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Re:View

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A new degree for DOs
BSc (Hons) Vision Science

How to learn online

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How to develop your low vision skills and practice

In the last issue of *Re:View* we announced the introduction of the new BSc (Hons) Vision Science course, and the article in this edition will provide you with more in-depth information relating to this exciting new development.

As regular readers will know, ABDO College is currently in the process of systematically making all of its courses available online, hence the 'How to learn online feature' will hopefully provide some useful tips for students already using, or about to use, a Virtual Learning Environment.

The control of myopia progression is a topical issue at the moment and the research by Adrienne Richards outlines effectiveness of Ortho-k for children.

The demand for low vision services has never been higher and is predicted to increase considerably in the years ahead. All dispensing opticians have covered the topic in their studies leading to FBDO qualification, and low vision is CET core competency; however, although many DOs have the will to become more involved, it's often difficult to know where to start, therefore the 'How to develop your low vision skills and practice' article may point you in the right direction.

A DO working in an independent practice often has additional responsibilities compared with those employed by a multiple and in this issue we share some useful tips on how to adapt.

Finally, thank you to everyone who visited the ABDO College stand at Optrafair and attended the tutor workshop held in Birmingham in April.

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

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A new degree for DOs
BSc (Hons) Vision Science

Why would a dispensing optician want a degree? More and more members of the profession are degree qualified, and a degree can open doors to postgraduate study and careers opportunities. With that in mind, ABDO College is launching a new distance learning top up degree. If you have the FBDO diploma, you can now apply for the new BSc (Hons) Vision Science course offered by ABDO College in conjunction with Canterbury Christ Church University (CCCU). It is a modular course so you can work at your own pace, and it is entirely based on distance learning, ideal for the busy practitioner.

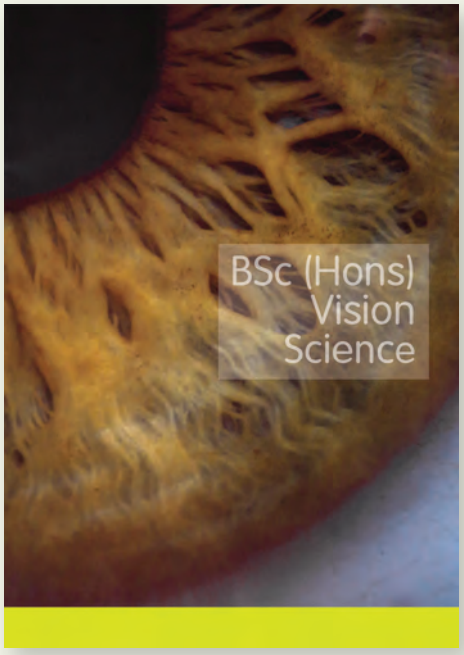
Anthony Blackman has been a driving force behind the degree. He explains the details: "Anyone who has the FBDO diploma may apply, there are no other entry requirements. We are only opening the course to a limited number of people for the first session, which starts this September. You need to complete three compulsory modules and then can choose three further modules from six options."

The compulsory modules are: Academic Skills Development, Evidence-based Practice, and Transforming Ophthalmic Practice. Each module has 8–10 lectures. The first two are just what you need to get you up to speed for a degree level course. You will learn how to write an essay and how to look up the research you need, and understand it. The Transforming Ophthalmic Practice compulsory module is your final project. You can make your own choice of work based project, in your own practice to fit with your day job. Anthony says, "This could be something based on a patient satisfaction survey or quality standards or a MECS service. You might be analysing an existing service or setting up a new one."

The optional modules will allow you to tailor the degree to your own interests. They include: Contact Lens Practice, Low Vision Practice, Paediatric Eyecare, Ophthalmic Public Health, Dry Eye and Ocular Surface Disease, and an independent study module where you select a relevant topic.

Each module is run over a semester. Anthony explains, "You can take two modules at a time and you can do the degree over eighteen months, or work at a slower pace with one module per semester and take three years. We estimate that you would need 4–5 hours study per module per week."

