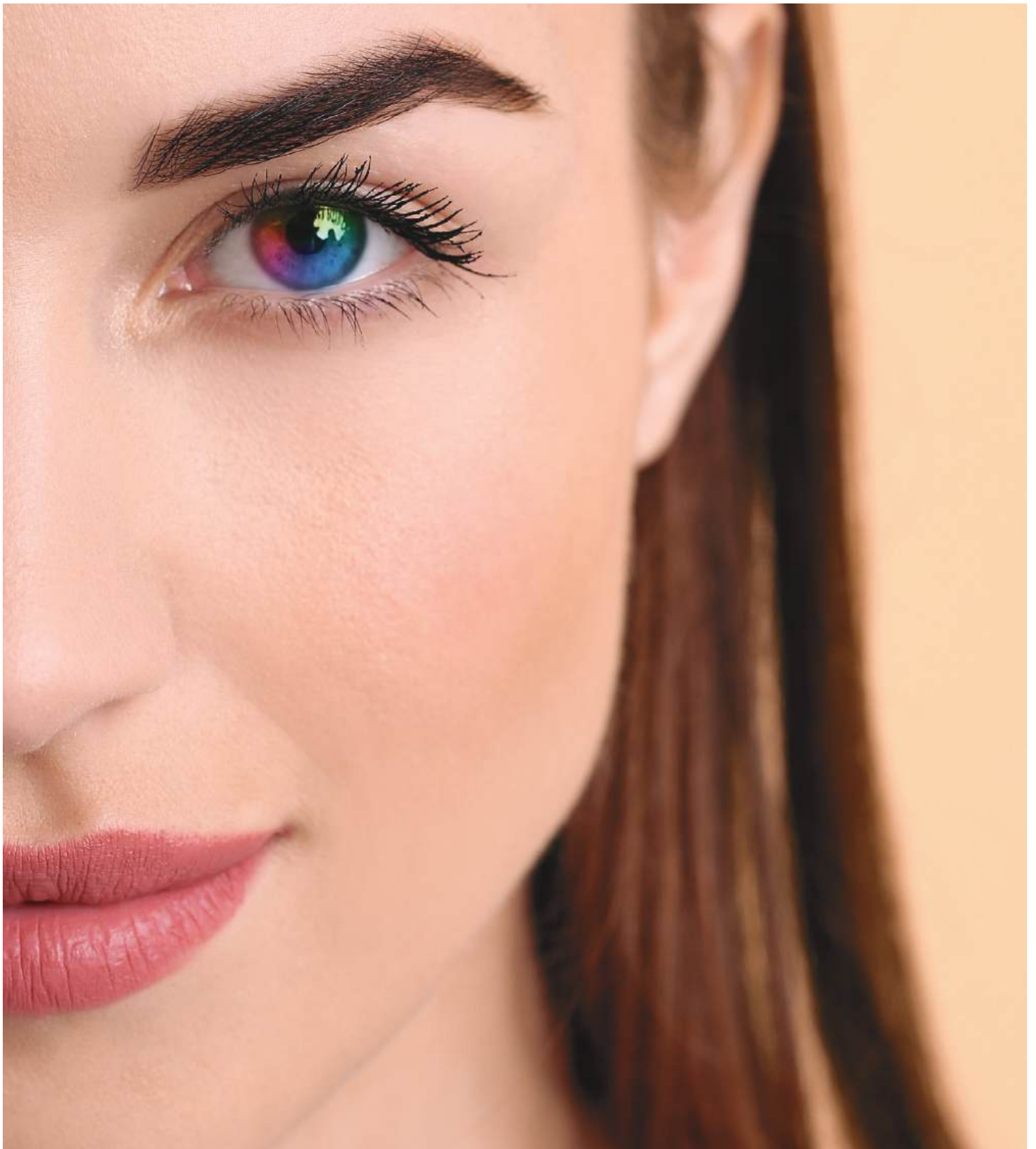


DISPENSING OPTICS





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Providing skills to develop and further your career

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COURSE FEE

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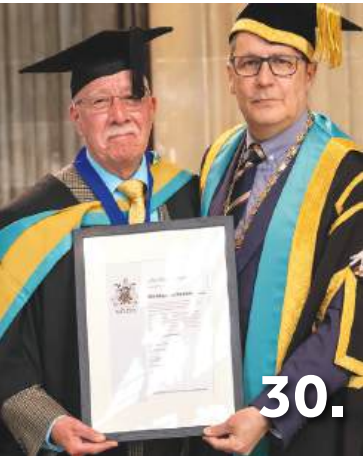
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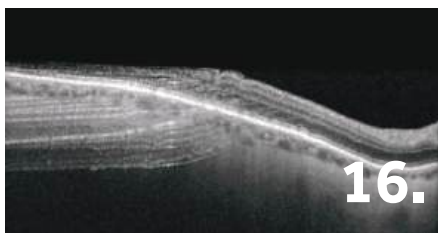
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Front Cover

With party season approaching, ABDO is reminding members to communicate the importance of professional oversight in the supply and fitting of all contact lenses. *Read In Practice on page 26.*

IMAGE: From stock



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The Professional Journal of the
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CEO update



One of our priorities as an Association is to showcase the expertise of our members and enable them to connect with the communities they serve. So, we are delighted that later this month we will be launching our new member directory. This will make

it easier for patients to find dispensing opticians (DOs) in their local area, and enable members to highlight their areas of expertise and professional interest. The directory will provide a practical way of showing the value of DOs and contact lens opticians, helping patients access the right care and advice and enabling other stakeholders, such as hospital eyecare departments, refer patients appropriately.

