

# DISPENSING OPTICS





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Professional  
Development

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#### ABDO Graduation and Prize Giving Ceremony 2026

Held on Tuesday 12 May at Canterbury Cathedral. Read more about this prestigious event on page 24

IMAGE: ABDO



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## DISPENSING OPTICS

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## CEO update

In the last month, our ambition to visit 100 practices to celebrate the profession's centenary has taken us to Scotland, where we have been warmly welcomed by members and their practice teams. These visits offer the opportunity to listen to members and to learn

first-hand how our profession continues to evolve.

For example, these conversations brought to life how smart eyewear is being embraced by patients in unexpected ways. Taking photos, listening to music and taking calls are all ways in which people were now expected to use smart eyewear.

We heard how this technology was also being used by visually impaired people to help with everyday tasks, such as finding out 'use by' dates in the supermarket, which they would otherwise struggle with. As smart eyewear develops and becomes more adjustable – and affordable – it looks set to provide another way in which members can enhance patients' independence and quality of life.

Members also highlighted myopia management as a growing area of practice, with the products and services available to treat dry eye being another way to add value for patients.

Equally rewarding was the chance to hear directly from members about what they love about being a dispensing optician. We will continue to share members' stories, with a central theme being the ability to use their expertise to make a positive difference to people's lives.

Our conversations during practice visits also provide important feedback on the services and support we offer as an Association. Members have highlighted the value of our CPD provision, and the practical guidance and advocacy we provide. This insight is invaluable as we refine and enhance what we do, and develop our future plans.

Our visits during this centenary year are reinforcing the strength and vitality of our profession, and the importance of staying connected – to our members and to the innovations in practice which they deliver for the benefit of patients.

**Alistair Bridge**

Chief executive



**100 years**  
of Dispensing Opticians  
Celebrating the past. Inspiring the future  
1926-2026



## Post from the president

### *A magical experience for all*

**This year's ABDO Graduation and Prize Giving Ceremony, which took place on 12 May at Canterbury Cathedral, was a magical experience for everyone involved. It was a special privilege to attend and be part of our graduands' special day in such amazing surroundings, and particularly during this centenary year for the dispensing optics profession.**

Canterbury Cathedral is the perfect setting for this prestigious annual ceremony, which cements the successful culmination of three



*Beginning of a new optical journey*

years of hard work and dedication by newly-qualified dispensing opticians (DOs) and those progressing in their educational journey.

There was such a buzz from the gathering of friends and families as they listened to the names being called out to receive the ceremonial handshake, alongside those who received higher honours and

special prizes. The vast numbers proudly wearing their gowns around the gardens, smiling for photographs to mark this special occasion, was a joy to observe.

Earning the FBDO qualification not only demonstrates specialised clinical and technical skills that set qualified DOs apart, it attests to a determination and resilience to study whilst working in practice. I would like all newly-qualified DOs to view their achievement not as an end-point, but as the beginning of an optical career journey.

As a DO, you can take on additional roles – such as joining the local optical committee, becoming an ABDO tutor, practical examiner or facilitator, or pursuing advanced qualifications in contact lenses, paediatric eyecare and low vision – all designed to elevate the DO's clinical role.

ABDO is a dynamic membership organisation, continually evolving and developing – and I am genuinely excited about how the future of eyecare will continue to expand DOs' scope of practice in primary and secondary care. With these great new opportunities, we can collaborate with our fellow professions and be part of the development of the optical landscape.

I would like to add my personal congratulations to all of this year's graduates, who will undoubtedly remember this very special occasion for many years to come.

#### **Brenda Rennie FBDO**

*President of ABDO*

Get in touch with the ABDO president by emailing  
[brennie@abdo.org.uk](mailto:brennie@abdo.org.uk)

## **ABDO launches new salary tracker tool**

**A member-exclusive online salary benchmarking tool is now available to help members clearly understand how their salary compares to others in similar roles.**

By drawing on anonymised data from the 2025 ABDO Pay and Reward Survey, the tool is designed to provide a reliable, real-world benchmark. Users can tailor comparisons by region, job role, level of responsibility and employer type, ensuring the insights are directly relevant to their circumstances and are not just high-level averages.

"This tool gives our members a meaningful advantage," said Gavin Berkerey, ABDO director of communications and engagement. "Whether you're preparing for a pay review, planning to negotiate a promotion, or exploring new opportunities, you'll have credible, data-driven evidence to support your decisions and strengthen your position."

"In short, it replaces uncertainty with clarity, helping you approach salary conversations with confidence, backed by real market insight," added Gavin.

Alongside this new tool ABDO has created an online pay and reward hub with advice and guidance on how to take this data into appraisals and discuss pay reviews.

The tool can be found at [www.abdo.org.uk/salary-benchmarking-tool](http://www.abdo.org.uk/salary-benchmarking-tool) – and the hub at [www.abdo.org.uk/pay-and-reward-hub](http://www.abdo.org.uk/pay-and-reward-hub)

*Read Gavin's update on employer feedback to the Pay and Reward Survey, and ongoing actions, on page 30.*

## **Handover in the 'Garden of England'**

**Brenda Rennie is pictured receiving the ABDO president's chain of office from Kevin Gutsell at an official handover ceremony in Canterbury, Kent.**

On assuming her new role, Brenda said: "I am thankful to everyone who has cheered me on throughout my journey



*Handing over the reins*

so far – and I'm looking forward to working closely with vice president Deborah Bill and the ABDO Board – and chief executive Alistair Bridge – over the next two years. I would also like to thank Kevin for his work over the past two years."

On her goals for her tenure, Brenda added: "I want to promote our

profession through collaborative working and continue essential engagement with governments across the UK – especially in relation to the development of clinical services that recognise the expertise of dispensing opticians and contact lens opticians. This ensures that their interdisciplinary skills are fully recognised and utilised."

ABDO also paid tribute to Kevin for his dedication and leadership during his two years in office, and for his contributions to the organisation and the profession.



*Diane Nash receives the ABDO Medal of Excellence*



*John Southgate is awarded the ABDO Medal of Excellence*



*Chris Packford with his son, Simon*

## ABDO AWARDS 2026: six special honours

**The annual ABDO Awards were presented during the Association's Graduation and Prize Giving Ceremony at Canterbury Cathedral once again this year.**

Five honours were bestowed by outgoing ABDO president, Kevin Gutsell, with a sixth presented by Brenda Rennie, now president, after the event.

An ABDO distance learning tutor for more than 25 years and dispensing practical examiner for more than 20, Diane Nash was awarded the ABDO Medal of Excellence for her exceptional and long-standing contribution to the Association.

Diane said: "The graduation was such a lovely event to receive my Medal of Excellence - and when I get an opportunity to wear it, I will do so with pride."

An ABDO member for more than 50 years, John Southgate's long standing commitment to the Association at local and regional level exemplified the values recognised by the ABDO Medal of Excellence.

John said: "As a member of the former ABDO Area 5 Committee, we organised excellent continuing education and training days for many years pre-Covid -

and it is great to be recognised for this by the ABDO Board."

Past president, Chris Packford, received Life Membership in recognition of his exceptional contribution and extensive service to the Association and wider profession.

Chris was joined at the ceremony by his son Simon, also a dispensing optician (DO). He said: "I feel very proud, privileged and honoured to have received this award. It was a wonderful ceremony and a memorable day for me and Simon - and for everyone involved."

Paul Lewis received the ABDO Medal of Excellence in recognition of his long standing service, commitment to professional representation and contribution to the profession.

He said: "It has been a privilege to support the profession and represent DOs over many years, and I've been fortunate to work alongside so many dedicated colleagues. Now that I've retired, it feels like a very fitting way to mark the close of my 47-year career in optics."

Barry Duncan was awarded Life Membership for his contribution and dedication to the Association and the

profession through numerous roles including ABDO president, and his long standing service in clinical practice, paediatric and specialist dispensing, education and professional governance.

Barry said: "I am delighted to receive this recognition for my efforts over the years. ABDO provided me with great opportunities to develop as a DO and, whilst extremely challenging at times, I strongly felt that our profession needed to evolve and become integral to the delivery of excellent eyecare services in the UK. Hopefully, I managed to make a small contribution."

Finally, Lisa Donaldson was awarded an Honorary Fellowship for her exceptional contribution to the optical profession and to patient care.

Lisa said: "I am delighted to receive this wonderful honour. The role of the dispensing optician and their proactive support is absolutely critical in successful eyecare and vision support for children and vulnerable groups. Pathways of care should be better designed to recognise this, and I look forward to continuing to work with ABDO in my role at SeeAbility to this end."



*ABDO Medal of Excellence for Paul Lewis*



*ABDO Honorary Fellowship for Lisa Donaldson*



*Barry Duncan receives ABDO Life Membership*

## White paper shared with members

**With this issue of *Dispensing Optics*, ABDO is distributing a print copy of its new white paper, 'Advancing paediatric vision care: evidence-based insights and best practices for dispensing spectacles to children'.**

Authored by Dr Alicia Thompson, ABDO director of research, the white paper is designed to guide eyecare professionals in delivering optical visual outcomes for paediatric patients.

The Association has also produced a leaflet for parents/caregivers to help explain the importance of frame fit, lens choices, caring for spectacles and the skills of dispensing opticians in supporting this.

Both documents can be downloaded from the ABDO website for sharing at [www.abdo.org.uk/advancing-paediatric-vision-care](http://www.abdo.org.uk/advancing-paediatric-vision-care)

Turn to **page 22** to hear more from Dr Thompson about why the white paper is essential reading for all eyecare professionals.



*New guide for parents/carers*

## Countdown to NEHW 2026

**National Eye Health Week (NEHW), led by the charity Eye Health UK, is on a mission to get people talking about eye health this September.**

Taking place from 21 to 27 September, NEHW 2026 will focus on educating people about the simple ways to help keep their eyes and vision healthy.

The campaign will use real-life stories, research, media and targeted

community outreach to share important advice about the everyday habits, routine check-ups and urgent care that are essential to prevent poor eye health and avoidable sight loss.

Practices can register for digital and printed resources by emailing their name, organisation, address and an email contact to [info@visionmatters.org.uk](mailto:info@visionmatters.org.uk)

**Keep abreast of campaign activities at [www.visionmatters.org.uk](http://www.visionmatters.org.uk)**



## Centenary charity campaign kicks off

**ABDO is calling on members to take on a fundraising challenge to mark 100 years of the profession in aid of registered charity, the ABDO Benevolent Fund.**

"We are inviting members to think of creative ways to raise funds, whether in practice, at head office or individually," said ABDO communications manager, Carol Smith. "You could walk, run or cycle 100km as a team, host a bake sale, or come up with an idea of your own. All money raised will go to the ABDO Benevolent Fund."

ABDO Benevolent Fund Board of Trustees chair, Jill Umperley, said: "I am delighted that the Benevolent Fund has been selected as ABDO's chosen charity for its centenary celebrations. The Fund plays a vital role in supporting members facing difficult circumstances, providing assistance when it is needed most.

"Trustees carefully and compassionately consider every application to ensure assistance reaches those in genuine need," Jill continued. "The Trust often regularly receives heartfelt messages of gratitude from recipients, who describe the support provided as a lifeline during some of the most challenging periods of their lives."

Alistair Bridge, ABDO CEO,

commented: "As we celebrate 100 years of the profession, and the role that generations of ABDO members have played in supporting their

patients, it is fitting that we are also raising funds for the ABDO Benevolent Fund, a registered charity which provides support for current and former members who are experiencing financial hardship. I encourage all ABDO staff and members to think about how they would like to get involved."

**To create a fundraising activity, or to make a donation, visit [www.zeffy.com/en-GB/peer-to-peer/100-years](http://www.zeffy.com/en-GB/peer-to-peer/100-years)**



*Could you get on your bike for ABDO's chosen charity?*

## Special members' offer for Glasgow conference

This year's Scottish Optical Conference (SOC), being held on Sunday 15 November at the Glasgow Radisson Blu Hotel, will once again offer ABDO members and student members a significantly reduced delegate rate of just £29 – including lunch and refreshments.

Providing access to bespoke CPD tracks targeted at multi-disciplinary teams, including frontline staff, a suppliers exhibition and an awards evening the preceding night, the SOC offers a full day of interactive learning as well as networking opportunities.

Lectures, workshops and peer review sessions will cover topics such as bespoke contact lens fitting, holistic approaches to managing dry eye, optical coherence tomography interpretation, wearables, bespoke spectacle lenses, optical skills, paediatric dispensing, ocular nutrition and myopia control.

The line-up of speakers includes 'headliners' Dr Stephania Kearney (Track 1), Dr Vikas Chadha (Track 2) and



dispensing optician, Martyn Howlett (Track 3), who will present a workshop on 'Paediatric dispensing: fail, adapt, success'.

Each track will offer up to 17 CPD points, and Track 3 will begin with an ABDO update from ABDO president, Brenda Rennie, and the Association's regional lead in Scotland, Graeme Stevenson.

Alongside the educational content, an exhibition of 60+ suppliers will be on hand to discuss all aspects of a modern day eyecare practice and the latest products.

*Preferential rates for the Radisson Blu Hotel are available by quoting 'SOC' when booking. For more information and to book a place, visit [www.soc.scot](http://www.soc.scot)*



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## CPD Points

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## Tracks

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## Exhibitors

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## Nov. 2026

Glasgow Radisson Blu

# 340

## Delegates

DOs, CLOs, OOs & IPs

## New distribution deal

**Mainline Optical Connections has announced a new distribution agreement with Hilco Vision.**

Designed to expand access to the Hilco Vision portfolio, Mainline Optical Connections will become Hilco Vision's UK and Ireland distributor and customer support partner effective 1 July 2026.

Tanya Storey, managing director at Mainline Optical Connections, said: "I have always respected the quality and consistency of Hilco Vision's products, and we are excited to add them to Mainline's portfolio. This partnership strengthens our ability to support our mutual customers with an even broader range of trusted solutions and exceptional service."

John Lakey, CEO of Hilco Vision, added: "Mainline Optical Connections' expertise and established presence in the UK make them an ideal partner to support and grow the Hilco Vision portfolio in the market."