Everything in the course is online, and there are no further costs – no books to buy, no exam fees, no accommodation or travel – all you need is access to the Internet. Anthony says, "The lectures are recorded so you can watch the slides being narrated on your computer, phone or tablet. You can also print them out." He continues, "We give you a suggested timetable, but you don't have to follow it." If you are worried about exams, don't panic. Each lecture will have a self-test quiz so you can track your understanding. Anthony says, "That way we will know who is engaging and who isn't. We've avoided



traditional exams for this course. Instead your work will be assessed in a range of ways, depending on the module. This could be by essay or a poster or a leaflet or a PowerPoint presentation or case studies or a project." This set up allows you to choose assessment methods that play to your strengths. What's more, you can discuss a draft of your final submission with your tutor and get feedback before sending in the final

version. Anthony adds, "Each semester you have a one to one phone call with myself or Jo Underwood as your tutor. You can raise any issues, and we will look at your engagement or performance, and provide extra support where you need it."

There are further benefits to the degree. Every student who takes part in the degree will get access to all CCCU services such as library and student support. CET accreditation is being applied for for relevant parts of the course, which can cover some of your CET requirement.

If you are considering the course, you will need good organisational skills: the same skills you may have used to achieve your diploma. Anthony says, "You will be able to fit in some study in your lunch break or after work. Be aware of your deadlines and when you might need extra time to finish a submission." He continues, "We have worked to develop this course with a student focus group. We have had positive feedback from them and the CCCU validation team for the learning and teaching strategy. We hope that we have devised a relevant and achievable degree for every DO."

If you are interested in applying for the BSc (Hons) Vision Science course, applications are open until 1 August 2017. Places are limited so get your application in promptly.

How to learn online

More and more courses are using a Virtual Learning Environment (VLE). In many ways this will make life easier for students and tutors alike, but there is always a learning curve with any new system. In this feature we hear from Anthony Blackman, senior lecturer at Canterbury Christ Church University, as he shares his tips for online learning.

Anthony Blackman says, "Online learning is not an easier option, but a more convenient one as you can access materials 24/7 from anywhere with an Internet connection." If you are starting a course with a new online learning environment set aside time to familiarise yourself with its areas and functions. You will save yourself time if you do this at the start of the course and remember to check the VLE for new additions regularly.

Once you are familiar with the VLE, Anthony says, "Make a study plan so that you can work at a sensible pace and have work ready on time with no last-minute panics." Any distance learning course requires self-discipline, regardless of the medium. Set yourself a routine for work time – and reward yourself with regular nights off too! Online learning is flexible so you may find you can fit work into your lunch hour or listen to lectures during your commute, freeing up your time later in the day. To make your routine work well, Anthony advises, "Understand what is expected of you, how many hours of study per week, for example? When is work due to be submitted and how?" All this should be made clear at the start of your course and you can tailor your schedule round this information.

'Make a study plan so that you can work at a sensible pace and have work ready on time with no last-minute panics.'

Something many people don't consider when signing up for an online course is the basic technology that makes study possible. Anthony says, "Have a reliable Internet connection – you wouldn't want to lose your work or submit late." It's worth developing a contingency plan: if you usually submit from home, where could you use the Internet if your Wi-Fi goes down? Is there a local library with late night opening, or have you allowed enough time to go

into work and submit the next morning? And Anthony has bit of advice that will save everyone problems: "Do not be afraid to ask for help, even if it seems like a simple IT question." If you are having a problem for the first time, the chances are that your tutor may have helped someone solve exactly the same problem in the past and can give you guidance.

There are lots of materials to support your learning which will be made available to you during your course. Anthony says, "Use all the materials provided to help your learning; but make sure you have the right software. Various PDF readers are available for free download." Check this out in advance and ask what you might need.

Once you have got into studying, Anthony suggests, "It can help to have a dedicated study space as trying to study in front of the TV or in the staff room at work is not easy or very productive." By setting aside both a time and a space it is easier to get into the discipline of working, and easier to relax when you finish and walk away. Anthony continues," Take breaks as staring at a screen can be tiring." One easy to remember guideline suggests looking away from the screen for 20 seconds every 20 minutes.

Anthony also has advice on ways to keep yourself motivated: "Be interactive. It can be lonely studying on your own so participate in discussion groups. These are great to help share problems, successes and to motivate each other." ABDO College students often set up Facebook and Whatsapp groups for their specific courses so they can interact between block release and work together. Different learning methods work well for different people. Do you learn best by listening, reading, or applying your knowledge practically? Anthony says, "Find out the type of learner you are (www.vark-learn.com) then you can tailor your revision to how you learn best." Considering revision, he adds some useful advice whatever way you are learning: "Make your own notes and revise as you go. With online learning there will be a lot of reading and typing. Making handwritten notes can help you learn more and it helps the knowledge sink in."