We are also continuing to build momentum following the publication earlier this year of our paediatric vision white paper and parents' guide to choosing children's spectacles. By working collaboratively with organisations from across the sector, we are highlighting the importance of pre-school sight tests and raising awareness of the difference early intervention can make to children's vision and personal and educational development.

Our centenary year continues to provide opportunities to strengthen relationships across the optical sector and champion the contribution of DOs. Recently, we have been pleased to support Specsavers' Love DO Week and to be invited to visit the Hakim Group headquarters. These conversations build on the positive engagement we have had with employers throughout the year, including through our programme of practice visits.

Over the summer, I spent several days visiting members in practices all around England, from Washington in the North East to Bexhill on the south coast. What stood out – whether talking to members in an independent practice or a large multiple, and whether they were at the start of their careers or approaching retirement – was their enthusiasm, professionalism and commitment to doing their very best for their patients. Above all, they spoke about the satisfaction that comes from making a positive difference to people's lives on a daily basis.

As we celebrate our centenary year, this dedication, coupled with the strong support of employers, means we can be confident of a bright future for the profession.

Alistair Bridge
Chief executive



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



Post from the president

Planning for the future

Autumn is the perfect time to start planning for the future – and what better way to do that than by engaging with fellow members and eyecare professionals (ECPs). To that end, we would encourage you to register for our Annual Members Review Meeting on 7 October (7-8pm) where, amongst other things, we will be inviting contributions to help feed into the Association's strategy for 2027.

We will also be reviewing ABDO's activities over the past year,



including our ongoing and successful centenary campaign, highlighting members' achievements, and providing an update on the ABDO Benevolent Fund. If you're not able to attend the online meeting, please register in advance via the ABDO Events page and you'll receive a full recording.

Applications for the relaunched Hamblin Memorial Prize will remain open until Friday 16 October, so please visit the website to review the refreshed criteria – and consider making a nomination for this prestigious prize, kindly sponsored by Boots Opticians. The recipient will be announced during an online awards ceremony on 3 December – and will receive a prize of £200.

The ABDO clinical and policy team are continuing to receive feedback on the General Optical Council's (GOC) consultation on the testing of sight, supervision and delegation – to help shape ABDO's formal response regarding how any proposed changes might impact our members in everyday practice. If you would like to respond, please send your views directly to the policy team at policy@abdo.org.uk by 12 October – prior to the consultation closure date of 21 October. Your views are important.

As part of its 2026 Annual Plan and centenary celebrations, ABDO is launching a new member directory this month. The directory will go live alongside a broader overhaul of ABDO's searchable advice and guidance hub to streamline member support. The aim is to enhance member visibility, help patients locate trusted, qualified ECPs, and to help ECPs connect and share their areas of clinical expertise. To ensure we have all your details correct before the launch, including any further qualifications, please log in to the member dashboard to review and update your profile details.

Finally, thank you to everyone who has signed up to participate in our centenary celebrations this year. The response to our practice visits initiative has completely exceeded our expectations – and emphasises just how much ABDO is a member organisation. We want to support you in every way we can – and if I can be of assistance with any matter, don't hesitate to contact me by emailing brennie@abdo.org.uk

Brenda Rennie FBDO
President of ABDO

Children's vision campaign to launch on WSD

Eyecare practitioners (ECPs) are being encouraged to refresh their knowledge, skills and confidence in paediatric eyecare ahead of a new sector-wide public awareness campaign launching on World Sight Day (WSD) 2026 on 8 October.

Led by the College of Optometrists, ABDO, Specsavers and Boots Opticians – with support from FODO, Fight for Sight, the International Agency for the Prevention of Blindness (IAPB) and the Optical Suppliers Association – the campaign will encourage parents and carers to make sight tests a part of their children's regular healthcare routine from age three to four years old before they start school, helping to identify vision and eye health problems



Pre-school sight tests encouraged

early and supporting lifelong healthy vision.

To help ECPs prepare, a dedicated children's eye health CPD resource hub has been created on the College of Optometrists' website. ABDO has also

created a CPD and resource hub on its website.

Denise Voon, clinical adviser at the College of Optometrists, said: "Children's vision plays a vital role in their learning, development and wellbeing, yet many eye conditions can develop without obvious symptoms. The College's online paediatric learning resources make it easy to refresh clinical knowledge and practical skills and ensure practices are ready to welcome more children through their doors."

Dr Alicia Thompson, ABDO research director, commented: "ABDO is pleased to support this important initiative as part of the World Sight Day campaign. By encouraging more families to access sight tests for their pre-school children, while also highlighting the vital role of dispensing opticians in assessing and taking account of young children's developing facial features when selecting and fitting spectacles, we can help ensure children receive the eyewear they need to benefit fully from good vision.