TANYA STOREY

## Funding concerns over new NHS plans

**The Optometric Fees Negotiating Committee (OFNC) has described the government's recently announced roll-out of a national electronic referral service (ERS) for eyecare in England – and its new guidance on glaucoma referrals – as "built on good intentions and long overdue".**

However, in line with the sector's joint response on the NHS Getting it Right First Time (GIRFT) Best Practice Guidance for Glaucoma Services published in May, the OFNC is calling on both initiatives to be "properly funded" and implemented by integrated care boards (ICBs) – to "prevent avoidable sight loss due to delays in the hospital eye service".

Despite £20m in funding announced by the government for the ERS, the OFNC says the plan fails to "provide the proper financial underpinning that practices will need to operationalise delivery".

The OFNC stated: "It is clearly not a fully costed plan, and does not commit to compensate practices for the ongoing clinical and administrative time required to implement new systems. We also note the ERS will require further work to build the functionality to support the clinical activity in primary care."

The Committee, of which ABDO is a member, further called into question whether "already struggling" GOS contractors would be able to take on any additional unfunded work involved in using these new systems.

*Read the professions' joint responses in full on DO Online.*



Brenda with Heather Hope



## President's 100 years Highland Fling

**ABDO president, Brenda Rennie, hit the ground running last month as she commenced a Highlands tour of ABDO member practices to celebrate the centenary of the profession.**

Among the practices en route was Duncan and Todd in Stonehaven, where she was welcomed by branch manager, Heather Hope.

A member of the ABDO community throughout her career, Heather knew from a young age that she wanted a career in optics. She qualified as a dispensing optician through Glasgow Caledonian University before progressing into leadership.

Throughout her career, Heather has embraced the many changes within practice – from digital innovation and optical coherence tomography technology to expanding patient care through audiology and ear wax removal services. But what stands out most is her passion for people.

Heather said: "No two days are ever the same. I love working face-to-face with patients, solving problems and exceeding expectations alongside a fantastic team."

## OBITUARY: Professor Mo Jalie 1941-2026



**In May, ABDO reported with great sadness the death of Professor Mohammed (Mo) Jalie SMSA, FBDO (Hons), Hon FCGI, Hon FCOptom, MCMI – internationally-renowned dispensing optician (DO), scholar and ophthalmic lens innovator.**

An ABDO member since first joining the Association in 1965, Professor Jalie's seminal textbook,

The Principles of Ophthalmic Lenses, is now in its sixth edition and remains a required text on the FBDO syllabus.

He dedicated more than five decades to advancing the science and practice of ophthalmic lenses and vision care worldwide – and was awarded Honorary Life Membership of ABDO in 2002.

*Read ABDO's tribute to the late Professor Mo Jalie on DO Online.*



Should DOs pay less?

## Registrants' fees structure under review

**ABDO has invited members to share their feedback on the General Optical Council's (GOC) consultation on how registrants' fees are structured, which closes on 20 July.**

To help members answer to a short survey to inform its formal response, the Association has produced a summary of the GOC consultation document, highlighting the key issues and options.

These include: whether fees should remain flat or vary between groups; options that could reduce fees for

dispensing opticians; how costs are shared between individuals and businesses; and greater flexibility in how fees are paid, including in instalments.

On collating feedback from members (deadline 3 July), ABDO will issue its response to the GOC ahead of the deadline. Members can also reply direct to the consultation via the GOC website.

**Turn to page 28 for an ABDO policy update, and more details about the consultation.**

## Bridal brand ties the knot in UK

**Atlantic Optical is bringing Vera Wang Eyewear to the UK in a new distribution deal.**

Reflecting the iconic American luxury lifestyle and bridal brand's storied couture heritage, the collection offers a curated selection of ophthalmic and sun styles.

Drawing inspiration from her jewellery and bridal collections, the styles feature

intricate metalwork, delicate crystal embellishments, and custom textures that mimic the fine draping of her couture gowns.

"Eyewear is one of the most personal fashion statements a person can make," said Vera Wang. "It is an extension of one's style and a reflection of one's personality. I am thrilled to bring this collection to the UK, a market that has always embraced bold individuality and timeless elegance."



Vera Wang eyewear touches down

## GOC sanctions four registrants

**Four General Optical Council (GOC) registrants have been sanctioned after a Fitness to Practise (FtP) Committee found their FtP impaired by reason of misconduct.**

Optometrist Bansri Rughani has been erased from the GOC register, along with dispensing optician Sapna Bariya. Optometrists Meera Patel and Maneeka Kothari were suspended from the register for two months.

Bansri Rughani and Sapna Bariya were directors of an optical practice. The Committee found that they were responsible for a range of serious and repeated dishonest misconduct, including business practices designed to generate additional income from patients.

This included: misdiagnosing patients; overcharging for eyecare products and services; recommending products which were not clinically indicated; not always providing patients with copies of their prescription; producing receipts which did not accurately reflect patients' purchases; allowing and/or requesting the creation of faked customer emails and feedback in reviews to improve the store's key performance indicators; and allowing and/or acquiescing in staff members working whilst on furlough during the Covid-19 pandemic.

Meera Patel and Maneeka Kothari worked as junior employees at the practice. The Committee found that they were encouraged and pressured by the directors to act in an improper manner, and that while this was a mitigating factor, they nevertheless engaged in misconduct themselves, including acts of dishonesty such as misdiagnosing patients and recommending products that were not clinically indicated.



New Invu sunglass style for children

### Swiss engineering for comfort and protection

With more than 100 models across all age categories, Invu by **Swiss Eyewear Group** offers a comprehensive children's sunglasses collection.

Frames are engineered to match the physiology of each age group, ensuring comfort, fit and wearability. Ultra-light, highly flexible materials are used, along with adjustable temples and headband-compatible designs for the youngest patients.

Equipped with Swiss Eyewear Group's proprietary ultra polarised lenses, Invu children's sunglasses provide 100 per cent UV protection.

### Soft and cheerful early years styles

**Dibble Optical** has expanded its Milo & Me children's eyewear range with two new early years models – Mika and Toni.

Building on the success of the original Jessie frame and the recently launched Jessie Sun, both models feature the brand's signature lightweight, hinge-free construction with no metal parts.

Mika features a slightly more defined shape, while Toni offers a rounded silhouette. Both models are available in one to two and two to three years sizes, in a selection of soft tones and cheerful colours.



New Milo & Me model Toni



Ultra Limited's new model Carloforte

### Dynamic, decorative and hand-crafted in Italy

Italian eyewear company **Ultra Limited** has expanded its women's sunwear offering with models Carloforte and Torcello.

Carloforte sunglasses reinterpret the butterfly silhouette through generous proportions and a softer, more fluid front – alongside contrasting colour insertions along the upper profile and bridge. Torcello is a more structured shape with a bold square front built around thick acetate volumes and a strong architectural outline.

A decorative metal detail at the temple introduces a jewellery-inspired accent on both models, which are available in transparent tones, saturated finishes, tortoiseshell effects and layered tonal combinations.

### Styles with a 'lite' touch

Six new styles have been added to **Continental Eyewear's** popular X-eyes Lite collection.

Combining lightweight titanium with high-quality acetate, each new model is designed to offer modern detailing alongside wearable, everyday shapes.

Pictured is X-eyes Lite 41: a bold cat-eye shape, enhanced by gradient front colouring and distinctive hinge detailing. It is available in indigo mint and purple/pink colour options.

Other styles include X-eyes Lite 43, a refined, soft rectangular frame in a tort pattern, rounded X-eyes Lite 40, and X-eyes Lite 42 with a contrasting brow line and tort temple tips.



X-eyes Lite 41 in purple/pink

### Fab four added to rockin' collection

Brooke, Edie, Hallie and Jack are the latest 'fab four' introduced into **Eyespace's** Rock Star collection for youngsters.

Designed with modern young lifestyles and developing face shapes in mind, selected styles incorporate the company's Smart Fit technology, 180° flex hinges, lower bridge fittings and bio-based materials, alongside biodegradable demonstration lenses across the collection.

Pictured is model Edie, a bold geometric eye shape featuring a marbled colour finish. Crafted in bio-based acetate, the frame is designed for teens and larger head sizes.



New Rock Star  
model Edie

### Homage to city of culture

With three new styles in its Shades of Milan eyewear collection, designer **Nirvan Javan** has paid stylish tribute to Italy's fashion capital.

Each with its own distinctive character, the new styles are "inspired by a city where craftsmanship, culture and aesthetics have converged for generations" – thus embodying "the essence of modern Italian elegance".

Available in three different colourways, each style is crafted from premium Italian acetate, with an integrated Nirvan Javan signature logo and custom wire cores.



New Nirvan Javan  
style for men

### Dry eye light therapies treatment

The Eye-light by Espansione Group, which combines Optimal Power Energy Intense Pulsed Light (OPE IPL) with Light Modulation Low-level Light Therapy (LM LLLT), is now available from **EssilorLuxottica**.

Combining these two light therapies has been recognised in the TFOS DEWS III Management & Therapy Report as a key solution to managing ocular surface disease (OSD). Treatment is painless and delivered through a course of up to four sessions, each lasting approximately 15 minutes, on average.

Paul Cumber, instruments director at EssilorLuxottica, said: "Offering this management pathway for dry eye and OSD helps expand the scope of the practice, and will lead to meaningful improvements in the quality of life for patients with dry eye disease."



Eye-light by  
Espansione Group

### Fun, functional frames for the illuminati

Lacoste's latest Kids & Tweens eyewear collection covers the youth style spectrum – from bold, modified rectangular styles to softer rounded profiles.

Pictured is rounded model L3668, part of the Lacoste Kids Colour Twist line from **Marchon**. Crafted from durable bio-injected material, the sides showcase the iconic Lacoste crocodile and include a rotating rubber module with a textured piqué pattern on one side and multiple colour combinations.

Pre-cut side markers allow for easy length adjustment, while glow-in-the-dark versions illuminate after daylight exposure for a fun nighttime effect.

L3668 is available in black, transparent green lumi, transparent violet lumi, transparent peach lumi, and transparent blue.



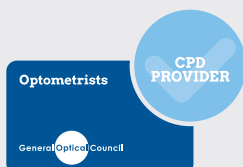
Lacoste model  
L3668 in violet lumi



## LEARNING DOMAINS

CLINICAL  
PRACTICESPECIALTY:  
CONTACT LENS  
OPTICIANS

## PROFESSIONAL GROUPS



CPD CODE: C-116117

MCQs AVAILABLE ONLINE:

Wednesday 1 July 2026

CLOSING DATE: 6 October 2026

ANSWERS PUBLISHED:

November/December 2026

This CPD session is open to all FBDO members and associate member optometrists. Successful completion of this CPD session will provide you with a certificate of completion of one non-interactive CPD point. The multiple-choice questions (MCQs) are available online from Wednesday 1 July 2026. Visit [www.abdo.org.uk](http://www.abdo.org.uk). After member login, scroll down and you will find CPD Online within your personalised dashboard. Six questions will be presented in a random order. Please ensure that your email address and GOC number are up-to-date. The pass mark is 60 per cent.

CPD CODE: C-116117

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# Contact lens comfort

By Claire McDonnell Dip. Optom. FAOIMSc

The percentage of established contact lens wearers who permanently drop out of contact lens wear has been estimated to be anywhere between 12 per cent and 27 per cent, and the number one reason given for discontinuing with contact lenses is discomfort<sup>1</sup>. Recognising early signs of discomfort and intervening proactively could help to improve the retention of contact lens wearers. In order to do this, it is important to understand the factors that have been shown to affect comfort, and the different terminology used around contact lens comfort/discomfort.

The Tear Film and Ocular Surface Society (TFOS) produced a series of reports on contact lens discomfort in 2013. The group defined contact lens discomfort as: "a condition characterised by episodic or persistent adverse ocular sensations related to lens wear, either with or without visual disturbance, resulting from reduced compatibility between the contact lens and the ocular environment,

which can lead to decreased wearing time and discontinuation of contact lens wear"<sup>2</sup>.

In a recent (2026) paper, the researcher Professor Eric Papas proposed a breakdown of discomfort subtypes into the following<sup>3</sup>:

- **Contact lens discomfort (CLD):** the patient has no signs of dry eye but has discomfort with contact lenses, which ceases once the lenses are removed
- **Contact lens associated dry eye (CLADE):** the patient has signs of dry eye but only has symptoms while a contact lens is worn
- **Contact lens induced dry eye (CLIDE):** the patient has signs of dry eye but did not have symptoms until they started to wear contact lenses and their symptoms now persist even after the lens is removed
- **Dry eye disease (DED):** the patient had signs and symptoms of dry eye before they started contact lens wear, and these signs and symptoms persist even when no lenses are worn

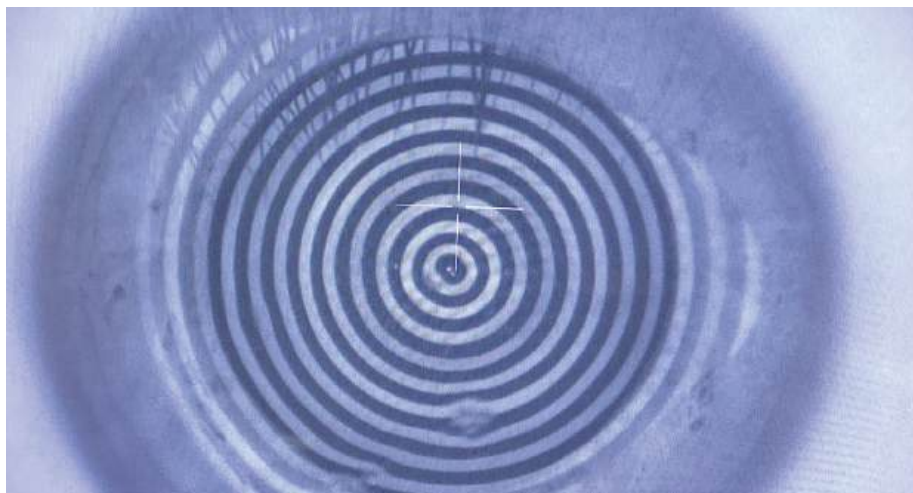


FIGURE 1. NIBUT measurement demonstrating tear film instability in the inferior-central corneal region, indicated by distortion of the Placido rings

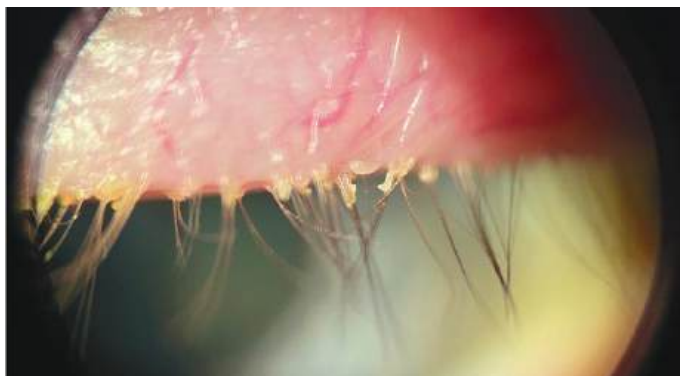


FIGURE 2: Anterior blepharitis, with cylindrical dandruff around the base of the eyelashes

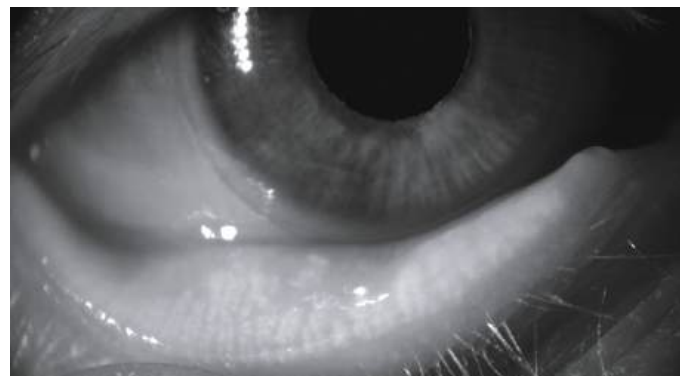


FIGURE 4: Lower lid infrared meibography showing meibomian gland dropout

It is useful to be able to divide patients into their various subtypes, as the management of their problems will differ somewhat depending on their subtype.