'It can help to have a dedicated study space as trying to study in front of the TV or in the staff room at work is not easy or very productive.'

To sum up, make sure you familiarise yourself with the VLE. Find out what is expected of you, and plan your work time, and some break time too. Look at different ways to learn – on your own, together with friends, in the VLE, using handwritten notes etc. Remember that most courses end in an assessment and revise as you go along. By following this guidance, you'll find learning in a VLE much more straightforward than you thought.

ABDO College at Optrafair / Tutor workshop

ABDO College and ABDO College Bookshop exhibited at Optrafair 2017. The ABDO College stand was busy throughout the show and the College team welcomed visitors to the College stand and discussed the latest developments in optical education, including the new BSc (Hons) Vision Science course.

The ABDO College Bookshop used the show as a platform to launch the new 2017 edition of *Ophthalmic Lenses Availability*.

To coincide with the show, the College also held a well-attended tutor workshop, where Simon Butterfield presented the latest developments on the ABDO College Virtual Learning Platform (VLP) and tutors participated in group discussions.

Adrienne Richards

We find out about Adrienne and her Ortho-k research

ABDO College degree students are all required to complete a dissertation in their final year, focussing on a research question of their own choice. Dispensing optician Adrienne Richards qualified last year and practices at Bill and Taylor Opticians, Teignmouth. In this issue's feature you can read about Adrienne and her research paper, "Are Ortho-k lenses effective enough in slowing and even reducing the rate of myopia progression in children?"

Like many people, Adrienne wasn't looking for a career in optics. She says, "I wanted a job that was local, and I applied for an apprenticeship in a customer service role in the opticians which I'd attended since I was about four. I got the job and started work for Bill and Taylor Opticians. I thought after A levels I wouldn't do more education because they had been difficult enough, but my interest took over. I enjoyed the work so much and found it so interesting. I worked in the practice for two years to build my optical knowledge, and started to research how to go further in optics. My boss thought I was capable of the DO course, and agreed to support me to do it. In choosing a course I opted for ABDO College which gave me a choice of diploma or degree courses, both in the same time span. I thought about it and decided if I was going to do something which would take a lot of time and effort, I wanted to get a degree."

Returning to study after a short break can be daunting. Adrienne says, "Year one was overwhelming. You think you know what you are doing in your job,

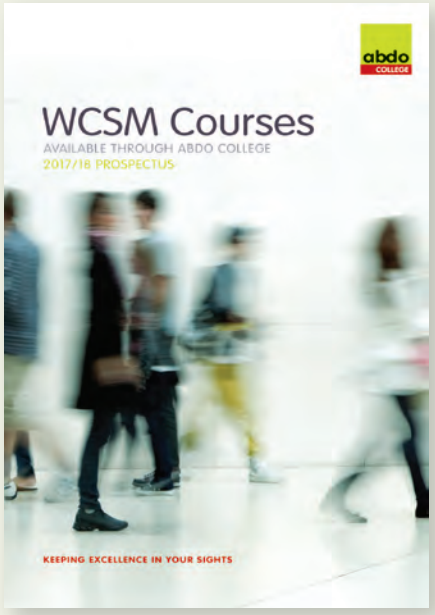
you learn as much as you can from colleagues, but in my first year I discovered just how much more I needed to know. I found the maths side of it very hard. Personal time management was also a challenge, but we got plenty of guidance from the college and tutors." As her confidence grew, Adrienne began to enjoy the course more. She says, "I enjoyed anatomy a lot. I learn by doing so the practicals were fascinating. It was the same with dispensing with Sally Bates – I wouldn't be as confident in what I do today without those classes."