"Working together across the sector, we can help more children get the best possible start in life," added Alicia.

For the latest campaign updates, visit [DO Online](https://www.do.org.uk).

Members meeting: Wednesday 7 October

ANNUAL MEMBERS REVIEW: SAVE THE DATE

There's still time to register for the Annual Members Review Meeting on 7 October, taking place online from 7-8pm.

Register via the ABDO Events page to hear about Association activities and achievements over the past year, including updates on the centenary celebrations, an update on the ABDO Benevolent Fund, and to take part in a discussion on ABDO's 2027 strategy.

For those unable to attend, a recording will be shared with everyone who registers.

Boosting members' visibility

This October sees the launch of a new online directory providing a platform to promote members' professional qualifications, skills and expertise – and for patients to locate their nearest qualified dispensing optician and/or contact lens optician.

Commenting on the initiative, which forms part of the Association's Annual Plan for 2026, Gavin Berkerey, ABDO communications and engagement



Highlighting range of skills

director, said: "Every day, our members apply a remarkable range of skills and expertise to support patients and contribute to high-quality eyecare, but that depth of knowledge is not always fully recognised outside the profession.

"By creating a platform where members can showcase their qualifications, or other areas of expertise, we can help raise public awareness, strengthen professional connections and demonstrate the true value our members bring."

Members are encouraged to ensure their details and qualifications are up-to-date in the members' dashboard, and will be invited to opt in to having their details shared.

Turn to page 25 to find out more about the new member directory, scheduled to go live on Monday 19 October.

DOs and OOs "should play integral role" in Scotland's new low vision service

Dispensing opticians (DOs) and optometrists (OOs) are at the heart of a recently-published paper by Optometry Scotland (OS) – intended to inform the Scottish government as it plans a national Community Low Vision Service (CLVS).

Community Low Vision Service in Scotland: Considerations and Recommendations for Implementation sets out the workforce, funding, access, pathway and infrastructure OS believes is required for a consistent national model.

Among its seven recommendations are letting DOs and OOs work to full scope, forming the core community clinical workforce. It recommends that accredited DOs play an integral and direct role, including undertaking LV assessments within their competence, assessing functional needs, selecting and optimising LV aids, and providing practical instruction and ongoing support.

ABDO president, Brenda Rennie, said: "This framework represents a massive step forward in how we look at community-based low vision care. For dispensing opticians and optometrists across Scotland, the upcoming Community Low Vision Service is an unparalleled opportunity to extend our scope of practice, build advanced skills,

and work collaboratively as direct low vision care providers. Our community workforce has the local reach and the specialist expertise required to make this service an absolute success.

"As the formal development phase begins, we look forward to ensuring that the practical realities of High Street practices, fair accreditation, clear referral paths, and protected clinic time are built straight into the core of the service," Brenda added.

Read this story in full on DO Online.



National service planned for 2027



Conference will celebrate 50 years

Early bird discount for landmark conference

Early bird registration is now open for the British Contact Lens Association's (BCLA) 50th anniversary clinical conference, taking place on 19 and 20 June 2027 in Birmingham.

BCLA chief executive, Brad Parkes, said: "As we approach our 50th anniversary clinical conference, we are preparing a truly landmark programme that reflects both the heritage and future of the profession. Early bird registration offers delegates the best possible value and ensures they secure access to what will be one of the most significant BCLA events to date. We strongly encourage delegates to book early to take advantage of the early bird rates."

The programme will feature five learning tracks across the two-day format, including a new clinical track, alongside lectures and workshops. The conference will also host BCLA Celebrates – sold out in 2025 – featuring the BCLA professionals awards, including Dry Eye Practitioner of the Year and Myopia Management Practitioner of the Year.

The BCLA aims to induct 50 new Fellows to mark the 50th anniversary. Early bird pricing runs until 31 January, with BCLA members additionally benefitting from a special rate.

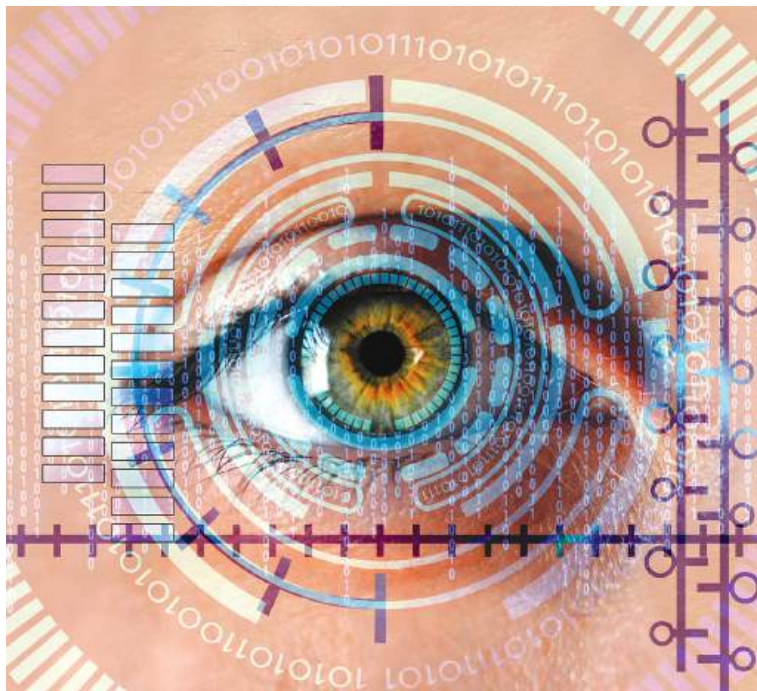
Read up on the programme and book a place at www.bcla.org.uk

Registrants “cautiously optimistic” about AI in eyecare

The General Optical Council's (GOC) 2026 registrant workforce and perceptions survey shows that registrants are “cautiously optimistic” about the potential of artificial intelligence (AI) to support eyecare.