### DRY EYE

A 2002 UK-based study investigated the reasons for discontinuation of contact lens wear across 236 lapsed wearers<sup>4</sup>. Fifty-one per cent of participants cited discomfort as the reason for discontinuation, and the most common type of discomfort was dryness. The second most common reason for discontinuation was problems with vision (13 per cent).

In a 2019 study, 56 participants who had discontinued contact lens wear in the previous six to 12 months due to discomfort were age and gender-matched with a further 56 participants who were comfortably wearing contact lenses<sup>5</sup>. Participants completed a dry eye questionnaire, and measurements were taken of their non-invasive tear break-up time (NIBUT) (Figure 1) and

tear meniscus height, along with examination for any signs of blepharitis and of their meibomian glands (see Figures 2, 3a and b and 4').

The researchers found a correlation between meibomian gland dysfunction and contact lens dropout. None of the other clinical tests or questionnaires were significantly associated with the risk of dropout. The fact that there was no correlation between symptoms and dropout may have been due to the length of time that had elapsed since the participants had last worn contact lenses.

### BINOCULAR VISION PROBLEMS

In a 2012 study of 226 soft contact lens patients who were thought to have contact lens related dryness, 23 per cent were found to have no clinical signs of dryness<sup>6</sup>. Some cases of CLD, where the patient reports discomfort with contact lenses but has no signs of dry eye, might be attributable to binocular vision problems.

Patients with myopia may also be

more susceptible to binocular vision problems with contact lenses. Patients with myopia are corrected with negative lenses and when they converge to view near objects through their distance-centred spectacle lenses, they will experience some base-in prism which helps with convergence. They will not get this base-in prismatic effect with contact lenses, because the eye is always looking through the optical centre of a contact lens.

If a patient with myopia has borderline convergence, which is being aided by the base-in effect of their spectacles, this may tip over into a symptomatic convergence issue when they wear their contact lenses. For patients with myopia who are pre-presbyopes or emerging presbyopes, the extra accommodation required through contact lenses as compared to spectacles may again also move the patient from asymptomatic to symptomatic when changing from spectacles to contact lenses.



FIGURE 3a: Blocked meibomian glands

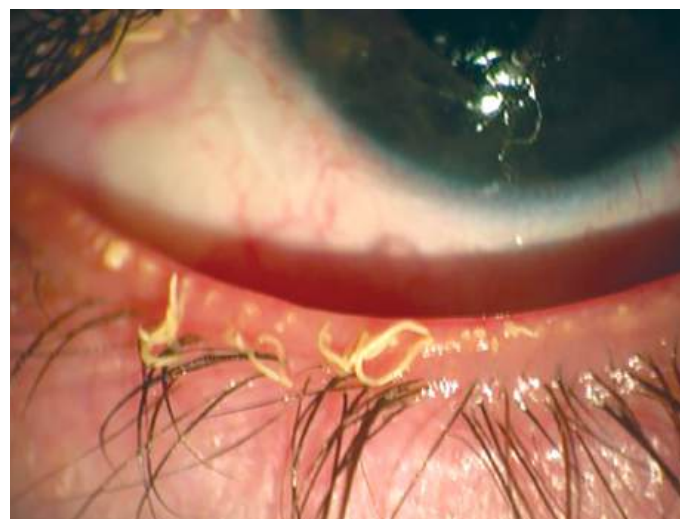


FIGURE 3b: Toothpaste like meibum

A study investigating the overlap between binocular vision problems and contact lens discomfort found that the Ocular Surface Disease Index (OSDI) and the Convergence Insufficiency Survey (CISS) questionnaires both had very similar symptom questions<sup>7</sup> (**Table 1**). This study recruited 29 soft contact lens wearing patients with myopia who had self-reported dry eye. The researchers found that of the 20 participants who had symptomatic scores on the OSDI, only nine had clinical signs of dry eye (**Figures 5a and b**), and 10 had significant clinical signs of a binocular vision disorder. The authors concluded that patients with CLD should be screened for binocular vision problems.

### VISUAL BLUR

Clarity of vision affects a patient's perception of comfort. In a 2003 study, 21 participants were asked to wear three different contact lenses producing three different levels of comfort: a soft hydrogel lens, a silicone elastomer lens, and a rigid corneal lens<sup>8</sup>. While wearing each lens, they were also given their full refractive correction, an extra +4.00D on top of their correction and occlusion in a randomised order. The researchers discovered that participants found all lenses more uncomfortable when their vision was blurred compared to when it was fully corrected or occluded.

Richards *et al* found a positive correlation (0.53) between vision quality and comfort, meaning that as vision improved so too did comfort<sup>9</sup>. This was on a sample size of 675 soft lens wearers.

| OCULAR SURFACE DISEASE INDEX                                                                | CONVERGENCE INSUFFICIENCY SYMPTOM SURVEY                                                               |
|---------------------------------------------------------------------------------------------|--------------------------------------------------------------------------------------------------------|
| Have you experienced blurred vision during the past week?                                   | Do you notice the words blurring or coming in and out of focus when reading or doing close work?       |
| Have you experienced poor vision during the past week?                                      | Do you see the words move, jump, swim or appear to float on the page when reading or doing close work? |
| Have you experienced painful or sore eyes during the past week?                             | Do your eyes ever hurt when reading or doing close work?                                               |
|                                                                                             | Do your eyes ever feel sore when reading or doing close work?                                          |
| Have problems with your eyes limited you when reading during the past week?                 | Do your eyes feel uncomfortable when doing close work?                                                 |
| Have problems with your eyes limited you when working with a computer during the past week? | Do you have double vision when reading or doing close work?                                            |

TABLE 1. Similarities between questions from the OSDI and CISS questionnaires

They found an even stronger positive correlation (0.71) between dryness and comfort.

In a UK study, 38 soft contact lens wearers were asked to wear three different toric daily disposable lenses and their subjective comfort, subjective visual quality and visual acuity were all measured. A strong correlation (0.66) was again found between subjective comfort and subjective visual quality – even though no significant differences were found in visual acuity measurements<sup>10</sup>.

It is interesting to observe that as eyecare practitioners, when asking patients about contact lens comfort, most of us are probably thinking about the actual physical sensation on the eye – but for patients, there are clearly more factors in play, whether they realise it or not.

### PHYSICAL SENSATION

Corneal sensitivity has been shown to be affected by orthokeratology contact lens wear but not by soft contact lens wear with modern materials<sup>11,12</sup>. Several studies

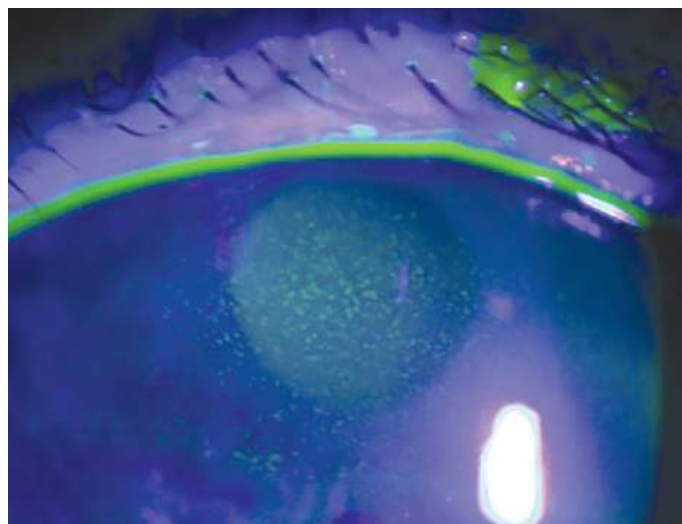


FIGURE 5a: Clinical signs of dry eye disease with fluorescein corneal staining



FIGURE 5b: Clinical signs of dry eye disease with lissamine green conjunctival staining

carried out at the Technological University Dublin investigated whether there was any correlation between ocular surface sensitivity and comfort, i.e. whether you are more likely to find contact lenses uncomfortable if you have a more sensitive cornea or conjunctiva.

There are many different types of ocular surface sensitivity corresponding to the various different types of corneal and conjunctival nerves, e.g. some nerves respond to temperature, others to chemicals and others to mechanical stimulation.

The Dublin studies investigated mechanical (or physical) stimulation. A correlation for corneal sensitivity and contact lens comfort could not be calculated because so many participants had the maximum corneal sensitivity that the instrument could measure. The marginal conjunctiva has previously been found to be the most sensitive part of the conjunctiva<sup>13</sup> and it rubs against the contact lens surface with every blink. However, no correlation was found between marginal conjunctival sensitivity and comfort<sup>14</sup>.

It was found that the corneal and conjunctival sensitivities of the two eyes of the one participant could be clinically different from each other<sup>15</sup>. If ocular surface sensitivity was a significant factor in contact lens comfort, then it should follow that patients would report different levels of comfort for both eyes which they often do not. It would be reasonable to conclude that ocular surface sensitivity probably does not affect contact lens comfort.

When sensory nerves are stimulated by a constant pressure (e.g. a contact lens on eye) this results in neural adaptation, which is a gradual decrease in responsiveness over time. Therefore, any physical sensation should be lessened over time if its pressure is constant. But contact lens discomfort actually worsens over time, which again suggests that mechanical ocular surface sensitivity probably does not significantly contribute to perceived contact lens comfort.

### CONTACT LENS CHARACTERISTICS

A Cochrane review of silicone hydrogel and hydrogel lenses, which included studies published up to and including June 2022, did not find any difference in comfort between the two material types<sup>16</sup>. Although silicone hydrogel lenses allow for much greater oxygen transmission than hydrogel lenses, the 2013 TFOS report did not find any evidence that oxygen had any effect on comfort<sup>17</sup>. Similarly, it found no evidence that modulus had any effect on comfort.

However, a review of contact lens discomfort published in 2021 found that contact lenses with a low modulus were more likely to be reported as comfortable by the patient<sup>18</sup>. A 2014 study found that most of the fit characteristics of a lens had no association with comfort, apart from push-up tightness and movement of the lens in primary gaze<sup>19</sup>. The tighter a lens was, the greater the comfort. The less the lens moved, the greater the comfort.

### CO-EFFICIENT OF FRICTION AND LID WIPER EPITHELIOPATHY

The co-efficient of friction of a material is a measure of how smooth its surface is or a measure of its lubricity. A low value indicates a smoother surface. Although there is no standardised method of measuring the coefficient of friction of soft contact lenses, several researchers have managed to take measurements and there does appear to be a correlation between material lubricity and comfort. This would suggest that rougher materials are more likely to cause discomfort<sup>20,21</sup>.

Lid wiper epitheliopathy is seen as staining along the lid wiper of the inside eyelids (**Figure 6**). It has been found to be associated with contact lens discomfort<sup>22</sup> and it is thought to occur due to friction between the lid wiper and the ocular surface. It would be reasonable to assume that a rougher contact lens would be likely to cause more lid wiper epitheliopathy than a smoother lens.

### CONTACT LENS WETTABILITY

The British Contact Lens Association Continued Learning Evidence-based Academic Report (CLEAR) on contact lens wettability did not find any studies that had shown a definite link between lens wettability and comfort<sup>23</sup>. A review of the effect of eluting solutions, i.e. solutions that are slowly released from the contact lens onto the ocular surface, found that the use of these solutions could improve comfort<sup>24</sup>. However, there were a number of issues with the review and therefore the findings.

The reviewers examined 20 studies but only four of the 20 studies were clinical and only two of the four specifically looked at comfort<sup>25,26</sup>. Also there were authors, both of the review paper and of the two clinical studies, who were affiliated with companies that produced lenses with eluting solutions and so there may have been a conflict of interest there.