In the third year Adrienne had to choose a dissertation topic. When considering her research question she combined her work interests with her personal experiences. Adrienne says, "I've always enjoyed the contact lens side of work, I do lots of the insertion and removal teaches in the practice. On a personal level, I'm myopic. I wore contact lenses myself, and I looked into Ortho-k before opting for refractive surgery. The skill and equipment required was fascinating so I chose to write about Ortho-k contact lenses and how effective they were at reducing and slowing the rate of myopia in children. My aim was to research into orthokeratology and to summarise the main advantages and identify the weaknesses including assessing whether or not Ortho-k contact lenses slow or reduce the rate of myopia from progressing. I decided to limit the study to children as the literature would be more direct and produce conclusive results."

Adrienne chose the research question, "Are Ortho-k lenses effective enough in slowing and even reducing the rate of myopia progression in children?" which you can read more about overleaf. She says, "There was a lot of research on Ortho-k but not all of it related to the question. I had to sort through this using library tools and search engines to find the most relevant and specific research within the thousands of articles. That was the time-consuming part, taking two

to three weeks before I could even start writing." Summing up the results of her research, Adrienne says, "The main thing I found was that Ortho-k is effective, and has more positive outcomes in the long run than negatives. There are costs in chair time, and a lot of skill involved for the CLO or optometrist."

Since completing her degree and qualifying as a dispensing optician, Adrienne has remained at Bill and Taylor Opticians. She says, "Mike Taylor has supported me vastly, as has my other supervisor Peter Tosh. The plan was always to stay at Bill and Taylor to benefit the practice once I qualified. It is an independent practice and they care for their staff and patients. It is very family orientated and caring. I love dispensing and I am enjoying the freedom from studying right now." Looking to the future, Adrienne says, "I'd like to do the CLO course in a couple of years' time. And in the immediate future, I want to do a course in diabetic retinopathy, as I'm interested in the pathology of the retina. We have the technology available in the practice to look at the retina in amazing detail and I want to become more involved in that."



WCSM Courses prospectus

A new 2017/18 prospectus featuring the full range of the WCSM Courses available through ABDO College has now been published.

The WCSM courses available from ABDO College range from Level 2 Optical Support to Level 4 Optical Technicians and lead to examination based qualifications awarded by the Worshipful Company of Spectacle Makers.

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

Are Ortho-k lenses effective enough in slowing and even of myopia progression in children?

By Adrienne Richards BSc(Hons) FBDO

INTRODUCTION

Orthokeratology has been practiced in society since the 1940s and has been widely discussed since the 1960s (Bansal, 2012). It claims to reduce and slow the rate of myopia effectively in children and adults (Santodmingo-Rubido *et al,* 2009). George Jessen created the first Polymethylmethacrylate (PMMA) contact lenses in the 1960s and found that by fitting a contact lens which was firstly flatter than the flattest keratometry reading (Kf), a temporary reduction in myopia was established after the lens was removed (Bansal, 2012).This now modern form of technology is used widely amongst practitioners and is achieved by flattening the corneal curvature which in turn, redirects the light rays, and then focuses an image clearly on the retina (Chen *et al,* 2010). The contact lenses used now are rigid gas permeable (RGPs) and are required to be worn overnight. RGPs have a high DK which allows for high levels of oxygen permeability and pemits for overnight wear (Ramdas *et al,* 2014). Put simply, Orthokeratology creates a redistribution of epithelial cells, the bending of the cornea and stromal thickening (Ruston, 2004).

FINDINGS

The smallest study group was undertaken by identical twins written by Chan *et al* (2013). The purpose of this study was to find a comparison between the axial length elongation process (myopia progression) of both identical twins wearing a tailored made pair of Ortho-k contact lenses and single vision lenses (Chan *et al,* 2013). This study was performed over a two year period and was controlled accordingly. However, the twins were able to randomly interchange between both lenses throughout the two year period.

The largest study of the five was published by Santodomingo-Rubido *et al* (2009). The study involved sixty two participants who were all moderately myopic, ranging from -0.75D to -4.00D in power with -1.00D of astigmatism. The study involved a measurement of all the subjects axial lengths, anterior chamber depth, corneal topography, cycloplegic refraction and visual acuity. The sample group was split into

two groups, whereby, thirty one were fitted with Ortho-k contact lenses and thirty one were fitted with single vision lenses.

The Charm and Cho (2013) study was based upon the concern that the greater population of Asians in Asian countries tend to report a high level of myopia. The focus in this study is to evaluate the use of Ortho-k contact lenses to partially reduce the rate of a myopic progression. This involved single vision lenses against PR (partial reduction) Ortho-k contact lenses. The study involved a randomised control trail, whereby, fifty two children were split into two equal groups of twenty six and were assigned to wear PR Ortho-k and single vision contact lenses.

