately 2mm as the patient constantly looks downwards. If the patient suffers from osteoporosis consider setting the segments approximately 2mm higher than lower limbus, to ease the patient's near vision tasks.

The segment shape and size should be determined by:

• The patient's prescription

Ideally straight/flat top, 'S'/'D', segments should be dispensed to myopes as they induce less 'jump'. Ideally round segments should be dispensed to hypermetropes as they induce less prismatic effect at near.

• The patient's occupation

Consider the patient's distance and near vision requirements. For example, if the patient's work involves mainly near vision, the dispensing optician could recommend a large segment, possibly set higher than the lower limbus. If the patient's work involves plenty of driving, the DO could recommend a small segment, possibly set lower than normal. If the patient's work involves excessive computer use, a bifocal combination of intermediate vision and a large segment for near vision, probably set higher than the lower limbus, could be recommended.

• The patient's hobbies

The working distance is necessary as it is a vital element of dispensing, the correct near addition for the patient's specific tasks is essential. The most suitable segment size and top position must be considered for the patient to successfully perform their hobbies.

• Any previous bifocal spectacles?

If the patient has previously worn bifocals, confirm the lens material, segment shape, size and position in relation to the lower limbus. Also assess the existing frame fitting, the bow of the frame front (face form/dihedral angle), pantoscopic tilt and lens depth.

Flat top segments

- Ideal for minus powered prescriptions as they induce less prismatic 'jump'
- Suitable for plus powered prescriptions up to approximately +3.00D
- The optical centre of the segment is approximately 2mm below the dividing line
- Available segment diameters: 25, 28, 35, 40 and 45mm (figure 1)
- 'Jump' is reduced when looking through the segment
- Available in hi-index 1.67AS clear and Transitions, 1.6AS, 1.5 plastics
- Available in Trivex, S28 clear and Transitions, S35 clear and Transitions Grey only
- Available in polycarbonate S28 and S35
- Available in hi-index fused glass D28 1.8

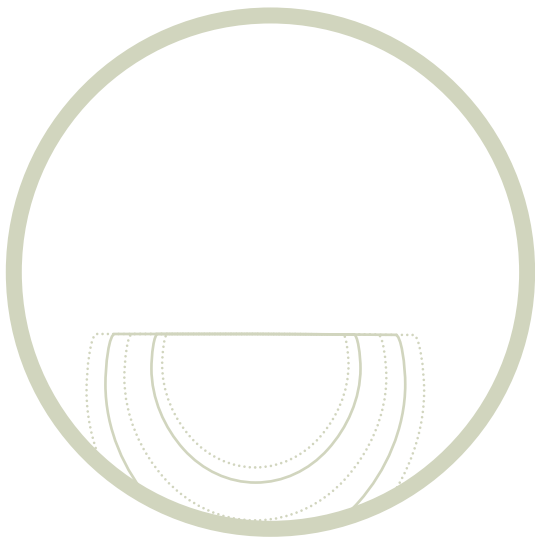


figure 1

Round segments

- Ideal for plus prescriptions over approximately +3.00D as the prismatic effect is reduced when looking through the segment, this is due to the base down prism produced by the segment
- Larger diameter round segments induce more base down prism at near
- Available segment diameters: 22, 24, 25, 28, 30, 38, 40, 45mm (figure 2)
- Round 24mm is available in Trivex, clear and Transitions Grey only
- 30mm solid segment available in 1.7 glass
- High addition availability: 22mm segment is available up to +20.00D addition; 28mm segment is available up to +15.00D addition