### CAN COMFORT BE IMPROVED DURING LENS WEAR?

A 2014 study showed that replacing the lenses during the day with new ones did not improve comfort<sup>28</sup>. Fifty-one participants were asked to rate the

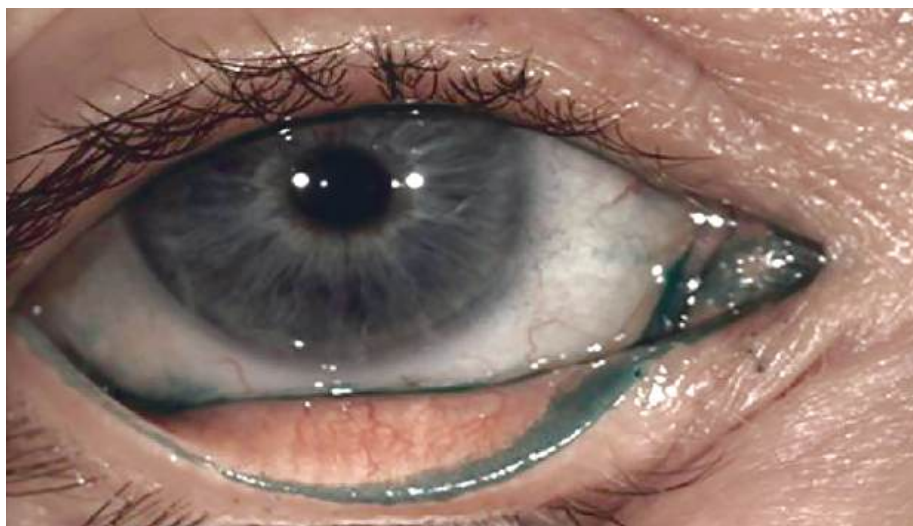


FIGURE 6: Lissamine green staining of lower lid wiper epitheliopathy under white light

comfort of their lens at different time points during a 10-hour wearing period. After five hours, the contact lenses were removed and reapplied or replaced with a completely new lens. When a new lens or the existing lens was applied/reapplied, there was an initial improvement in comfort – but by the end of 10 hours, the comfort was the same irrespective of whether the lens had been replaced part way through the day or not.

Another study a year later looked at three possible interventions to improve contact lens comfort during the day: replacing the lens with a new one; putting back on the existing lens after it had been dipped in saline; and doing a scleral swish (putting the lens onto the conjunctiva and then back on to the cornea)<sup>29</sup>. None of them made any difference to comfort.

In 2024, a Cochrane review was published on the use of lubricating drops for contact lens discomfort<sup>30</sup>. The authors of the review concluded that there was some low-level evidence to suggest that lubricating drops may improve comfort compared to no treatment at all. They also found that specially formulated lubricating drops were no more (or less) effective than just using saline.

### REFITTING WITH A DIFFERENT BRAND OF CONTACT LENS

A 2020 literature review of contact lens dropout found that 74 per cent of lapsed wearers could be successfully refitted<sup>1</sup>. This high refit rate *may* have some bias. Contact lens companies often provide financial assistance to studies that investigate the refitting of lapsed wearers and these studies are more likely to be ultimately put forward for publication when their results are positive.

Studies that show that very few lapsed wearers could be refitted might be less likely to be sent to peer-reviewed journals for publication. It is therefore possible that the percentage of successful refits of lapsed wearers *might* be overstated.

### COMFORT ON INITIAL FITTING

A 2022 study involving 20 participants assessed the comfort of a hydrogel lens and a silicone hydrogel lens after time intervals of one, five, 10, 20 and 30



**FIGURE 7: Asking the right questions can uncover why patients do not wear their lenses more often or for more hours of the day despite optimal clinical signs**

minutes<sup>27</sup>. The researchers found that the comfort rating for the hydrogel lens did not show a clinically significant difference after five minutes, but the silicone hydrogel lens's comfort only stabilised at 20 minutes. It is therefore worth re-checking the patient's comfort rating for a newly-fitted silicone hydrogel lens's for a second time towards the end of a fitting appointment.

### ADVICE FOR THE EYECARE PRACTITIONER

Some patients become so accustomed to a decline in comfort with contact lens wear that they do not always think to bring it up in a consultation when asked if they are having any problems with their lenses. When faced with a contact lens wearer who is only wearing contact lenses for relatively short periods, or whose wearing time has started to reduce, the eyecare practitioner should ask detailed questions about comfort including asking the patient to rate the comfort at the start of wear, at the end of the day and at the end of the lens' life (for lenses that are not daily disposables) (**Figure 7**).

Patients should also be asked if there is any specific reason why they do not like to wear their lenses more often, or for more hours of the day. In this way, it may be easier to tease out any

potential comfort problems.

If comfort does appear to be an issue then, based on a careful history and clinical signs, the eyecare practitioner should be able to diagnose which type of discomfort the patient is experiencing: CLD, CLADE, CLIDE or DED.

In cases of CLIDE and DED, the patient's dry eye should be investigated further and managed accordingly. Similarly, dry eye associated with CLADE should also be investigated and managed, but these patients may also benefit from a refit of their lenses, possibly with a lower modulus lens.

Particular attention should be paid to any meibomian gland dysfunction and/or lid wiper epitheliopathy. This is because meibomian problems have been shown to be associated with contact lens dropout<sup>5</sup> and lid wiper epitheliopathy has been shown to be associated with discomfort<sup>22</sup>. For patients with CLD, consider other possible causes of discomfort such as poor vision or convergence problems (particularly if the patient is myopic).

With a little extra care from the practitioner and a motivated patient, it may be possible to alleviate some cases of contact lens discomfort and thus reduce the contact lens drop out rate.

**ACKNOWLEDGEMENT**

Figures 2, 3a and 3b, 5a and 5b and 6 courtesy of Wolffsohn J. et al. TFOS DEWS III: Diagnostic Methodology. *Am. J. Ophthalmol.* 2025;279:387-450. Available at [www.sciencedirect.com/science/article/pii/S0002939425002752](http://www.sciencedirect.com/science/article/pii/S0002939425002752).

Please note that Figures 3a and 3b, 5a and 5b and 6 have been cropped.

**REFERENCES**

References can be found when completing this CPD module. For a PDF of this article with references, email [abdocpd@abdo.org.uk](mailto:abdocpd@abdo.org.uk)

**CLAIRE McDONNELL** is a qualified optometrist who has practised in the UK, Ireland and New Zealand. She currently teaches optometry and dispensing undergraduates at the Technological University Dublin. Her main area of teaching and research is contact lenses.

**LEARNING OUTCOMES FOR THIS CPD ARTICLE****DOMAIN: Clinical practice**

**5.3:** Identify and differentiate between contact lens discomfort subtypes including contact lens associated dry eye, contact lens induced dry eye and dry eye disease based on patient symptoms and clinical signs and apply this to the care you provide.

**7.2:** Recognise the range of potential causes of contact lens discomfort, including poor vision and binocular vision anomalies, particularly in myopic patients with borderline convergence and refer appropriately where necessary.

**DOMAIN: Specialty CPD – contact lens optician**

Apply an evidence-based approach to the assessment of contact lens discomfort, differentiating between discomfort subtypes to inform appropriate management strategies.

**SPONSOR'S SUPPORTING STATEMENT****ABOUT VISION AT JOHNSON & JOHNSON**

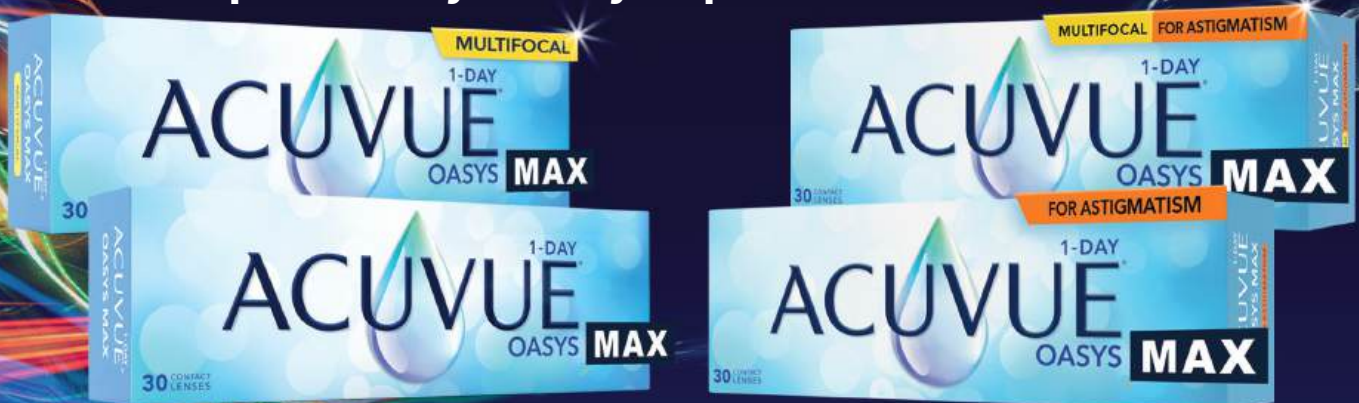
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## Multiple choice answers

# Paediatric contact lenses: when, why and what to consider

By Michelle Mehta BSc (Hons) MA FBDO CL FHEA

CPD CODE: C-115066

Published March 2026

Six of the following questions were presented online to entrants to comply with the General Optical Council's (GOC) best practice specifications for this type of CPD.

**According to global surveys, what is the most common minimum age range for fitting children with contact lenses for myopia management?**

- a. Four to six years
- b. Eight to 11 years
- c. Twelve to 14 years
- d. Fifteen to 17 years

**b is the correct answer.** Both Sulley *et al* and Wolffsohn *et al* reported that most practitioners worldwide consider eight to 11 years an appropriate starting age for contact lens fitting in myopia management. This reflects growing confidence in paediatric contact lens safety and outcomes.

#### References

- Sulley A, Venezia C, Gardner J, Zucaro A, Lumb E. Global survey on eye care practitioner perceptions and attitudes regarding myopia and its management. *Contact Lens and Anterior Eye* 2021;44(1):13.
- Wolffsohn JS, Calossi A, Cho P, Gifford K *et al*. Global trends in myopia management attitudes and strategies in clinical practice 2019 update. *Contact Lens and Anterior Eye* 2020;43(1):9-17. Available from: [https://publications.aston.ac.uk/id/eprint/40939/1/Myopia\\_Contr ol\\_Attitudes\\_and\\_Practice\\_CLAE\\_2019\\_PURE.pdf](https://publications.aston.ac.uk/id/eprint/40939/1/Myopia_Contr ol_Attitudes_and_Practice_CLAE_2019_PURE.pdf) [Accessed 15 November 2025].

**Which of the following statements is correct regarding implantation of intraocular lenses (IOLs) in infants with congenital cataract?**

- a. Infants cannot tolerate general anaesthesia safely
- b. Intraocular lenses prevent normal visual development
- c. Primary implantation is generally avoided under two years of age
- d. Endophthalmitis is the most common complication after surgery

**c is the correct answer.** In babies, primary implantation is generally avoided under two years of age due to high reoperation rates. Infants can tolerate general anaesthesia, and intraocular lenses do not prevent normal visual development. Complications that can occur are visual axis opacification (VAO), glaucoma, retinal detachment but endophthalmitis is rare.

#### References

- Solebo AL, Russell-Eggitt I, Cumberland PM, Rahi JS. Risks and outcomes associated with primary intraocular lens implantation in children under two years of age: the IoLunder2 cohort study. *British Journal of Ophthalmology* 2015;99(11):1471-6.
- Chattannavar G, Badakere A, Mohamed A, Kekunnaya R. Visual outcomes and complications in infantile cataract surgery: a real-world scenario. *BMJ Open Ophthalmology* 2022;7(1). Available from: <https://bmjophth.bmj.com/content/bmjophth/7/1/e000744.full.pdf> [Accessed 15 November 2025].

**What is a typical aphakic refractive error for an infant following cataract surgery?**

- a. +13.00D
- b. +18.00D
- c. +23.00D
- d. +32.00D

**d is the correct answer.** The article states that infants commonly require +32.00D lenses after cataract removal due to the high refractive power needed to compensate for the absent crystalline lens – and that a six-year-old is +23.00D and an adult is +13.00D.

#### Reference

- Levin AV, Edmonds SA, Nelson LB, Calhoun JH *et al*. Extended wear contact lenses for the treatment of pediatric aphakia. *Ophthalmology* 1988;95(8):1107-13.

**Which condition may require prosthetic contact lenses to reduce glare and improve visual comfort and cosmesis?**

- a. Aniridia
- b. Progressive optic neuropathy
- c. Foveal hypoplasia
- d. Myopia

**a is the correct answer.** Children with aniridia lack an iris, resulting in excessive light entering the eye. Prosthetic lenses with a painted iris help reduce glare and improve visual function. Progressive optic neuropathy is ongoing damage to the optic nerve leading to field loss and reduced acuity. Foveal hypoplasia is an underdevelopment of the fovea that reduces central acuity. Myopia does not require prosthetic contact lenses although myopia management designs are available in both spectacles and contact lenses.

### What did the CLIP study conclude regarding chair time for children compared to teenagers fitted with contact lenses?

- It is similar, with only about 15 minutes extra for teaching application and removal
- It is significantly longer to fit children compared to teenagers, by over an hour
- It is shorter for children to be fitted due to simpler contact lens prescriptions
- It doubles when fitting children under 10 years of age with contact lenses

**a is the correct answer.** The CLIP study found that the extra time needed for children was modest and related to teaching application and removal. This supports the feasibility of fitting younger patients.

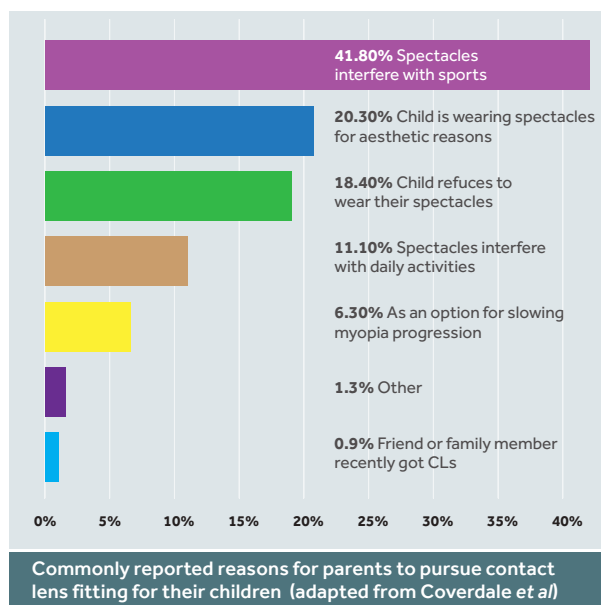
#### Reference

- Walline JJ, Jones LA, Rah MJ, Manny RE *et al.* Contact Lenses in Pediatrics (CLIP) Study: chair time and ocular health. *Optometry and Vision Science* 2007;84(9):896-902.