Forty-five per cent of survey respondents said they believed AI would improve eyecare quality. However, 60 per cent rated their knowledge and understanding of AI in optical care as poor.

Registrants also identified concerns about the use of AI, with the top three being AI making errors (77 per cent), uncertainty about legal responsibility if something went wrong (76 per cent), and a lack of transparency in how AI systems reached decisions (68 per cent).



Majority felt AI knowledge was poor

Beyond AI, the survey found an increase in job satisfaction – up to 59 per cent compared to 55 per cent in 2025. Job dissatisfaction fell from 26 per cent in 2025 to 24 per cent, while the proportion of professionals with additional qualifications rose to 42 per cent in 2026, compared to 35 per cent in 2025.

Forty-six per cent said they had personally experienced some form of harassment, bullying, or abuse at work (or study for those in education) in the last 12 months – up from 44 per cent in 2025, but down from 50 per cent in 2024.

Steve Brooker, GOC director of regulatory strategy, said: “Our survey suggests that AI is beginning to support the delivery of eyecare, and registrants are cautiously optimistic about its benefits. At the same time, they have identified important concerns, particularly around the risk of errors, accountability when things go wrong, and transparency in decision-making.

“As AI becomes more widely used across healthcare, regulation has an important role to play in supporting responsible innovation that commands the confidence of both professionals and the public. We look forward to responding to the forthcoming report of the National Commission into the Regulation of AI in Healthcare.”

Find the full report on the GOC website – and read more about this story on DO Online.



Amateur 2025 winner, Darren James, for The Fred Hollows Foundation NZ

Eye health through the lens

Now in its 11th year, the World Sight Day (WSD) Photo Competition invites photographers around the globe to share images that celebrate eye health and the role vision plays in everyday life.

Part of International Agency for the Prevention of Blindness' (IAPB) global #LoveYourEyes campaign, the competition helps raise awareness of eye health, amplify personal stories, and inspire action towards eyecare for all.

To mark the year when the first ever Global Summit for Eye Health will take place on 2 November, HRH The Duchess of Edinburgh, IAPB Global Ambassador, will join the judging panel.

“The World Sight Day Photo Competition is one of the highlights of the #LoveYourEyes campaign, and we are delighted that HRH The Duchess of Edinburgh will join our judging panel this year,” said Simon Darvill, IAPB communications director.

“Every entry helps showcase the importance of healthy vision and the need to ensure everyone, everywhere can access the eyecare they need. I encourage photographers of all levels to share their story with the world.”

Find links to WSD 2026, the IAPB photo competition, which closes on 18 November, and the global summit at www.iapb.org

REMINDER: GOC sight test consultation

ABDO is reminding members that the deadline for submitting feedback on the General Optical Council's (GOC) consultation on the testing of sight, supervision and delegation is 12 October.

As previously reported, the GOC is consulting on two linked proposals: an updated statement on the testing of sight; and possible changes to its standards on supervision and delegation (Standard 9).

An ABDO briefing document, highlighting the key issues and options, can be found under Consultations in the Policy and Regulation section of the ABDO website.

ABDO will submit a formal response to the GOC consultation before it closes on 21 October, shaped by the experience and views of its members. Email consultation views to policy@abdo.org.uk



Johnson&Johnson



The Contact Lens Quest: Navigating Comfort, Presbyopia and Astigmatism

15th October 2026, 9:00am-4:30pm,
ABDO National Resource Centre, Birmingham

12 CPD points available (including a CLO-accredited Peer Review)

This patient-centred masterclass is designed to help Contact Lens Opticians achieve successful outcomes with confidence. From understanding patient expectations and maximising comfort to solving presbyopic and astigmatic fitting challenges, each session focuses on translating knowledge into everyday practice. Through immersive activities and collaborative learning, you'll leave with strategies that can make an immediate difference to your patients' contact lens experience.

CPD Sessions:

- **What Do 'Eye' Want?** (3 points)
- **Through Their Eyes – Comfort** (Peer Review, 3 points)
- **Mission Presby-Possible: A Visionary Escape Room** (3 points)
- **The Toric Lens Voyage** (3 points)

To book, please visit: <https://www.abdo.org.uk/events/>
or scan the QR code.

It is the responsibility of the delegate to ensure they have not completed any of the above CPD sessions during the current CPD cycle. Places are limited and provided on a first-come, first-served basis.