Article four was written by Chen *et al* (2009) and focussed on posterior corneal curvature change after six months of overnight orthokeratology. The study exhibited twenty eight young adults who's prescriptions were of a mean average of -2.95D. This study

reducing the rate

documented the changes in posterior steepening after one week, one month, two months, three months and six months of lens wear. Chen *et al* (2009) noted that three phases would be recorded to identify how long the posterior steepening lasted. These measurements were taken over hour intervals and monthly aftercare appointments. This study is the only one performed which evaluated the posterior changes (Chen *et al*, 2009).

Finally, study five documented the safety aspects of overnight orthokeratology. The study was written by Mika *et al* (2007) and explained the possible ocular outcomes of orthokeratology in overnight wear. Twenty six subjects were enrolled into this pilot study and were all fitted with the same Ortho-k contact lenses (Emerald Contact Lenses, Oprifocon A). All subjects were moderately myopic with a mean refraction of -2.06D. The subjects were monitored regularly for ocular contraindications. Corneal staining was accessed and measured on a grading scale (Mika *et al*, 2007). According to Mike *et al* (2007) overnight orthokeratology is deemed safe and efficacious.

CONCLUSION

The studies found that a myopic reduction was apparent when subjects were fitted with Ortho-k contact lenses with low to moderate myopia under -4.00 dioptres. Some studies reported a 92 per cent reduction in myopia and some reported a reduction of p>0.50D. The studies were demonstrated in an RCT (randomised clinical trial). The articles documented RCTs whereby the studies duration lasted one month to twenty four months. Study four specifically, concentrated on a sample design comparing the result with single vision correction lenses verses Ortho-k contact lenses.

All five articles were written by credible authors whose qualifications were documented and easily found. As well as appropriate intellectual qualifications the authors are either professors in the field or experts in visual optics and contact lenses. This promotes reliability and reassurance to the reader as academic qualifications mean credibility (Fink, 2005, p.155). The articles are all listed as peer-reviewed and have been published in '*Contact Lens & Anterior Eye*', '*Ophthalmic and Physiological Optics*' and '*Optometry*'. The studies subject selection all had similar inclusion/exclusion criteria. The subjects were more or less of similar age with a mean value of 14.4 years of age. All the involved participants had no ocular contraindications or pathologies and from Santodomingo-Rubido *et al* (2009) the corrected visual acuity in all subjects ranged from 6/12 to 6/5 on the Snellen chart.

Ethics and data protection are imperative as part of a research study as they advocate the reliability and integrity of the thesis (Bowling and Ebrahim, 2008, p.167). All five articles do indicate a discussion with the subjects parents, which included the aftercare regime, the trails duration and a verbal agreement to consent of Ortho-k lens wear. However, it is not noted that the subjects were not given any information or documentation for signing prior to the study. (Fan *et al*, 2001).

Overall, the articles found for this critical analysis were credible, reliable and contained a large amount of positive information. The arguments were balanced and contained positives and weaknesses of the study trials. The main weakness across all five of the articles was the sample size. This unfortunately creates a negative and questionable approach to the studies and therefore the findings cannot be deemed conclusive. The use of children in all five studies was relevant as myopia reduction has become more significant over the last few decades as 60–80 per cent of Western and Eastern Asian consider the condition to be a cause of visual impairment. Further research into overnight orthokeratology needs to be conducted and produced with larger sample sizes. This alone will ascertain reliable and informative results to be compared too. The results ascertained from the five articles to provide positivity and reassurance to the readers as clear, affirmative results were found. Myopia reduction was present in all studies and supports the argument that orthokeratology does slow the rate of myopic progression in children if continued and monitored successfully.

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How to develop your low vision skills and practice

It can be a circular dilemma: you want to get more low vision practice in, so that you can help more patients with low vision, but how do you build your experience in the first place?

Firstly, if you are a registered dispensing optician you can reassure yourself that your training has equipped you to make a big difference to people with low vision. Secondly, remind yourself that you don't have to wait until people reach the legal definitions of blindness or partial sight.