### According to Coverdale *et al* (2025) what was the most common reason for parents to pursue contact lens fitting for their children?

- Child refuses to wear his/her spectacles
- Spectacles interfere with sports
- Child wants to wear contact lenses for aesthetic reasons
- Spectacles interfere with daily activities

**b is the correct answer.** Coverdale *et al* (2025) reported spectacles interfering with sport as the most common reason for parents to pursue contact lens wear for their children. Here is a list of reasons parents pursued contact lens wear for their children.



#### Reference

- Coverdale S, Mallen E, Cufflin M, Bowen M *et al.* A survey of attitudes and clinical behaviour of UK eyecare practitioners towards fitting contact lenses for children and young people. *Contact Lens and Anterior Eye* 2025;9:102470. Available from: [www.sciencedirect.com/science/article/pii/S1367048425001043](http://www.sciencedirect.com/science/article/pii/S1367048425001043) [Accessed 5 January 2026].

### According to the CLAY study, how does age affect risk of corneal infiltrative events?

- Risk of corneal infiltrates decreases with age
- Risk is not age-related so is the same for all ages
- Risk is lower between ages 15 and 25 years
- Risk is lower in children aged eight to 15 years of age

**d is the correct answer.** The CLAY study found relative to teens and young adults, children aged eight to 15 years old presented with significantly fewer corneal infiltrative events, supporting the safety of paediatric soft lens wear. There was a clear age-related pattern observed in the results with greatest risk in later teens and young adults

#### Reference

- Chalmers RL, Wagner H, Mitchell GL, Lam DY *et al.* Age and other risk factors for corneal infiltrative and inflammatory events in young soft contact lens wearers from the Contact Lens Assessment in Youth (CLAY) study. *Investigative Ophthalmology & Visual Science* 2011;52(9):6690-6. Available from: <https://iovs.arvojournals.org/article.aspx?articleid=2188092> [Accessed 15 November 2025].

### Which of the following statements is correct?

- In Asia, soft myopia management contact lenses are commonly fitted at 11 to 13 years
- Rugby Football Union (RFU) regulations allow spectacles to be worn during matches
- Soft disposable and rigid contact lenses are only suitable for ages six to 12 years
- Albinism is a common complication of infant cataract surgery

**a is the correct answer.** Wolffsohn *et al* highlighted the regional difference in preferred minimum fitting age of soft contact lenses for myopia management with Asia presenting a more cautious approach 11 to 13 years of age differing from the global age range of eight to 11 years old. The RFU prohibits spectacles during play and require the use of sports goggles, which must be dispensed by a registered dispensing optician or optometrist. Both soft and rigid gas permeable lenses can be worn by all ages depending upon suitability; and Albinism is an inherited genetic condition.

#### Reference

- Walline JJ. Kids aren't short adults: tips for fitting young contact lens wearers [Internet]. *Review of Cornea and Contact Lenses* 2015. Available from: [www.reviewofcontactlenses.com/article/kids-arent-short-adults-tips-for-fitting-young-contact-lens-wearers](http://www.reviewofcontactlenses.com/article/kids-arent-short-adults-tips-for-fitting-young-contact-lens-wearers) [Accessed 22 December 2025].

### According to Coverdale *et al* (2025) what was the most influencing factor reported by practitioners for prescribing contact lenses for children and young people?

- Frequent damage to glasses
- Impact on self-esteem
- A child's interest/motivation
- Ability to take of the contact lenses

**c is the correct answer.** The practitioners that took part in the survey by Coverdale *et al* (2025) rated 14 factors from one to 10, one being unimportant to 10 very important. A child's motivation to wear contact lenses was rated as the most important factor (mean 9.16 ± 1.20) and a child's sex the least important (mean 1.77 ± 1.61).

#### Reference

- Coverdale S, Mallen E, Cufflin M, Bowen M *et al.* A survey of attitudes and clinical behaviour of UK eyecare practitioners towards fitting contact lenses for children and young people. *Contact Lens and Anterior Eye* 2025;9:102470. Available from: [www.sciencedirect.com/science/article/pii/S1367048425001043](http://www.sciencedirect.com/science/article/pii/S1367048425001043) [Accessed 5 January 2026].



# Why a paediatric vision care white paper was needed

**C**hildren's vision is foundational to learning, social development and long-term wellbeing. Yet dispensing spectacles to children remains one of the most challenging, complex and, at times, underestimated areas of primary eyecare practice. With the recently published white paper, *'Advancing paediatric vision care. Evidence-based insights and best practices for dispensing spectacles to children'*, ABDO has taken a decisive step to address this, offering a comprehensive, research-led resource that highlights the specialist discipline of paediatric dispensing.

This paper goes beyond frame fit or lens choice. It integrates anatomy, clinical optics, elements of psychology and inclusive practice design, underpinned by evidence, to support better experiences and outcomes for our youngest patients.

## RECURRING ISSUES REPORTED BY MEMBERS

At the heart of the paper lies a clear statement: **children are not 'small adults'**. Their craniofacial anatomy, visual demands and behaviour differ significantly, and they may struggle to articulate dissatisfaction or discomfort. The paper questions the process of frame selection and highlights limitations in frame designs which have been derived from scaled-down adult models.

Feedback from ABDO members highlighted recurring issues:

- Poor frame fit leading to suboptimal lens positioning
- Lack of adjustability of frames with poor design features

From this feedback, ABDO commissioned research<sup>1</sup> to provide an evidence base of facial data relating to spectacle wear with the intention of assisting frame manufacturers to improve the fit of children's frames, several of which are already in production.

The white paper reinforces dispensing as a critical component of delivering effective spectacles as the medical device

they are, positioning dispensing opticians (DOs) as central to successful visual outcomes within the multidisciplinary eye care team.

The dispensing process requires expertise in areas such as facial development and associated parameters; ophthalmic lens properties and suitability; frame materials, properties and selection; and frame fitting, adjustments and modification techniques, which lie with the skillset of a DO.

DOs following the FBDO Level 6 Diploma in Ophthalmic Dispensing<sup>2</sup> syllabus learn all aspects of paediatric eyecare throughout their studies and assessments including low vision, abnormal ocular conditions, binocular vision and contact lenses for children, in addition to a dedicated unit on paediatric dispensing<sup>3</sup>.

DO knowledge and skill in dispensing, fitting and adjusting to children is rigorously assessed utilising anatomically correct paediatric heads and case records, as well as viva-voce assessments in prescription analysis and communication skills.

## WHAT THE PAPER COVERS

The paper is structured to reflect both science and practice, moving from why paediatric dispensing matters and research findings of children's facial data as to how this knowledge can be delivered effectively.

### UNDERSTANDING THE DEVELOPING CHILD

The paper initially covers visual development, the critical period of neuroplasticity, and the role of timely, accurate spectacle correction. The paper reinforces that dispensing is not a passive step after prescribing, but an essential determinant of whether a prescribed correction or intervention achieves its intended effect.

### FACIAL DEVELOPMENT AND FRAME FIT

A substantial portion of the paper is devoted to craniofacial growth, demonstrating why children's facial proportions, particularly nasal bearing surfaces and head parameters, differ from adult anatomy. The paper details how inappropriate frame design or fitting can



Children are not 'small adults'

compromise the intended prescription, with the worst-case scenario being the child looking over the top rim of their spectacle frame and receiving no benefit of the spectacles whatsoever.

## RESEARCH: PAEDIATRIC FACIAL ANTHROPOMETRY RELATED TO SPECTACLE WEAR

The centrepiece of the publication is ABDO-funded research utilising more than 1,300 three-dimensional facial images of children aged from birth to 16 years. The data are analysed across: age and sex; ethnicity (white British and Chinese cohorts); and children with Down's syndrome. This research provides percentile-based facial measurements directly relevant to spectacle design and fitting, offering manufacturers and practitioners objective data to improve fitting and incorporate adjustment features that will serve the wider population.

## PRACTICE JOURNEY

Shifting from research to real-world application, the paper outlines the child's journey through an optical practice, from pre-appointment communication and environment to practitioner behaviour, consultation structure and follow-up care. The emphasis is consistently on 'child-centred, inclusive practice'. Practical guidance is provided on lens materials, frame characteristics, measurements, adjustments, aftercare, and strategies to support adherence. Importantly, the paper reinforces that effective paediatric dispensing relies on combining technical

skill with communication, empathy and collaboration with parents, carers and other professionals.

## WHAT IS HOPED TO BE ACHIEVED

In the immediate term, the white paper aims to:

- Provide ABDO members with a credible, citable reference for best practice
- Support confidence and consistency in paediatric dispensing
- Improve outcomes by reducing preventable issues related to poor fit or lens positioning
- Encourage evidence-based conversations with parents, caregivers, educators and prescribers

Looking ahead, the paper has more ambitious objectives:

- Continue to influence frame design and manufacturing standards, encouraging more choice of adjustable paediatric frames designed on facial data
- Continue to inform curricula and continuing education, embedding paediatric expertise within professional development across the sector
- Strengthen the professional identity of DOs as specialists in spectacle delivery
- Contribute to improved public understanding of children's eyecare as a core health priority

## PUBLIC ENGAGEMENT

In addition to the publication of the white paper, ABDO has launched a public-facing resource aimed primarily at parents/caregivers to share important facts on eyecare and spectacles for their children. This publication covers why eye examinations are important, how children's faces are not small adult faces, what a well-fitting frame should look like, lens choices, helping with adherence to wear, and looking after spectacles. Throughout the document the message is clear: seek out a registered DO – *'the glasses specialist'*.

## ALIGNMENT WITH ABDO'S VALUES AND STRATEGIC PLAN

The white paper aligns closely with ABDO's values and strategic priorities, particularly its focus on:

- Professional leadership through research
- Adding to the literature in this field to create more evidence-based practice
- Raising standards of care for patients

- Advocacy for the expertise of DOs in increased understanding and recognition of core knowledge and skills
- Improving products for members by working with frame manufacturers
- Providing further opportunity for members to develop with the Level 7 Diploma in Paediatric Eyecare

By translating doctoral-level research into accessible clinical guidance, ABDO demonstrates its commitment to developing the evidence base and underpinning the valuable contribution made by DOs to the eyecare sector. The paper also complements initiatives such as ABDO's aforementioned diploma course, reinforcing a coherent pathway for skills development.

## MAKING THE MOST OF THE RESOURCE

For all eyecare professionals, it is hoped that the value of the paper lies in active use and maximising the impact by:

- Reflecting on current practice and identifying areas where dispensing approaches may still be adult-centred
- Using the anthropometric data to inform frame selection policies and supplier or supply chain conversations
- Supporting parent and carer education by explaining why certain frames or lenses are recommended
- Incorporating the 'practice journey' framework to improve patient experience and adherence
- Using the paper as an internal training tool for wider practice teams

Importantly, the paper offers language and evidence that will help empower practitioners to advocate for children, particularly if time or commercial pressures and/or misconceptions risk undermining clinical decisions.

## IMPACT ON WIDER SECTOR AND PROFESSION

Beyond individual practices, the white paper challenges long-standing norms within optical retail and manufacturing, calling for a shift from aesthetic-led paediatric eyewear toward more function-led design that does not sacrifice the appeal of spectacle frames to children.

For educators, regulators and policymakers, it reinforces the message that spectacles are medical devices and that dispensing accuracy can be as important as prescribing accuracy. Crucially, it helps elevate the role of the DO.

The paper clearly articulates the unique expertise DOs bring in facial assessment, lens performance, frame modification and patient support, positioning them as essential partners in paediatric eyecare.

## BENEFITS FOR PATIENTS AND GLOBAL RELEVANCE

Ultimately, the success of the white paper will be measured by its impact on children. Expected benefits include:

- Improved comfort and stability of spectacles
- Improved adherence to wear
- More accurate delivery of interventions such as myopia management and bifocals
- Increased confidence and self-esteem in young spectacle wearers

Although grounded in UK practice and regulation, the principles and data presented have global relevance. The inclusion of ethnically diverse facial data and children with additional needs makes the research applicable far beyond one healthcare system, offering a model that can inform international guidelines and frame design worldwide.

## CONCLUSION

ABDO's paediatric dispensing white paper represents a first for the profession. It consolidates decades of clinical experience and novel research into a single, authoritative statement: children deserve dispensing that is evidence-based, inclusive and delivered by highly skilled professionals who understand their unique needs.

For DOs, it is recognition of their expertise. For the wider sector, it is a challenge to raise standards. And for paediatric patients and their families, it offers the benefit of accurate, comfortable visual correction, supported by spectacles that truly fit.