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2026PP14675



Technology award for myopia lenses

SightGlass Vision's DOT spectacle lenses for myopia control have won a Gold Stevie Award for Technology Breakthrough of the Year.

Presented in the Healthcare Technology category at the 2026 Stevie Awards for Technology Excellence, judges praised the lenses as a "standout healthcare technology innovation".

SightGlass Vision's winning entry, 'DOT spectacle lenses offer a groundbreaking new approach to protecting children's eyesight', highlighted the company's landmark clinical research, rapid adoption of the lens, and continued investment in educating eyecare professionals on the power of contrast management for myopia control.



Two million children have now worn DOT lenses

Among the achievements cited was new two-year data showing that DOT spectacle lenses saved more than 1D of myopia progression on average after two years in Chinese children aged six to 10 years.

"Myopia is one of the biggest public health issues facing children today, and it's incredibly rewarding to see DOT lenses recognised for the impact they're making," said Andrew Sedgwick, CEO of SightGlass Vision.

"This recognition belongs to the eyecare professionals and families who trust DOT lenses, and it reaffirms why this work is so crucial: we're slowing myopia progression in children now, to protect their eye health today and for years to come."

The award comes after the company reached the two million mark last month for the number of children worldwide who have worn the lenses.

"Two million children in DOT lenses is a powerful reminder of why we do this work, and a testament to the need for this safe and effective myopia control treatment," added Andrew.

PAC 2026 celebrates DOs

Dispensing opticians (DOs) took centre stage at Specsavers' 2026 Professional Advancement Conference (PAC) last month – marking the profession's centenary year.

A specially-organised programme shone a spotlight on the profession during the optical group's flagship professional development conference, held in Birmingham on 13 September.

This included a session examining how the dispensing optics profession has evolved over the past 100 years, whilst looking to the opportunities ahead, led by Kirsteen Newman, Specsavers' head of dispensing advancement.

DO delegates were also provided with special tote bags, lanyards and a dedicated VIP area, and invited to write on poster boards why they 'love being a DO'.

ABDO once again supported the event in the exhibition area – with president, Brenda Rennie, CEO, Alistair Bridge, and head of membership services, Ed Fox, in attendance.

The group also organised a special Love DO Week to take place internally after the conference – celebrating colleagues within the profession.

Read a round-up of PAC 2026 on DO Online.



Brenda Rennie with PAC 2026 delegates

"Slow and steady wins the race"

The General Optical Council (GOC) is encouraging GOC registrants to review their progress and carry out and log CPD activity regularly as the 2025-27 CPD cycle crosses its halfway point.

Analysis of CPD data from the end of June 2026 showed that less than half of registrants were 'on track' with their general points, with around 5,300 registrants yet to complete a mandatory Personal Development Plan (PDP).

Steve Brooker, the GOC's director of regulatory strategy, said: "Experience shows that 'slow and steady wins the race'; it's better for registrants to undertake and log their CPD activities regularly throughout the cycle rather than face a last-minute rush to complete their requirements at the end of the cycle.

Registrants can access guidance and resources on learning, PDPs and self-directed CPD on the CPD pages of the GOC website.

Turn to page 24 for some guidance from the ABDO professional development team on keeping on track with this cycle's CPD requirements.



Are you on track with your CPD?

NEW

Varilux® XR series™

Varilux®

#1 varifocal lens brand

worldwide¹

Evolved for whatever your day demands.²

Our best varifocal lens, now designed
with Essilor® Living Intelligence™.³

¹ Euromonitor International, 2025 data, Retail value amongst spectacle lenses category, brands representing varifocal lenses. Data on file.

² EssilorLuxottica Varilux® XR series™ - in-life consumer study - Eurasya, France (n=73 varifocal lens wearers). 9/10 consumers were satisfied with parameters such as: sharpness, reactivity, seamless transition between distances, stable vision, even in motion. Data on file (2022).

³ Essilor® Living Intelligence™ process combines human insight, AI, and EssilorLuxottica's R&D expertise. It works in 4 steps aiming at refining lens design to ensure the predicted lens design performance better matches real life: 1: Capturing and analysing real-life vision data 2: Calculating and modelling the lens design with AI, simulating a wide range of real-life situations and predicting performance, 3: Evolving over time by reintegrating past results to refine future models 4: Personalising the optical design through precise in-store measurements (FIT, NVB, eyeCode®) and feeding the database, enriching the 1st step of the lens design process.

This image, including the person, was generated using artificial intelligence and is provided for illustrative purposes only.



essilor

evolving
vision

DO joins Board of Specsavers

Dispensing optician (DO), Emily Head, has been appointed to Specsavers' UK Optics Board – further ensuring DOs are represented at the highest level.

"Emily's appointment reflects Specsavers' recognition of the vital role DOs play in delivering high-quality patient care and driving successful community practices," the company stated on announcing her appointment.

Emily began her career in optics at the age of 16, working at her local Specsavers practice. She qualified as a DO aged 21, becoming a practice manager in the same year. By the age of 27, she had purchased her own business. She now leads a practice in Christchurch, Dorset, whilst holding multiple roles across the Specsavers partnership.