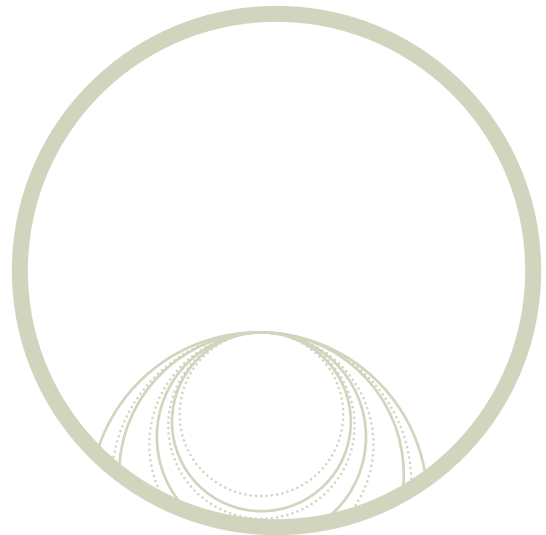


figure 2

Curved top segments

- Ideal for plus and minus prescriptions as they induce less 'jump'
- The optical centre of the segment is approximately 2mm below the dividing line
- Available segment diameters: 25, 28, 35, 40mm (figure 3)
- Less light is reflected from the segment top
- Cosmetically more appealing than flat top segments
- Available in hi-index 1.74 AS, 1.67AS, 1.6AS, 1.5 plastics
- C28 available in Transitions

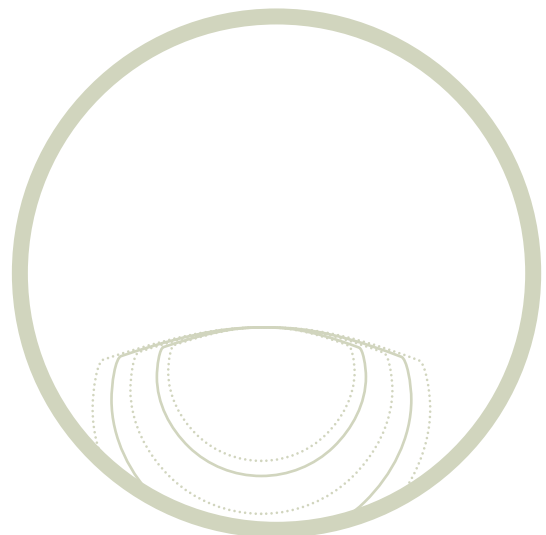


figure 3



E-line segments

- Ideal for minus powered prescriptions as they are 'no jump'
- The optical centre of the segment is placed on the dividing line
- Cosmetically unappealing, the near portion edge is thin and tends to chip easily
- Referred to as E-line or E-type, formerly known as Executive (figure 4)
- Available in 1.5 plastics

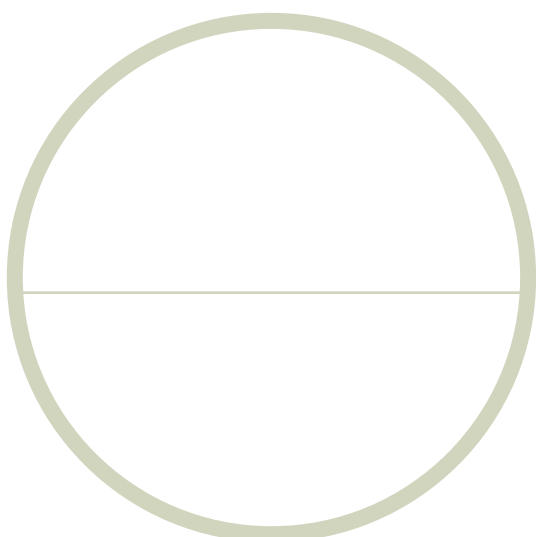


figure 4

Segment manufacture

Plastics segments are moulded – the segment can be felt on the front surface of the lens (figure 5).

Glass segments are either solid or fused:

- Solid segments – the dividing line can be felt on either the front or back surfaces.
- Fused segments – the dividing line cannot be felt on either surface as the segment is manufactured from a higher index than the main distance portion of the lens. The segment is heated and placed into the lens depression curve. The segment fuses due to the difference in refractive indices, with the segment being of a higher index. Obviously this method of production cannot be used with plastic lens materials.