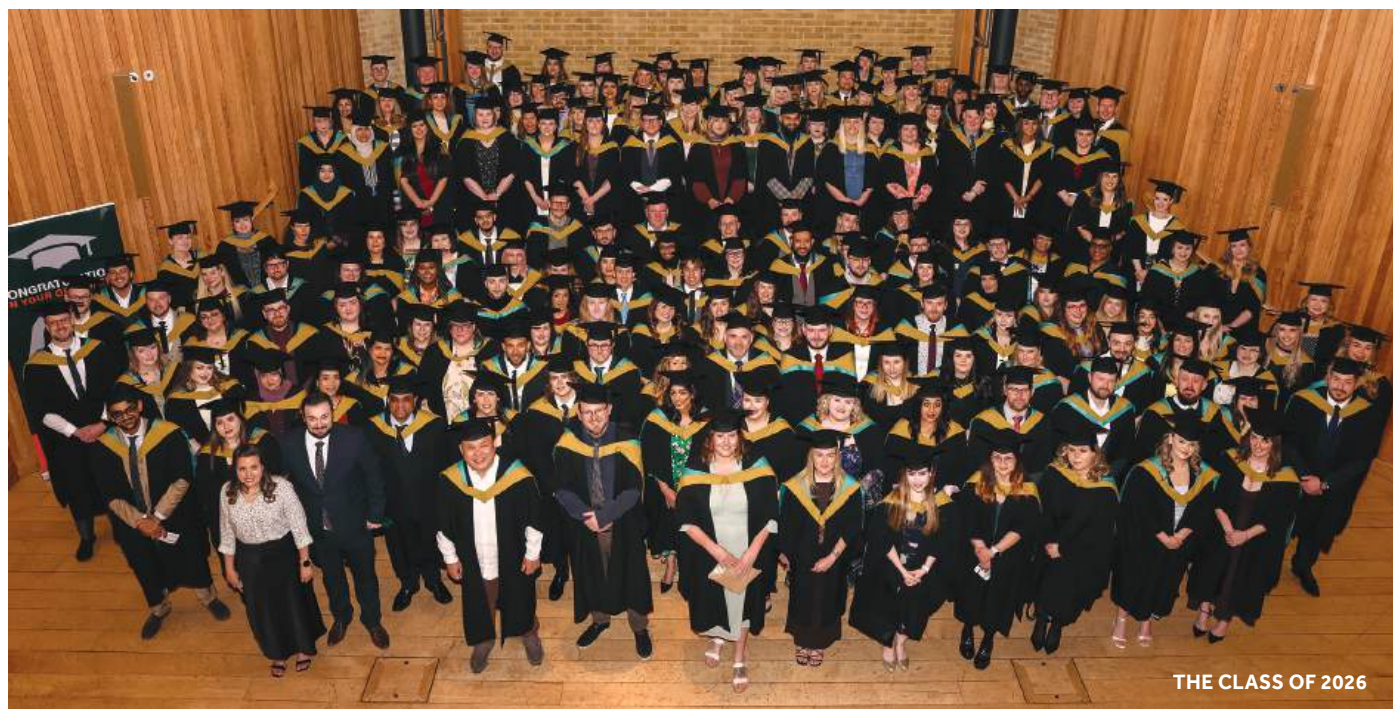
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2. Association of British Dispensing Opticians. Diploma in ophthalmic dispensing syllabus 2023. p.4. Available from: [www.abdo.org.uk/wp-content/uploads/2025/06/abdo-ophthalmic-dispensing-syllabus-2023-1.4-pages-may-2025.pdf](#) [Accessed 28 April 2026].
3. Association of British Dispensing Opticians. Diploma in ophthalmic dispensing syllabus 2023. p.38. Available from: [www.abdo.org.uk/wp-content/uploads/2025/06/abdo-ophthalmic-dispensing-syllabus-2023-1.4-pages-may-2025.pdf](#) [Accessed 28 April 2026].

**DR ALICIA THOMPSON PhD BSc (Hons) FBDO R (Hons) SLD SMC (Tech) is ABDO director of research.**



# "Be bold in your future"



THE CLASS OF 2026

**H**eld this year on Tuesday 12 May, the prestigious ABDO Graduation and Prize Giving Ceremony marked the achievements of all those who had completed their studies and passed their examinations during 2025/26.

With celebrations continuing into the afternoon with the awarding of ABDO partner-sponsored prizes to students achieving top marks in their examinations, as well as the ABDO Professional Certificate in Paediatric Eyecare – now a Level 7 Diploma – the day also saw the presentation of the 2026 ABDO Awards.

## THOUGHTS TO CARRY FORWARDS

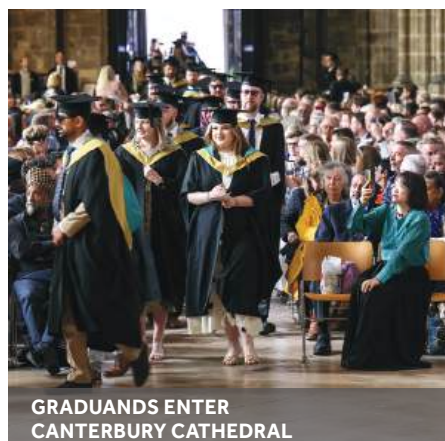
In his welcoming address, the then ABDO president, Kevin Gutsell, reminded graduands, their families, supporters and invited guests that dispensing opticians (DOs) were sometimes described in simple terms: 'advise', 'fit' and 'supply'.

"But you do more than dispense – you translate a prescription into everyday life," he said. "You listen to a person's work, hobbies, health and worries, and you turn that into comfort, confidence and clearer connection to the world. You also carry the responsibility of being a registered healthcare professional; standards,

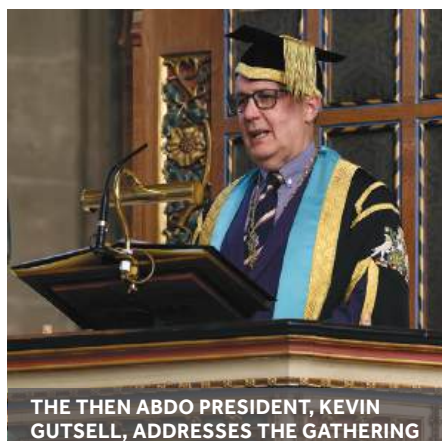
honesty, good judgement and the courage to say, 'I'm not sure, let's check' or 'This needs referral'. In a rushed world, your profession insists on care that is precise and human."

As they prepared to begin the next chapter, Kevin encouraged graduands to carry the following three thoughts with them: to master the basics, make people feel safe and understood, and to stay curious.

"Measurements, fit, lens choices, comfort and aftercare aren't minor details," he said, "they are the difference between eyewear that's tolerated and



GRADUANDS ENTER  
CANTERBURY CATHEDRAL



THE THEN ABDO PRESIDENT, KEVIN  
GUTSELL, ADDRESSES THE GATHERING



WCSM MASTER, FIONA ANDERSON  
SHARES HER INSIGHTS

eyewear that changes a life.

"Many patients arrive carrying frustration or anxiety," he continued. "Your calm competence – and your kindness – can be the turning point." Adding that while technology would evolve, "your judgement, ethics and willingness to keep learning will always be your greatest professional advantage".

As sunlight streamed through the ornate stained glass windows of the cathedral, Kevin continued: "It really does feel fitting to speak about vision in a place built to welcome light – light that moves through great windows and falls differently depending on where you stand. That is a quiet lesson for your work, too: people experience the world differently, and the best care begins by noticing the person in front of you.

"Some of you will thrive in busy community practice; others in hospital services, domiciliary care, low vision work, myopia management or contact lenses. Wherever you go, remember – you don't have to be perfect to be exceptional. Be prepared, be attentive, ask for help early and share what you learn generously."

Addressing the educators and supervisors present who guided this year's cohort, Kevin offered his thanks "for insisting on accuracy, professionalism and compassion".

In a final message to graduands, he added: "What you have shown is more than academic achievement – it is reliability, patience and the ability to carry responsibility with care. In a world that can feel uncertain, your profession is quietly hopeful. Every day you help someone look up, look ahead and re-enter their life with greater confidence. That is no small thing.

"So today, in this remarkable place, take this moment to celebrate what you've achieved. May you be steady in

your standards, generous in your care and bold in your future. Congratulations, Class of 2026. And welcome to the profession."

## "A SIGNIFICANT YEAR FOR YOU"

In the traditional address from the incumbent Master of the Worshipful of Spectacle Makers (WCSM), Fiona Anderson began by stating how proud she was to be a DO.

"I qualified back in 1986, and still vividly remember how I felt: a mixture of pride and huge relief – and I am sure you are feeling much the same today. Forty years on, there is much to celebrate," she said.

"Our professional body is 40 years old this year – and it is hard for me to believe that I have been in practice for as long as ABDO has been in existence.

"In 2026, we also celebrate 100 years of our profession," she continued. "I am pleased to say that I haven't been around for quite as long as that – but for you, 2026 will always be most significant as the year you qualified."

Looking to the future, Fiona reminded graduands that they now had many responsibilities: "Patients will place their trust in you, and you owe them your best," she said. "But you will also have many opportunities. You might gain further qualifications, move into management, or get to travel. And some day, it could be you standing here as Master of the Worshipful Company of Spectacle Makers."

Fiona then proceeded to explain some of the background to the WCSM, established almost 400 years ago to 'support better vision for all'.



**DOUBLE CELEBRATION FOR PAULINE AND IESTYN**

## AN EXTRA SPECIAL ENGAGEMENT

***It was an extra special occasion for newly-qualified dispensing opticians, Iestyn Rees and Pauline Harvey, who got engaged on the day.***

Iestyn told Dispensing Optics: "The graduation will always be a special day for us both, not just professionally but personally. Working in optics has not only given us a career that we both love, but it has also given us each other.

"Being able to graduate together was just so special; we had our close family there to celebrate our success with us too. The beautiful setting of Canterbury Cathedral made the occasion very special and I couldn't think of a better place to ask Pauline to be my wife."

Both Iestyn and Pauline studied with ABDO College, and worked at the same practice for 10 years. Iestyn begins the contact lens optician course at Bradford College this September, while Pauline is hopeful to do the ABDO Level 7 Diploma in Paediatric Eyecare in the future. ■



**CEREMONIAL HANDSHAKE WITH THE PRESIDENT**



**PROUD DAY FOR NEW GRADUATES**



**ESSILORLUXOTTICA PRIZE WINNER,  
ADRIANA ROBERTS**

"Nowadays," explained Fiona, "we bring together hundreds of members from over 35 different professions – and many of them are dispensing opticians. We believe that nobody should be held back because of their vision so we raise awareness about eye health and sight loss. We champion the next generation of professionals, we support research – and we facilitate multi-disciplinary networking and discussion."

"When I graduated 40 years ago, I never imagined that I would one day be standing here as Master Spectacle Maker. This is just one of the many wonderful opportunities that being a dispensing optician has afforded me."

Fiona concluded by offering her warmest congratulations on the graduands' achievements – adding: "As you embark on your professional journey, I urge you to seize every opportunity, to make the most of every moment, but most of all, to enjoy it. We are very lucky that we get to do what we do. I wish you every happiness – and every success – in our shared profession."

***A recording of the graduation ceremony – along with a link to a selection of photos from the day – can be viewed on the ABDO website in the Examinations/Graduation section.***



**STEPPER PRIZE WINNER,  
JAMES STOKES**



**ALL OF THIS YEAR'S  
PRIZE WINNERS**

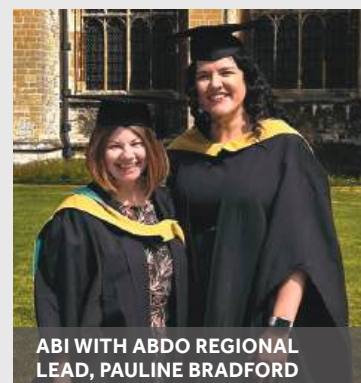


**RODENSTOCK PRIZE WINNER,  
GEMMA SUMPTON**

### **NEXT CHAPTER BEGINS**

***Abi Lewis was one more than 200 new graduates entering the dispensing optics profession in its 100th anniversary year.***

*She told Dispensing Optics:*  
"Graduation was a wonderful occasion to celebrate our achievements alongside my fellow students in such a beautiful setting. It was a memorable day that marked the culmination of our hard work and the beginning of the next chapter in our professional careers." ■



**ABI WITH ABDO REGIONAL  
LEAD, PAULINE BRADFORD**



**OSA PRIZE WINNER,  
RACHEL ISMAY**



**MAPO PRIZE WINNER,  
KON CHIA CHING**



**ACLM PRIZE WINNER,  
RICHARD HICKEY**

## ROLL-CALL OF ACHIEVEMENTS

As the official ceremony commenced, graduands lined up to accept the ceremonial handshake to leave as graduates. Their names were read out in turn by Mark Chandler, ABDO head of examinations.

A total of **265 FBDO Diplomas in Ophthalmic Dispensing** were awarded, along with **66 FBDO CL Certificates in Contact Lens Practice**, and **four FBDO Diplomas in Ophthalmic Dispensing Overseas (O/S)**. **A further 20 students will graduate with the FBDO O/S in Malaysia.**

The prize giving ceremony then took place with the following winners announced:

**ESSILOR PRIZE: Adriana Roberts** for the highest combined mark in units one and two of the Preliminary Qualifying Examination (PQE) – presented by Charlotte Timbury, director of professional and medical affairs, EssilorLuxottica.

**STEPPER PRIZE: James Stokes** for the highest mark in unit four of the Preliminary Qualifying Practical Examination – presented by Peter Reeve, managing director, Stepper Eyewear.

**ASSOCIATION OF OPTOMETRISTS (AOP) PRIZE: Angelica Barnes** for the highest mark in Section A of the Final Qualifying Practical Examination – presented by Adam Sampson, chief executive, AOP.

**WORSHIPFUL COMPANY OF SPECTACLE MAKERS PRIZE: Leah Harscoet** for the highest mark in Section B of the Final Qualifying Practical Examination – presented by WCSM Master, Fiona Anderson.

**MILLMEAD OPTICAL GROUP PRIZE: Joanna McColi** for the highest mark in Section C of the Final Qualifying Practical Examination – presented by James Conway, CEO, Millmead Optical Group.

**RODENSTOCK PRIZE: Gemma Sumpton** for the highest mark in Section D of the Final Qualifying Practical Examination – presented by Jason Halsey, product and training manager, Rodenstock UK.

**OPTICAL SUPPLIERS ASSOCIATION (OSA) AWARD FOR EXCELLENCE: Rachel Ismay** for the highest UK student mark in the Final Qualifying Examination – presented by James Conway, OSA chair.

**BRITISH CONTACT LENS ASSOCIATION PRIZE: Rebecca McEwan** for the highest aggregate mark in the theory examination, Certificate in Contact Lens Practice (unable to attend).

**BAILEY PRIZE: Leah Johnson** for the highest mark in the Certificate in Contact Lens Practice – presented by Rosemary Bailey, former ABDO chief examiner for contact lenses.

**JOHNSON & JOHNSON PRIZE: Alisha Wharton** for the best candidate in the practical examination, Certificate in Contact Lens Practice (unable to attend).

**ASSOCIATION OF CONTACT LENS MANUFACTURERS (ACLM) PRIZE: Richard Hickey** for highest mark in sections two, three and four of the practical examination, Certificate in Contact Lens Practice – presented by Miranda Richardson, ABDO director of professional qualifications, on behalf of the ACLM.

**CONTAMAC PRIZE: Toby Fisher** for best student on the Contact Lens Distance Learning Course – presented by Bethany Ellis, Contamac marketing manager.