"Having DOs in a practice is imperative for success," she said. "For me, DOs are also the bridge between clinical expertise and retail delivery. There's a clinical aspect that really matters on the 'shop floor' – you improve dispensing, you support the team, and you create a resource that doesn't interrupt the test room."



EMILY HEAD

London show countdown begins

100% Optical returns to Excel London from 27 February to 1 March, and registration is now live.

The event is expected to attract more than 11,000 visitors, with the latest in

eyewear design, while the 100% Studio will bring together a hand-picked selection of independent brands from around the world.

Alongside registration opening for 100% Optical, entries are now invited for the 2027 Love Eyewear Awards, celebrating outstanding talent and creativity from across the eyewear industry.

Tasmine Othman, event director at 100% Optical, said: "100% Optical is where the whole optical community comes together, and we're incredibly excited to



Entries now open for 2027 Love Eyewear Awards

eyewear, contact lenses, technology, equipment and business solutions all on show.

Organised in partnership with the Association of Optometrists, the event's CPD programme will span clinical excellence, patient care, business growth and technology, with learning ranging from interactive workshops and peer reviews to main stage talks.

Elsewhere on the show floor, delegates can get hands-on with the latest equipment, meet suppliers and gain early access to new products, eyewear collections and trends. Three catwalk shows each day will showcase the latest in

open registration for 2027.

"There is so much to see and do, whether you want to develop your clinical knowledge, discover new technology, find your next eyewear collection or explore ideas to grow your practice.

"We're also delighted to open entries for the 2027 Love Eyewear Awards. This is a chance to recognise and celebrate the creativity, craftsmanship and talent we see across the eyewear industry, and we're really looking forward to seeing what this year's entrants have to offer."

To register for the show, and find out about the 2027 Love Eyewear Awards, visit www.100percentoptical.com

Wellbeing book for everyone in eyecare

Optometrist and wellbeing coach, Sheena Tanna-Shah, has brought out a new book – The Person Behind the Role: Well-being and Purpose in Optometry – with a free e-book version available sponsored by Optometry Wales (OW).

The book was launched at an event held at The Lighthouse, Swansea Bay, last month hosted by OW, with support from Gwyn Williams MS.

Sheena said: "We spend so much of our lives fulfilling roles at work, at home and within our communities that it can be easy to lose sight of ourselves as individuals. This book is an invitation to pause, reflect and reconnect with the person behind those responsibilities."



Judy Misra, OW chief executive, said: "On behalf of Optometry Wales, I'm genuinely pleased that we are able to support the development and digital distribution of this wellbeing resource.

"Since Optometry Contract Reform was introduced in October 2023, I've seen first-hand how practices across Wales have had to adapt, evolve and take on new responsibilities in caring for patients. The profession depends on the people who show up every day to deliver eyecare services, and their wellbeing matters."

A printed edition can be bought on Amazon – and for access to a free e-book version, scan the QR code here.



Sheena (left) with Judy at the book launch

Glaucoma in top three driver declared medical conditions, FOI data shows

Glaucoma was the third most commonly recorded medical condition among car and motorcycle licence holders in the first five months of 2026, according to new Freedom of Information (FOI) data obtained by the Marshall Motor Group.

The data, obtained from the DVLA, shows that glaucoma accounted for 16,551 records among Group 1 licence holders,

which includes cars and motorcycles, between 1 January and 28 May 2026. 'Visual problems' was the 10th most commonly recorded condition, with 6,031 records over the same period.

Eye-related issues were also among the most common conditions linked to licences being revoked, refused or voluntarily surrendered. Among Group 1 licence holders, 910 records were linked to eyesight not meeting the required standard, 425 were linked to visual field refusal, and 187 followed failed roadside eyesight tests.

Among Group 2 licence holders, which includes bus and lorry entitlements, eyesight falling below the required Group 2 standard was the most common condition linked to revoked, refused or surrendered entitlements, with 100 records.

The figures form part of a wider FOI dataset which, reveals that more than 2.1 million full or provisional GB driving licence holders now have a medical condition

recorded with the DVLA – up by more than 326,000 in two years.

As reported in the May issue, a previous DVLA FOI request from the Group found that, between 2022 and 2025, 32,944 drivers lost or were refused

licences after failing to meet the required eyesight standard. A further 4,177 bus and lorry drivers holding Group 2 licences had their entitlement revoked or refused over the same period for the same reason, bringing the combined total across all licence categories to 37,121.

Group 1 drivers must inform the DVLA in Great Britain or the DVA in Northern Ireland if they have glaucoma in both eyes; it's one eye for Group 2 drivers.

Read more about all FOI findings on the Group's website.

A 2026 government consultation on introducing mandatory eyesight testing for older drivers closed on 11 May – with a report on the outcome yet to be published. An ABDO briefing document on the proposals can be viewed on the ABDO website under Consultations.



High prevalence of glaucoma in drivers

Webinar invitation to explore new daily lens design

CooperVision will be running a webinar for all practice staff on 8 October to introduce its new MyDay Energys daily disposable contact lenses.

Now rolling out across the UK and Ireland, the new lens design combines the company's Aquaform and ComfortBoost technologies.