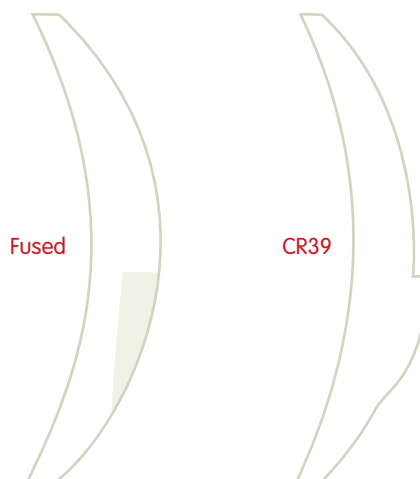


figure 5

Pre-adjust the spectacle frame prior to taking measurements

- Check the frame fitting on the bridge of the nose, adjust the distance between pad centres if necessary
- The pantoscopic tilt should ideally be 8–10°
- All aspheric and hi-index bifocals should be fitted at a 10° tilt as this enables easier reading facilitating a natural angle of gaze from distance to near vision
- Check the temple width and head width – an incorrect fitting will cause the segments to sit too low
- Check the side length to bend and fitting – if the spectacles slip forwards, the segments will be positioned too low for reading

Always ask if the patient was satisfied with their existing bifocals

- Confirm the lens material, segment shape, size and position in relation to the lower limbus
- Assess the current frame fitting, the bow of the frame front (face form/dihedral angle), angle of side and lens depth
- If any of these factors are changed, it may result in a dispensing non-tolerance

Specifications required

- Distance PD and near PD – in order to calculate the accurate inset
- Segment shape
- Segment size
- Segment top position
- Lens material

Segment top position

- Flat top and curved top segments should be dispensed approximately 1–2mm below the lower limbus (figure 6)

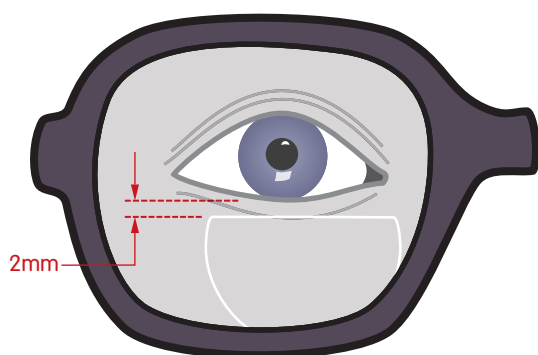


figure 6

- Round segments should be dispensed approx 1mm above the lower limbus (figure 7)
- This enables easier reading as the optical centre of the segment is further below the segment top
- The minimum fitting height is ideally 13mm or more
- If the patient is a child requiring bifocals, the segment top should ideally be positioned midway between the pupil centre and the lower limbus to enforce use
- In the case of a patient suffering from ectropian, the segments should be positioned at the lower limbus and not the lower eyelid

Segment inset

- Each segment is generally inset 2–2.5mm, as each eye converges approximately 1–3mm for near vision
- Plastics bifocals maybe specially manufactured to correct inset by any amount required to match the patient's convergence
- The accurate inset for each eye is calculated by:

$$\text{Inset} = \text{Mono Distance CD} - \text{Mono Near CD}$$

- Base in prism for near vision only maybe induced by increasing the inset of a large D segment. The decentration of the segment is calculated using Prentice's rule:

$$\text{Inset} = \frac{P}{F \text{ Add}}$$

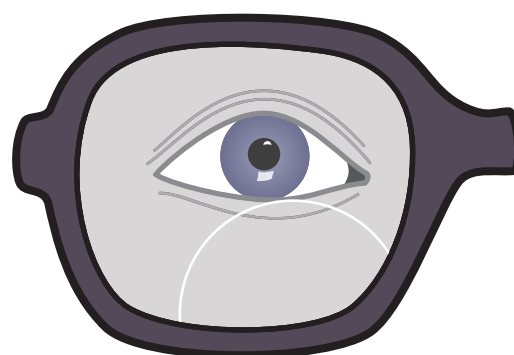


figure 7

Advice to wearers

To prevent neck strain and headaches, advise the patient to practice looking down through the lenses when they are reading. If the patient starts to tilt their head and neck backwards to see, they will develop a bad habit that will turn into a real pain in the neck!

When going down steps and stairs, remind the patient to keep their chin in, and look through the top of the lens to see their feet. Adaption to the small field of view offered by the bifocal segment can often take some time as the wearer learns to move either, their head or the reading material, rather than their eyes.