**THE MALAYSIAN ASSOCIATION OF PRACTISING OPTICIANS (MAPO) MALAYSIAN PRIZE: Kon Chia Ching** for the highest Malaysian student mark in the dispensing Final Qualifying Examination – presented by Christopher Tai Foo Siang, MAPO president.



2026 ABDO AWARDS RECIPIENTS

## AWARDS AND HONOURS

The event represented a special day for six members of the profession too (see page 7), who have received the following ABDO awards:

**Barry Duncan: Life Membership**  
(unable to attend)

**Lisa Donaldson: Honorary Fellowship**

**Paul Lewis: Medal of Excellence**

**Diane Nash: Medal of Excellence**

**Christopher Packford: Life Membership**

**John Southgate: Medal of Excellence**

In addition, Professional Certificates in Paediatric Eyecare (Prof. Cert. PE) were awarded to:

**Andrew Brannan**  
**Jenny Dogan**  
**Matthew Farrugia**  
**Davinia Hadley**  
**Claire Hessey**  
**Akiela Hope**  
**Rachel Hyatt**  
**Daniel Libaert**

**Alexander McNaughton**  
**Madeline Middleton**  
**Ruth Robson**  
**Lauren Rogers**  
**Arthur-John Studley-Cooper**  
**Bhavandeep Ubhie**  
**Charlene Whitmore**

The Prof. Cert. PE is now a Level 7 Diploma in Paediatric Eyecare, and is available to all General Optical Council (GOC) registered eyecare practitioners. The flexible course is accredited for 40 CPD points, covering all of the GOC scheme requirements for both DOs and optometrists.



SUPPORTIVE FAMILY AND FRIENDS



# Driving, record-keeping and GOC fees

In developing its formal response to the government consultation on eyesight testing for older drivers, the results of which are now being considered, ABDO undertook a detailed engagement exercise with members, supported by AI-led interviews and numerous stakeholder discussions.

The clear message from members was that the current system does not provide sufficient assurance that drivers meet the legal vision standards in real world conditions. In particular, it does not confirm whether drivers who require visual correction for driving possess, use and are able to meet the standards with suitable spectacles or contact lenses when behind the wheel.

ABDO's response therefore supported reform of the current arrangements – but also strongly advocated for the introduction of objective verification of drivers' vision at other key stages. However, rather than supporting a system based solely around the traditional sight test model, ABDO is calling for an approach that recognises the importance of the 'routine sight test' but that *additionally* confirms the driver's vision with any required correction in place.

This distinction is important because a prescription or sight test result may show that a driver could theoretically meet the legal standard, but does not confirm whether they meet it in practice while wearing suitable correction for driving.

ABDO has therefore proposed a **Driving Vision Assessment and Certification** model based on: the driver possessing an in-date sight test, undertaken at clinically appropriate intervals; and a separate Driving Vision Assessment linked to licence application and renewal periods, specifically focused on confirming the driver's ability to meet the legal driving vision standard whilst wearing their spectacles or contact lenses if required.

## DO ROLE IN DRIVING SAFETY

This proposed pathway would ensure that drivers maintain an in-date sight test in line with their clinically-advised recall period. If this is in place, they could then undertake a Driving Vision Assessment delivered by a General Optical Council (GOC) registrant –



*Members engaged on driving proposals*

conducted using the results from the patient's sight test to confirm whether vision correction was required for driving.

If applicable, the driver would need to wear their vision correction for the assessment, ensuring they possessed the required correction and re-enforcing that the correction must be worn when driving. Where the required standards are met, a Driving Vision Certificate could then be issued to support licence application or renewal.

This model is intended to provide a practical and scalable mechanism for objective verification, whilst making effective use of existing primary eyecare infrastructure and workforce capacity.

As all GOC registrants have a duty to refer, any visual issues identified during the assessment would then be appropriately referred on. The Driving Vision Certificate would not be issued until any issues had been rectified, enabling the driver to re-attempt the assessment.

Importantly, ABDO's response also strongly emphasised the role of dispensing opticians (DOs) within any future system. Its submission made it clear that DOs are well placed to undertake this assessment and certification, particularly in relation to visual acuity measurement with driving correction, spectacle lens suitability and frame fit, and real world driving visual performance.

ABDO's response also highlighted concerns around capacity, funding and governance, noting that any additional certification, reporting or administrative burden should not simply be absorbed into the existing underfunded GOS framework but must be properly funded separately.

## RECORD-KEEPING LEGALITIES

The ABDO Clinical and Policy Department has recently received several enquiries regarding the legal obligations of optical practices when a patient requests the deletion of their personal data. This request can cause confusion, as everyone has a GDPR right to be forgotten, however, the NHS rules state that patient records must be kept for eight years for adults, longer for children.

Where a practice has created and holds clinical records as part of providing care, those records are not normally deleted on request simply because the patient has moved location or changed their optical practice for any reason. In healthcare, records are kept not only for the patient's ongoing care, but also for continuity of care, complaints handling, regulatory purposes, safeguarding, audit and defence of potential legal claims. The UK GDPR right to erasure applies only in certain circumstances and is expressly not absolute.

The Information Commissioner's Office explains that the right to erasure applies

only in certain circumstances. In practice, a healthcare provider may decline erasure where the information still needs to be kept for compliance with a legal obligation, for the establishment, exercise or defence of legal claims, or because there remains a necessary purpose for retention under the applicable records-management framework. This is why a patient record request should be answered carefully and sympathetically, but not automatically granted.

The GOC Standards of Practice require registrants to maintain adequate, accessible records and for retention periods to comply with legal obligations.

For adult health records, the NHS states that patient records must be retained for eight years. A child's record must be kept until that child is aged 25, or 26 if they were last treated at age 17.

Although deletion is usually not appropriate, if a patient has requested this, there are still constructive options available.

The practice can mark the patient as inactive or as 'No further routine contact', suppress recalls and marketing or administrative communications where appropriate. They should ensure the patient understands that this does not affect any necessary legal or clinical retention.

If a copy of the record has been

requested, the practice should offer a secure transfer of a copy of the record to the new provider with the patient's agreement or at the new provider's request, where lawful. The original record should still be retained by the former practice for the applicable retention period.

**MAX HALFORD FBDO CL** is  
ABDO clinical and policy director.  
**AMY SEAMAN FBDO CL PGDip.** is  
ABDO clinical and policy manager.  
Get in touch with any feedback,  
comments or questions by emailing  
[policy@abdo.org.uk](mailto:policy@abdo.org.uk)

### EARLY SIGHT TEST REMINDER

**The ABDO clinical and policy team was recently made aware of a concern regarding an early sight test request for a child in England who had reported a change in their vision. When the parent contacted local practices, they were advised that they would either need to pay privately for an early sight test, or have the test and pay if no change was found. This is not correct.**

Where a patient is eligible for NHS sight testing and presents with symptoms, which make an earlier sight test clinically necessary, an NHS sight test may be appropriate. In the case of a child reporting a change in vision, the presenting symptoms are the reason for

the early test. The outcome of the test does not determine whether the sight test can be claimed.

The Making Accurate Claims in England 2026 guidance, which can be found on the ABDO website in the Policy and Regulation section, is clear that it is the symptoms which validate an early test, not the eventual outcome. For example, if an eligible patient reports that their vision has worsened, a GOS sight test is likely to be appropriate. If a prescription change is found as a result of this sight test, the relevant early retest code should be used. If no change is found, the appropriate no-change early retest code should be used. It is not appropriate to charge the patient simply

because no change is found.

DO colleagues are therefore asked to help ensure that all members of the practice team, including reception and booking staff, are giving patients and parents the correct advice. Where an eligible child reports a change in vision or other relevant symptoms, the request should be treated as a potential clinically necessary early sight test and directed appropriately, rather than being presented as a private appointment or conditional on the outcome of the test.

Practices should also ensure that the reason for the early test is clearly recorded on the patient record and that the correct early retest code is used on the claim.

### GOC FEES CONSULTATION

**ABDO is currently consulting members on a major GOC discussion paper on the regulator's approach to setting registrant fees (see news page 11). This review is particularly relevant to DOs, whose earnings, career patterns and regulatory risk profiles differ significantly from optometrists.**

The GOC's aim is not to change the overall level of fees, but to explore how costs are shared between registrant groups. Economic pressures, rising dissatisfaction with fees, and concerns about workforce retention have prompted the GOC to reassess its approach. Fee income funds almost all of the regulator's work – from maintaining the register to fitness to practise investigations – and the GOC wants a model that is fair, predictable and easier to understand.

The paper outlines several options that could directly affect DOs:

- **Lower fees for DOs.** The GOC acknowledges that DOs present a lower regulatory risk, with far fewer fitness to practise cases than optometrists. DOs also typically earn less and are more likely to leave the profession in their early or mid-career. A reduced fee for DOs is therefore being explored. However, the GOC also notes potential downsides, including perceptions of reduced professional standing and the fact that employers often pay DOs' fees
- **A more generous low-income discount.** Many DOs fall into lower income brackets, and the GOC is considering expanding its low income scheme. This could benefit a significant proportion of the profession, though it may require stricter eligibility checks and could increase fees for others

- **Lower fees for newly qualified registrants.** Given that many early career DOs earn modest salaries, a temporary fee reduction for new registrants is on the table. This could support retention and ease the transition into practice
- **Payment by instalments.** More than half of registrants – especially DOs – have expressed interest in spreading payments across the year. While the GOC is open to this, legislative barriers and administrative costs remain challenges

*The GOC recognises that DOs have distinct demographics, income patterns and career trajectories. Any change to the fee model could affect DOs differently from optometrists, making DO engagement essential to shaping a fair system. The consultation runs until 20 July 2026, and the GOC will publish next steps after reviewing feedback.*



# "Employers are engaged"

**A**s reported in the March issue of *Dispensing Optics*, ABDO's Pay and Reward Survey marked a significant step forward in understanding how dispensing opticians (DOs) across the UK are valued – and where meaningful change is still needed. The findings offer a robust and credible benchmark, highlighting a membership that is highly engaged and eager for change.

Encouragingly, employers are also engaging constructively with the findings. Some have taken reassurance from how their existing pay structures compare with market benchmarks, while others have identified gaps that need to be addressed. Crucially, there appears to be a shared willingness across the sector to strengthen recognition and improve opportunities for career development.

This is reflected in the response from Claire Slade, head of professional advancement and governance at the



CLAIRE SLADE

Hakim Group, who said: "As a family of independent practices, we value the talents of our team and understand the vital role that DOs play in delivering

exceptional patient care. The ABDO survey highlights the significance of the profession and serves as an important reminder to celebrate the expertise, clinical knowledge and patient-centred care that DOs bring to our practices every day."

Claire also highlighted the role employers can play in supporting professional development and future workforce growth: "We recognise and support the profession through our annual SPA CPD event, which features industry leaders with DO qualifications and includes a dedicated learning track tailored specifically for DOs. We are also proud to support the next generation of

DOs through apprenticeship programmes and other pathways into the profession and beyond."

Joe Huntford, head of optical at Asda Opticians, similarly underscored the value of the data in shaping employer approaches: "We welcome the latest ABDO salary data, which provides a valuable and timely view of the current market for DOs. Insights such as these play an important role in informing our ongoing approach to reward and benefits at Asda Opticians."

He added that benchmarking against the report has been reassuring, while reinforcing the importance of long-term investment in people: "At Asda Opticians, we are also committed to supporting the long-term development of our colleagues. We recognise the important role DOs play within the profession and the clinical service they offer to our patients."

## INFLUENCE ON RECRUITMENT

This commitment to structured career pathways is a key theme emerging from the survey, which is already beginning to influence recruitment. ABDO has observed that a growing number of vacancies are now being advertised with clear salary details, yet significant regional and structural challenges remain.

William Stockdale, director at Optomise Eyecare, commented: "From a Northern Ireland perspective, DOs and contact lens opticians [CLOs] continue to face some of the lowest regional pay levels in the UK, and the situation is made worse by minimum-wage compression."

This compression, he explains, is narrowing the pay gap between qualified professionals and entry-level roles, potentially undermining motivation to pursue advanced qualifications: "As the minimum wage rises, the differential between a newly employed optical assistant and a fully qualified DO or CLO is narrowing, eroding the financial incentive to pursue advanced qualifications."

The consequences could be far-reaching. Without clear progression pathways and competitive pay, the profession risks losing experienced practitioners while struggling to attract



WILLIAM STOCKDALE

new entrants.

"This risks accelerating a long-term workforce challenge if we are not able to achieve clear career progression, stronger

recognition of the clinical skill, and in turn competitive pay," warned William.

Despite these concerns, there is also a strong sense of optimism. The survey has sparked widespread discussion across the optical sector, helping to raise awareness of the unique contribution DOs make to patient outcomes. It has also provided a solid evidence base for change – something that has been lacking until now.

## BUILDING ON MOMENTUM

Looking ahead, ABDO is building on this momentum. An online salary checker tool has been launched to allow members to benchmark their earnings more easily, whether in their current roles or when considering new opportunities. Further resources are also planned to help individuals prepare for career development conversations, while a follow-up survey in 2027 will track progress and measure impact.

Ultimately, the message is clear: recognition of DOs must evolve in step with the growing complexity of modern optical care. As William notes, progress will require action from across the profession – but also from individuals themselves: "Be the absolute expert in your practice...make yourself indispensable and don't be afraid to go for the opportunities that do exist."

With data now firmly on the table, the profession is better equipped than ever to advocate for the value it delivers. The challenge – and opportunity – now lies in turning insight into sustained change.

**GAVIN BERKEREY is ABDO's director of communications and engagement.**



# "DOs are in our DNA"

**T**he Federation of Optometrists and Dispensing Opticians (FODO) represents providers of primary eyecare. Our story goes back to the 1940s with the Guild of Dispensing Opticians, which later became one of the organisation's founding members. So dispensing opticians (DOs) are in our DNA, giving us the initials DO in FODO.



DOs and CLOs are key players in our members' delivery teams

Every year our members provide more than 18 million eye examinations, and offer a wide range of other eyecare services across the UK. Our members employ thousands of DOs and contact lens opticians (CLOs) in the UK, whilst also funding and helping to deliver training in dispensing optics and contact lens practice.