"Comfort remains one of the most important drivers of contact lens satisfaction, and expectations continue to evolve as patients spend more time engaging with screens at work, at home and on the move," said Lucy Davies, director of marketing and professional affairs in the UK and Ireland.

"MyDay Energys builds on the trusted performance of the MyDay family and introduces a new approach to comfort that considers both lens material and visual demands. We're excited to bring this latest innovation to eyecare professionals across the United Kingdom and Ireland."

Register for the webinar at <https://coopervision.co.uk/practitioner/energys>



New addition to MyDay portfolio

The Silent LED Revolution

From headlights on the road home to overhead lighting in sports halls, offices, and warehouses

Rising screen time, longer hours in front of monitors

LED is now everywhere — indoors, outdoors, unavoidable

Protecting visual comfort is no longer optional

LEDPRO®

LED light controlling lens

Filtered, Not Dimmed

LED PRO is the first patented lens engineered to selectively absorb disruptive LED emission peaks

Cancelling the spikes while letting the full visual spectrum pass through, flawlessly

Engineered for absolute clarity — comfort without compromise

Manufactured in 1.60 and 1.67 index

Discover LED PRO

Light Control

Essential For All Day Screen Users

SCAN FOR MORE INFO

ELLIVRON OPTICAL

T: 01452 528486 | E: Sales@ellivron.co.uk

Designed in Copenhagen, carved in Japan

Ørgreen's new Sheet Titanium Sun collection is made with a flat sheet of premium Japanese titanium, carved into shape. The edges are chamfered into fine, faceted lines while depth is milled directly into the surface.

"Taking our sheet titanium to the sun meant pushing the material as far as it could go, past every boundary of our craft," said Gregers Fastrup, sales director at **Ørgreen Optics**. "It was a way to test ourselves, to prove again that precision and quality aren't just words for us; they're the whole point. We took a flat, humble material and gave it a truly premium expression. For me, this collection is a reminder of exactly what Ørgreen does best."

Seven new frames make up the release. Pictured is model Varyon – cut from a 2.5mm sheet, with a chamfer angled inward toward the lens for structural depth.



Model Varyon from Ørgreen's new Sheet Titanium Sun collection

Sleek, sculptured styles

Eyespace has added six new metal styles to its Cocoa Mint Studio collection, featuring sculpted rims, tiered linear detailing and cut-step edges.

Each frame comes in a two-shade combination, ranging from bold pink with deep red and purple with forest green, to softer light gold with champagne, and burgundy with rose gold.

The styles are made with Global Recycled Standard certified stainless steel, with integrated flex hinges and self-locking screws. Bio-based acetate temples and tips feature across four of the six styles, and biodegradable demonstration lenses reflect Eyespace's ongoing commitment to responsible design.



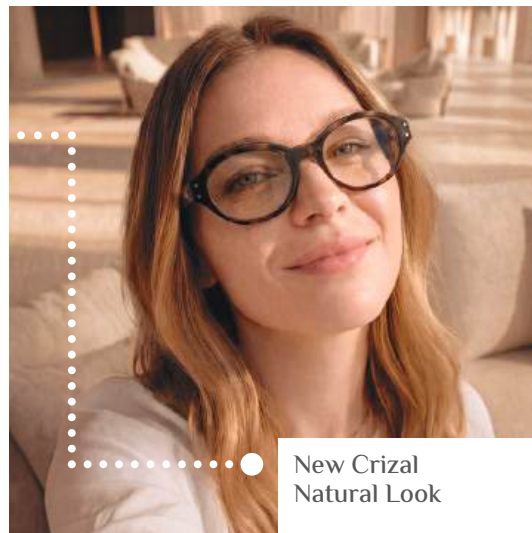
Cocoa Mint
CM9967 C1 from
Eyespace

New aesthetic in AR coatings

EssilorLuxottica's new Crizal Natural Look anti-reflective (AR) coating utilises Advanced Aesthetics Technology to maintain colour neutrality with minimal reflection intensity across all viewing angles.

Hélène Maury, light management technical leader at **EssilorLuxottica**, said: "By making reflections barely perceptible, Essilor establishes a new aesthetic standard where transparency and durability converge. It's a decisive response to consumer demand for lenses that enhance vision without compromising style."

Crizal Natural Look also offers a higher scratch resistance than the Crizal entry range, as well as resistance to scratches, smudges, dust, water and UV.



New Crizal
Natural Look

Bold Photochromic from Dibble Optical

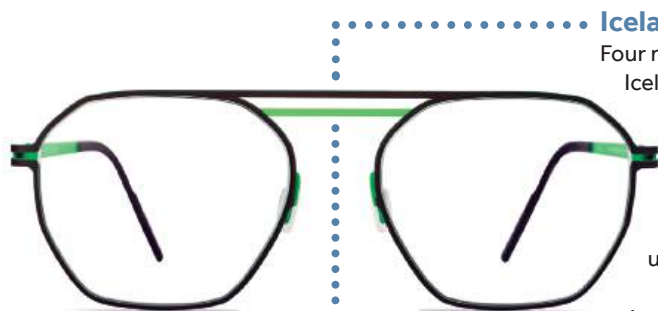


Colour-changing feature for children's range

Dibble Optical has introduced the Bold Photochromic collection to its Flex Frames range for children.