If the patient uses a computer, the monitor is generally placed directly in front of the user and can lead to muscle fatigue due to the unusual straight and constant movement of the head.

This article features only a selection of bifocal lens availability, for the full extensive range of all lenses please refer to 'Ophthalmic Lenses Availability' available from the ABDO College Bookshop, or the latest manufacturers' lens catalogues.

References

The Norville Prescription Companion
Ophthalmic Lenses Availability
Practical Dispensing by Anthony I Griffiths
Practical Optical Dispensing by David Wilson

A unique career opportunity in dispensing optics

Working in partnership, ABDO College and Canterbury Christ Church University are proud to offer a comprehensive blended learning course for prospective dispensing opticians:

- The only blended learning degree course in ophthalmic dispensing available in the UK
- Leads to a BSc (Hons) degree and the registerable FBDO qualification
- A successful partnership committed to the furtherance of dispensing optics
- Equips students with the ability to problem-solve within the practice, benefiting both students and their employers
- A proven track record of success through consistently high theory and practical examination results
- Establishes a platform to build further career advancement

Foundation Degree/BSc (Hons) in Ophthalmic Dispensing

A two year Foundation Degree course followed by a third year BSc Degree course in Ophthalmic Dispensing – leading to BSc (Hons) and the ABDO Level 6 FBDO qualifications.

Course features

- Combines academic and work-based learning
- 32 weekly distance learning units in each academic year
- Four weeks block release at Godmersham in each academic year
- Access to supplementary web-based interactive tutorial presentations
- Block release accommodation can be provided
- Year 1 courses will commence in September 2012

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

KEEPING EXCELLENCE IN YOUR SIGHTS

For further information and application forms for this and other courses, or to request a copy of the 2012/13 ABDO College Prospectus, please contact the ABDO College Courses Team on

01227 733 911

or email info@abdocollege.org.uk

**ABDO College Operational Services,
Godmersham Park, Godmersham,
Canterbury, Kent CT4 7DT**

www.abdocollege.org.uk



www.twitter.com/abdocollege

Master of Arts for Michelle



ABDO College is delighted to announce that its head of operational services, Michelle Derbyshire, has attained a Master of

Arts (MA) in Management Studies from the Business School, Canterbury Christ Church University.

Her research was based on a qualitative exploratory case study investigating the effective communicating of strategic change in volunteer organisations.

Business communication has a central role in the management of change for both commercial and not-for-profit organisations and although volunteers are recognised as a vital resource for many voluntary organisations there has still been little discussion of the distinct needs for communicating strategic change with volunteers. Michelle's research went a small way to help address that gap.

Commenting on her research Michelle said "I have been a volunteer management consultant at Vision Aid Overseas since March 2011, they were the subject of the 'case study' and my thesis is being used to strengthen business communication at Vision Aid Overseas. I would especially like to thank all the Board, staff and volunteers who took part in my research for their willing cooperation and candid responses. I have learnt so much!"

Don't keep the knowledge to yourself

Philip Mullins discusses the benefits of modern software

Although the internet companies have been around for some years now, the total optical sales via e commerce remain relatively small, but continue to grow and be a thorn in the side of high street opticians, both independent and multiple. So how do we ensure that the growth is kept to a minimum and our patients continue to visit our practices year after year?

Obviously there is no one answer, but one of the biggest issues is knowledge and I don't mean optician knowledge, I mean patient knowledge. One of the internet's main attractions is they pursued 'customers', that all bits of plastic are the same and that little knowledge is required to select glasses. So a customer can select from an online catalogue, decide on all the options and pay, with little or no interaction from the seller to the buyer. But we all know this is not the case, everything is not the same, and there is a massive difference between uncoated CR39 and a 1.74 bi-aspheric with multi coat and more importantly a massive difference in benefits. So why do our patients become internet customers? I would suggest its knowledge! As an industry we have been guilty in allowing price to become an overriding factor and as a result the public are willing to pay £100 an hour to have their car serviced, yet moan at paying £25 to have an eye examination, will pay £3 for a cup of coffee and we worry about offering the latest contact lenses at £1.50 per day. Is it not time to educate our patients and show them

that you only get one set of eyes and they should not be just entrusted to the lowest price offering?