It also goes without saying that DOs and CLOs are key players in our members' delivery teams, and are often also practice owners or co-owners. There has always been at least one DO on our UK Board, our FODO Group Board and our Clinical Committee, recruited on merit – and often more.

FODO's core role is working to ensure that patients are able to access high quality, accessible and sustainable primary eyecare wherever they live. We do this by influencing policy, regulation and how the eyecare system works at the highest levels.

Our work aims to deliver the following priorities for our members:

- Protect patient access to core primary eyecare services. We want

patients to be able to access high quality eyecare in their communities, including sight testing and dispensing

- Support expansion of enhanced eyecare services to meet patient needs. We want more patients to benefit from enhanced eyecare services in all locations, with DO and CLO colleagues playing a key role
- Enable innovation, workforce and system reform to drive improvement. We monitor and respond to risks to our members' work and support members to innovate and improve. This includes supporting DO and CLO training opportunities

But what does this all look like in practice?

## A UNIFIED APPROACH

Wherever we can, we support efforts to ensure sustainable and thriving optometric and dispensing careers that deliver the highest standards of clinical care. For example, we have supported proposals to extend the range of medicines available to CLOs, so they can treat a wider range of minor eye conditions. We also have actively supported education providers to expand the number of training places and routes into the profession.

FODO is also a strong supporter of the Sector Partnership for Knowledge and Education (SPOKE) steering committee, which brings together DOs, optometrists and academic colleagues from across the sector to discuss education and training issues flowing from the GOC's new education and training requirements. SPOKE is a fantastic innovation and has developed guidance for supervision and other resources for both DOs and optometrists.

We work closely with ABDO, the Association of Optometrists and the British Medical Association as part of the Optometric Fees Negotiating Committee – to continually negotiate for fairer and equitable NHS GOS fees and grants on behalf of all of our members.

More recently, we responded to the

General Optical Council's consultation on reforming its approach to CPD. We were a co-signatory to a cross-sector letter, coordinated by ABDO, which outlined some concerns with the proposals, emphasising the importance of clarity for registrants and stakeholders about what the planned reforms would mean for them. This is one of many examples in which, in partnership with ABDO, we help to ensure we are influencing the future of the profession and sector.

In all that we do, we work closely with willing sector partners so that, wherever possible, the sector speaks with one voice with governments and the NHS in all four countries of the UK.

ABDO is one of our closest and trusted partners – and we will continue to work together to ensure that the voice and interests of DO and CLO colleagues are always heard as we work together to shape the future of eyecare.

## "STRONG SECTOR VOICE"

*Alistair Bridge, ABDO CEO, commented: "ABDO equally values its close and constructive working relationship with FODO. While our organisations have distinct roles, we share a common commitment to the delivery of high quality, clinical eyecare and ensuring the contribution of DOs and CLOs is recognised within primary eyecare teams."*

*"FODO's support for sustainable practice, workforce development and sector-wide collaboration is important to ABDO and to our members. We value opportunities to work together on areas such as policy, regulation, professional development and enhanced services – where a strong sector voice helps ensure the best outcomes for patients, professionals and providers."*

**HARJIT SANDHU** is chief executive of FODO – the Association for Eye Care Providers.



# Positivity in the air

Spring has been an incredibly busy and positive period across the North West region, with plenty happening within dispensing optics education, professional development and workforce progression. One of the most rewarding parts of being an ABDO regional lead is seeing and supporting members as they invest in their careers and the profession – and recent months have certainly provided plenty of reasons to feel optimistic about the future.

One of the highlights of the season was attending the ABDO Graduation and Prize Giving Ceremony at Canterbury Cathedral in May, celebrating the achievements of newly-qualified dispensing opticians (DOs) and those progressing through higher level qualifications. Graduation is always a fantastic reminder of the dedication, resilience and professionalism that exists within our profession, and it was wonderful to see learners from across the country recognised for their achievements in such an iconic setting.



Daniel with Rachel after graduation

It was especially encouraging to see learners continuing their professional development beyond core qualification level. Among those graduating was Rachel Ismay from Specsavers in Weston Favell, who achieved the

highest overall FQE results nationally in 2025 before progressing onto further study through the ABDO College contact lens programme. I was delighted to congratulate her on her achievements. I find stories like Rachel's highlight the opportunities available within the profession and demonstrate the value of continued learning and ambition within dispensing optics.

## PASSIONATE ABOUT PAEDIATRICS

Paediatric dispensing is an area that many DOs feel particularly passionate about – and the ABDO Level 7 Diploma in Paediatric Eyecare supports this. Its importance continues to grow as practices increasingly recognise the value of enhanced dispensing knowledge in this field. This is especially true as new challenges emerge, such as managing progressing myopia and navigating communication difficulties when supporting children and their families.

For many practitioners, the ability to positively influence a child's visual development is incredibly rewarding. Following that child throughout their life,

helping them achieve the best possible visual potential, and building their confidence and experience of eyecare is something that stays with you throughout your career. Qualifications such as ABDO's paediatric dispensing diploma allow practitioners to develop specialist knowledge and reinforce the increasingly important role DOs play within modern multidisciplinary eyecare.

## EXCITING OPPORTUNITIES AHEAD

Across the North West, I have had some really positive conversations with members around professional development pathways and further qualifications. It is encouraging to see practices supporting colleagues' ambitions, particularly when workforce development and retention remain such important topics across healthcare professions.

Alongside this, enrolments are once again opening for ophthalmic dispensing, optical assistant and contact lens courses. This always feels like an exciting point in the year, particularly as practices begin planning for the future and considering how they can continue strengthening their teams. Seeing new learners beginning their journey into dispensing optics is always encouraging, and reminds us that the future of the profession relies on continued investment in education and mentorship.

There have also been wider conversations taking place throughout optics following ongoing NHS England and integrated care board changes. While periods of transition can naturally create uncertainty, they also create opportunities to demonstrate the value that DOs bring to patient care and the wider primary care landscape. Continuing to champion education, professional standards and workforce development will remain essential as the profession evolves.

Following our recent regional lead strategy meeting in Canterbury, there is a real sense of enthusiasm around increasing engagement, supporting members and continuing to create meaningful opportunities for professional growth across the regions. Whether through qualification, additional accreditation, CPD, local events or peer support, it is always encouraging to see members sharing knowledge and experiences as part of their wider professional development.

As regional leads, we are fortunate to regularly see the passion and commitment that exists throughout the profession – from new learners taking their first steps into optics, through to experienced practitioners continuing to develop specialist interests and mentor the next generation. The continued willingness to learn, adapt and support each other is one of the profession's greatest strengths, and there are certainly many reasons to feel positive about what lies ahead for dispensing optics.

**DANIEL GREEN FBDO is head of dispensing development at Specsavers, and a General Optical Council Education Committee panel member. Email [dgreen@abdo.org.uk](mailto:dgreen@abdo.org.uk)**



## SUMMERTIME SAVINGS

With the summer holidays fast approaching, ABDO offers a cost-effective way to make members' valuable time off go further.

Members can access reduced prices on a range of UK attractions and leisure experiences, ideal for fun-filled days



Welcome discounts for the holidays

during the school holidays – or simply during precious annual leave. There are also discounts on Holiday Extras, including airport parking, lounges and hotels – a welcome saving when travelling with friends and family during the peak summer season.

Ed Fox, ABDO head of membership services, said: "It's great to see members making the most of these discounts, especially while the kids are on their summer holidays. Whether it's a day out close to home or holiday extras that take some of the pressure off travel costs, the savings can really add up."

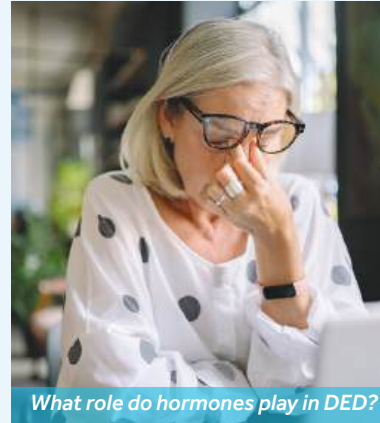
Visit the quick links on the ABDO website member dashboard to find out more.



## HORMONES AND DRY EYE

In Dry Eye Corner Part 7, Keith Tempamy will take an evidence-based look at the role of hormones, sex and gender in dry eye disease (DED).

"One of the most fascinating features of DED is that it



What role do hormones play in DED?

occurs more frequently in women than in men," says Keith. "We will look at the effects of hormones on the ocular surface and adnexa, including trying to understand the changes in a patient's status during perimenopause, menopause, post-menopause and in

transgender patients undergoing hormonal therapy. Interestingly, and perhaps surprisingly, the TFOS DEWS II workshop report labels the menopause as an *inconclusive* non-modifiable risk factor for DED. We will conclude with an appraisal of the eyecare practitioner's role in managing this."

Read Dry Eye Corner Part 7 on DO Online.



## FIVE REASONS TO UTILISE STRUCTURED MANAGEMENT TRAINING

### 1. BETTER EMPLOYEE ENGAGEMENT

Giving feedback is a skill of successful leaders. Through management training, managers can learn effective ways to provide feedback to motivate and increase the skill level of your people.

### 2. BETTER PRODUCTIVITY

Well-trained managers are able to set realistic goals, develop strategic work plans and make good decisions quickly. Structured training will teach managers how to understand and learn about their team members to obtain the best results from each individual.

### 3. EFFECTIVE MANAGEMENT STYLE

Management training teaches managers to review their styles of management and assess and understand the effectiveness of it within the business. This enables managers to understand how they can lead their teams in the most effective way, with the end result being a motivated and productive team with minimum conflict.

### 4. IMPROVED STAFF RETENTION

There can also be benefit in training your managers in the form of a ripple effect. Improving the outcomes of training delivered to the team, it can boost morale and staff loyalty. By investing in management training, you can retain your people and reduce recruitment costs.

### 5. BETTER DECISION-MAKING

Management training teaches leaders how to identify and minimise risk, use data effectively and identify the best possible solutions that benefit the business on the whole. Decision-making skills can be improved through training, e.g. how to reframe a problem and make evidence-based decisions.

**ABDO is a Chartered Management Institute (CMI) Registered Centre and delivers online courses which are open to all, leading to CMI-awarded qualifications at Level 5. All learning materials are included in the price, as is tutor support. Courses offered include a diploma and three different certificate courses. For more information and to apply, visit the ABDO Business Support Hub.**

## ABDO AWARDS 2027 CALL FOR NOMINATIONS

**CLOSING DATE SUNDAY 13 SEPTEMBER 2026**

ABDO awards recognise distinguished members who have gone above and beyond in their dedication and service to the profession and Association. The awards are for significant and impactful engagement, and longevity in the profession is not on its own sufficient to be considered for an award.

*Members are invited to nominate colleagues for the following awards:*

### Life Membership

Awarded to distinguished members who have given significant service to the Association over many years. Typical recipients have volunteered in influential capacities and represented the Association on internal and external committees.

### Medal of Excellence

For members who have given outstanding service to the Association. This might be through the organisation of local events, representation on local optical committees, or other impactful contributions that have made a difference to the profession.

### Honorary Fellowship

Awarded to non-dispensing opticians, this award acknowledges individuals who have consistently supported the Association and played a pivotal role in promoting the role of dispensing opticians.

The ABDO Awards Committee carefully reviews all nominations before presenting their recommendations to the ABDO Board for approval. Please ensure nominations are reflective of the award's significance and are accompanied by detailed information highlighting the nominee's unique contributions.

**NOMINATIONS OPEN MONDAY 3 AUGUST 2026** and must be submitted online using the nomination form, which can be found at [www.abdo.org.uk/abdo-awards-call-for-nominations](http://www.abdo.org.uk/abdo-awards-call-for-nominations)

The closing date for nominations to be considered is Sunday 13 September 2026

*Awards will be presented at the 2027 ABDO Graduation and Prize Giving Ceremony.*



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For more information or to book, email [enquiries@abdonrc.org.uk](mailto:enquiries@abdonrc.org.uk) or call Mat Stringer on 0121 7527 500

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Over **3,450 students** have **qualified** as Dispensing Opticians with ABDO College since 2001

**86% of apprentices** rated the programme structure and pace as excellent

**100% of apprentices** who completed the 1st year of study have successfully moved into year 2

## **Our courses provide a clear route to qualification and career advancement.**



[abdocollege.org.uk](http://abdocollege.org.uk)

If you are planning practice staff development for the year ahead, now is the time to review training pathways and upcoming opportunities.

ABDO College offers respected, industry-recognised optical training with courses that combine practical learning with academic support, giving all our students the confidence to progress.

#### **REGISTRATION NOW OPEN FOR:**

- Dispensing diploma
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- Contact lens diploma
- Optical assistant courses

## **25 YEARS OF EDUCATIONAL EXCELLENCE**

# Your membership Your benefits

As well as money saving benefits and rewards, your ABDO membership provides professional development to help you achieve your GOC CPD requirements and enhance your clinical and professional skills.



## BENEFIT SPOTLIGHT CPD with ABDO

ABDO provide access to CPD to support your professional requirements through a mix of online and face-to-face opportunities. Interactive online peer review, journal clubs and webinars are available throughout the year. Non-interactive distance learning articles from *Dispensing Optics*, recorded lectures and short online modules are available to access in your personal membership area of the ABDO website.

Face-to-face interactive CPD events are provided around the UK and at the ABDO National Resource Centre in Birmingham. Places at all interactive CPD sessions are booked via the Events page on the ABDO website.

Go to [www.abdo.org.uk/cpd](http://www.abdo.org.uk/cpd)

\* Terms and conditions apply to all benefits. Some ABDO Membership benefits are arranged and managed through Parliament Hill and some are arranged through ABDO, please see website for details. The ABDO membership benefits web page is managed and run on behalf of ABDO by Parliament Hill Ltd. Offers are subject to change without notice. All offers correct at time of going to print.



## ABDO MEMBERS HAVE ACCESS TO A WIDE RANGE OF BENEFITS

Tailored professional development and CPD programme

Stay informed with industry news, views and updates

Networking and mentorship

Member resources, support and practical advice

Legal support and professional indemnity insurance

An extensive range of lifestyle benefits



Membership  
Services