Gillian Smith is senior lecturer at ABDO College and leads on the low vision course. She says, "The first mistake that many DOs make is to assume that they don't get any low vision patients in practice. They get lots, but they are just not identified as such. These 'forgotten' patients include diabetics, glaucoma sufferers, patients with albinism, people who may have suffered an eye trauma in the past – maybe from sport or work, and those that have had historical retinal detachments, etc. Obviously the most easily identified patients will be those with AMD, but what about post stroke patients whose care is often overlooked? There just needs to be a bit of creative thought with the identification process. In addition, many of the patients may have family members who also suffer from the same condition – if it is hereditary or genetic – this could increase the low vision patient base and increase long term sustainability. If practices or DOs asked their receptionists or the optometrists to keep an eye out for these specific classes of patient it could start the ball rolling."

The basic principles of bigger, bolder, brighter can help anyone whose vision is deteriorating while they wait for cataract surgery, as much as those with permanent and untreatable sight loss. Iain Mellis is optometrist at Mellis Eyecare and low vision clinical lead for Tees LOC. He says, "Low vision isn't just about selling the patient a magnifier. It is about taking the time to find out what problems the patients are having and coming up with solutions that will have an impact on their life." Behavioural optometrist and owner of Central Vision Opticians Bhavin Shah says, "Low vision work requires good empathy with your patients, and creative thinking." Start by talking to your optometrist and asking them to flag patients who are experiencing worsening vision that can't be corrected simply by a new pair of specs. This gives you a chance to start a dialogue, and ask about the problems they have. Iain Mellis adds, "Sometimes this is as little as asking about hallucinations and reassuring them that it is normal in low vision. Other times it can be as simple as turning the TV away from the window to reduce reflections." It can be a relief for someone to sit down and explain the problems they are experiencing. Dispensing optician and lecturer Anthony Blackman says, "Low vision is more than magnifiers. Tips on lighting and a sympathetic ear are helpful." Working with people with low vision can require more time than a standard dispense. Anthony Blackman says. "You cannot solve all problems in one visit, start with trying to solve two or three problems at a time." You may want to break the issues down into different times of day or different areas of the house. Remember that you are not the only person who can help: a big part of low vision work can be putting people in touch with a support network. Anthony Blackman says, "There are lots of local groups who can help the patient." Find out about your local rehabilitation services and partially sighted societies. If there is an eye clinic liaison officer at your local hospital they can be a great source of resources and contacts. Build up a folder with large print information to hand to people, but again, don't overwhelm them at the first visit.

Alongside improving lighting, providing contacts and a listening ear, the DO is ideally placed to help a patient with low vision explore the wide range of magnifiers that are available. Once you have an idea of the main issues that a person faces, you need to start considering solutions. DO Abigail Page is ABDO regional lead for London and practice manager at Page and Small. She advises, "Have a good sample set, we have an Eschenbach one, for patients with poor vision to try." Christine Small adds, "We also asked Eschenbach to give us some training in LVAs. They are

now designed for real people taking into account limited movements due to strokes etc. They are much better than the heavy lobster pot magnifiers."

Bhavin Shah says, "Technology is enabling low vision patients in a way that is revolutionary and more effective than ever before." Talk to companies that offer low vision technology. You may want to organise a special week or event where you get in some technology to demonstrate, and invite relevant patients and well as the local press to come in and try it out. This can help your practice become better known as a place for help with low vision. Gillian Smith suggests another way to extend your reach: "Offer a free assessment session at the local GP or dental surgery. DOs are in a unique position, able to dispense to low vision patients as a part of their professional qualification. Whilst many DOs may not feel confident to dispense aids to patients with more complicated needs without undertaking further more advanced study, they should have the ability to dispense basic aids and give relevant appropriate advice. This may simply be emotional support and/or putting the patient in touch with relevant support groups or agencies, but could be an invaluable lifeline to the patient. Getting in touch with the Local Optical Committee is also a good strategy. They should have their finger on the pulse of what provision is offered in the local area." She adds, "Going forward of course, there may be an opportunity to bid for a contract to provide low vision services – remember GPs are responsible for commissioning care for their patients – it could be you!"

If this article has inspired you, pick one or two actions to help you get started with low vision. Then, think about applying for the ABDO College Low Vision Honours course, the ideal next step for anyone with the ABDO Level 6 Diploma in Ophthalmic Dispensing (FBDO) who wants to take their low vision practice to the next level.