As a company, the National Eyecare Group has spent the last twelve months looking at ways to support our members, in the endeavour to educate their patients and importantly potential patients. We looked at three key areas, firstly the process required to communicate to patients, secondly how to engage with patients and finally how to educate patients in the practice.

All practices have a patient data base of some sort, be that a cabinet full of paper records or the latest up to date management software. This data is then used to send recalls to patients to bring them back to the practice, usually when it is time for a further examination. So our IT division Optinet, took the activity of sending recalls, broke it down in to little bits and then reconstructed it. The two big issues were cost and dead data, both needed resolving to ensure practice maximised the potential held within their existing data base.

The cost issue can be resolved in two main ways, firstly by enabling communications to be sent in four different ways, telephone, text, email or letter, enabling a choice of the best way to speak with each patient and therefore maximise the response while minimising the costs. To further reduce the costs a central mailing system can be utilised, which allows practices to print, pack and post a letter or post

!

as an aid to dispensing and business development

card for less than the cost of the stamp, so saving massively on time and money. The next issue is the data itself, although many practice have massive databases, it is surprising how inaccurate they are. Often the addresses are wrong, no post codes, spelt incorrect, missing town information etc., but also have patients who have died or moved away. So it's important to have 'data washing', as the name suggests it cleans a practice's data, ensuring the address are correct, removing people who have moved away, ensuring that the letters you send get to the people they are intended for.

So we have the process in place, now we need to look at how to engage people and draw them into the practice. Practices need to be able to tap in to the very latest marketing materials, including web pages, posters, leaflets and mailings. It's important for a practice to promote the right message for their business and more importantly it's not all BOGOF (Buy One Get One Free) or high discounts, it's all about promoting quality, service, educating and so on. Ideally you need to build a marketing portfolio that will engage both existing patients and potential new ones, encouraging them to visit the practice time and time again, without them feeling pressurised or 'sold to', enabling them to make informed choice, building loyalty and profitability.

Finally, once you have the patients in the practice, you need to give them the knowledge to make the choice,

breaking them away from the "well it's just bits of plastic" and the "I just need a quick test so I can replace my specs" and this is where software comes in. By using the very latest animation techniques, images, slides and videos, modern software solutions now enable you to show your patients your message, explain complex clinical issues, enhance the dispensing process and differentiate your practice from the competition. Available on the practice website, in the waiting room, the consulting room or on an iPad, you can use these software tools in all areas of your business, ensuring a consistency of your information. Gone are the days of all the little bits of paper with a scribbled drawing, gone are all the lengthy explanations about what is a cataract, or glaucoma, in its place are modern, effective communication platforms to aid dispensing and business development.

The overall message is that educated patients are more loyal, make better choices and are more profitable to the business, so as a profession we should embrace the concepts and build them into our business, or we'll have ourselves to blame when our patients leave us for the internet and that bit of plastic.

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

Optinet is sponsor of *The Dispensing Technology Suite* at ABDO College

Official ABDO College sponsors

The ABDO College Board of Trustees and staff would like to thank its official sponsors for their generous and continued support:

BiB Ophthalmic Instruments

Bierley

Carl Zeiss Vision UK Ltd

Cerium Group Ltd

Essilor Ltd

Norville

Optinet Limited

Rodenstock (UK) Ltd

Signet Armorlite Europe

Transitions Optical

The Worshipful Company of Spectacle Makers

Younger Optics

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

ABDO College Bookshop

Make the ABDO College Bookshop your first choice:

- Dispensing, optometry, ophthalmology and contact lens books
- Rules, gauges and charts
- ABDO CET CDs
- Essential publications for student DOs
- Useful revision guides
- British Standards publications

Supplying the optical profession worldwide

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

Easy ordering and personalised service

The full range of publications and other products currently in stock can be viewed and ordered online via the ABDO College website (www.abdocollege.org.uk) or for more personalised service and advice contact Justin Hall, the ABDO College Bookshop Administrator, by telephone on 01227 733 904 or by email at jhall@abdocollege.org.uk.