'Technology is enabling low vision patients in a way that is revolutionary and more effective than ever before.'

How to move from a multiple to an independent

If you have completed your training years within a multiple and are looking for your next move, you may be considering a job in the independent optical sector. It can feel like a big leap into the unknown, however, so here are some tips from those who have made the transition on how to adapt.

Billie Gregory qualified last August. She says, "I was working for Boots and moved to an independent in October. It's a big culture shock. In a multiple you do what you are told and sell from a set list of products most of the time. In an independent you do have a preferred supplier but you need to know what is stock and what is surfaced which is largely driven by prescription and blank size. It's all about keeping costs low whereas even managing in a multiple you didn't really need to factor cost price in. The range of frames on offer to an independent is phenomenal and some manufacturers are better to deal with than others. I found that you never really get that relationship in a multiple."

If you are thinking about brushing up your knowledge to make the transition from multiple to independent easier, Tori Wightman has some suggestions. She worked at Specsavers before leaving to work as a locum DO in independent practices. She advises that you should become, "up to date with different lenses from different suppliers and be able to compare them against lenses that you are used to. Multiples tend to simplify dispensing but in an independent you have to worry about things like whether the lens needs surfacing, is it available in those powers, what coatings does it come with etc." Another locum dispensing optician, Penny Heath, has worked with independent opticians, Specsavers and in a Boots franchise. She backs up Tori's advice and adds some of her own: "Having worked in and between both I would say the most important thing for success is to ask how things are done, which lenses are favourite, which suppliers are used then adapt to fit in." Never be afraid to ask questions – this is key to learning the processes and products in your new practice.

Toni Hopkins worked for D&A and Boots as both part of the multiple and as a franchise. She now works at Glass and Glass Opticians as a dispensing optician. She found that you, "definitely need to be more up to date on lenses.

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I found you use more of your knowledge because you can. Not being restricted in what you can offer a patient, plus thinking outside the box, allows you to deliver." Moving on to frames, she adds, "It's also means knowing more about frames, who makes what where and what your patient/customer market wants. I found (working in an independent) harder in many ways. I found I put more hours in with the independent but I enjoyed it more because I could do more. I liked working at the multiple I worked for, I was lucky to have a great team, however I prefer the independent practice I work in by far."

If you are moving to become a practice manager, or even to become a member of staff in an independent, you will need to think more about the practice finances. Bobby Bush now owns a practice in Spain after working for UK multiples and independents as DO, CLO and practice manager. He says, "The biggest issue when coming from a multiple is having virtually no knowledge of costs. For example, one might dispense a precalibrated 1.5 SV which actually costs the independent more than using stock 1.6 AR." If you understand pricing of frames and lenses, he adds, "you are put in a much stronger position to help your patient in a way that suits both you and the patient." Purchasing may be a new issue for you if you move into management in an independent. Jo Holmes is a DO and practice manager at Pilgrim Optical in Tiverton. She has recently helped a new member of staff make the move from a multiple. She explains, "My new optom has just come across from a small multiple. She is responsible for buying contact lenses for the practice now. I advised her not to feel intimidated by the wide range of choice, to use what she feels comfortable and familiar with initially and then start experimenting with new products when she is settled in the new environment. I got her to contact all the reps, we looked at the prices together then ordered up trial sets for her to use, taking one step at a time." Considering the purchasing decisions a new practitioner might have to make, Jo says, "There are lots of catalogues online for frames but the huge choice can be daunting. It probably helps to see what the practice already provides, get a feel for the patients in that area and 'fill in the gaps' of frames you feel you could be missing on. Personally, I see one rep every other week. This helps with cash flow as I don't by in huge bulk. I know what I have sold over the last couple of weeks and what I have been asked for or need to top up on for my patients. The boss likes this method too. I can keep closer tabs on my stock and I make sure I don't overstock."

Hopefully these tips have given you confidence to help you in making your next career move. Summing up her experience over the last nine months since she has been working in the independent sector, Billie Gregory says, "At first I felt like a fish out of water but now I wouldn't change it for the world! I'm more customer focussed than I ever have been because you can be and it's important. I also feel more looked after by my company."

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