Built on the company's popular Bold frame design, the eyewear features a photochromic material – bringing a playful, yet practical element to the collection. The lightweight construction and child-friendly materials are designed to ensure comfortable wear throughout the day.

The photochromic range is available in five colour options, with two sizes available.



Reykjavik Eyes
model Stormur

Icelandic flair in four new styles

Four new Reykjavik Eyes designs inspired by the landscapes, light and colour of Iceland, made their debut at Silmo Paris last month.

Logi, Aurora, Jon and Stormur combine clean architectural forms with subtle detailing, considered colour and a distinctive sense of character.

From the soft, rounded lines of Logi to the sharper geometry of Jon and Stormur, the new designs explore contrast in shape and proportion. Aurora introduces colour inspired by Iceland's natural palette, while Stormur uses contrasting tones to add interest to its structured form.

"Reykjavik Eyes has always been about finding the balance between simplicity and individuality," said Joshua Marsh, head of product at the **Millmead Optical Group**. "These four new designs explore that balance in different ways. There are softer forms, stronger geometry and more expressive uses of colour, but the overall aesthetic remains unmistakably Reykjavik Eyes."

Portfolio expands with lenses

Ashton Riley Optical has introduced a range of ophthalmic lenses, incorporating IOT designs and technologies.

The portfolio includes varifocal, driving, office, anti-fatigue and myopia control lens designs – available with advanced coating options – as well as NeoChromes, NuPolar and Transitions lenses.

"I'm delighted to be able to bring the same high quality standard to our lens offering that we do to our frames," said Brett Waugh, managing director at Ashton Riley Optical. "Adding lenses at a time when many independent opticians are keen to differentiate themselves is a natural progression for Ashton Riley Optical. The response so far has been hugely positive and we look forward to working with more practices to elevate their lens offering."



Point of differentiation
for independents

UK debut for Italian coloured lenses

Positive Impact (PI) has announced the UK launch of Desio, the premium Italian coloured contact lens brand.

Designed and manufactured in Italy, the collection includes more than 20 shades in both daily disposable and monthly replacement formats, with prescription and plano options available.

PI sales and operations director, Maxine Green, said: "Consumers are increasingly looking for subtle, natural ways to enhance their appearance. We believe coloured contact lenses deserve the same professional care as any other contact lens, giving patients confidence that they have been properly fitted and advised."

Trial sets, professional education, merchandising materials and marketing support is available from PI.



Desio colour
contact lenses in
Sublime Grey

Fresh designs make their mark

The new Face à Face Marker collection, available in the UK from the **Design Eyewear Group**, plays with contrasts – between boldness and finesse, colours on the fronts and sides, and chromatic contrasts on the joins.

The line-up of styles include Bocca Twine where two shades intertwine, and seamlessly merge. Angled milling and bonding reveal the secondary colour, while bevelled flex sides align with the ribbon-style endpiece.



Model Bocca Twine
from the Face à Face
Marker collection



LEARNING DOMAINS

CLINICAL
PRACTICE

PROFESSIONAL GROUPS

Dispensing
opticians

General Optical Council

CPD
PROVIDER

Optometrists

General Optical Council

CPD
PROVIDER

CPD CODE: C-116769

MCQs AVAILABLE ONLINE:
Thursday 1 October 2026CLOSING DATE:
Thursday 7 January 2027ANSWERS PUBLISHED:
February 2027

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 Thursday 1 October 2026. Visit 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-116769

Optical coherence tomography in clinical practice.

Part one: Anatomy and image acquisition

By Amy Green BSc (Hons) Dip. TP., Prof. Cert. Med. Ret., Prof. Cert. Glaucoma, PgCHEP

Optical coherence tomography (OCT) is now commonplace in optometric practice. It provides a useful tool in detecting and categorising ocular disease, monitoring for disease progression and assists in the dispensing and fitting of optical appliances. It is a non-invasive procedure that provides a high resolution image of ocular structures. A beam of light is directed into the eye and the light reflected from different tissue interfaces is compared to a reference beam. This is used to build up a cross-sectional image.

There are several types of OCT systems. Time domain OCT was the original method. It analyses the interference of the sample beam with the reference beam for a particular 'time of flight' or set path length. This then allows a picture of the tissue at that depth to be created. It revolutionised the treatment of retinal disease, but the level of detail was limited compared to newer techniques.

Table 1 provides a list of the abbreviations used throughout this article.

Spectral domain OCT (SD-OCT) uses a broad-spectrum sample and reference beam. The recombined beams are analysed with a spectrometer, and the mathematical principle of Fourier Domain is used to build the image. It is faster and provides a higher resolution than time domain OCT.

Swept source OCT provides a higher resolution still when compared to spectral domain OCT. It uses a swept source laser or a laser that continuously changes its wavelength over time allowing for analysis of the whole spectrum. The resultant high resolution image is produced in a short amount of time with better visualisation of the choroid.

OCT-Angiography (OCT-A) builds up a picture of the retinal blood supply by detecting movement in multiple scans over time. It is a useful non-invasive alternative to a fluorescein angiogram. This is becoming more commonplace in optometric practice and can provide useful information on the retinal circulation.

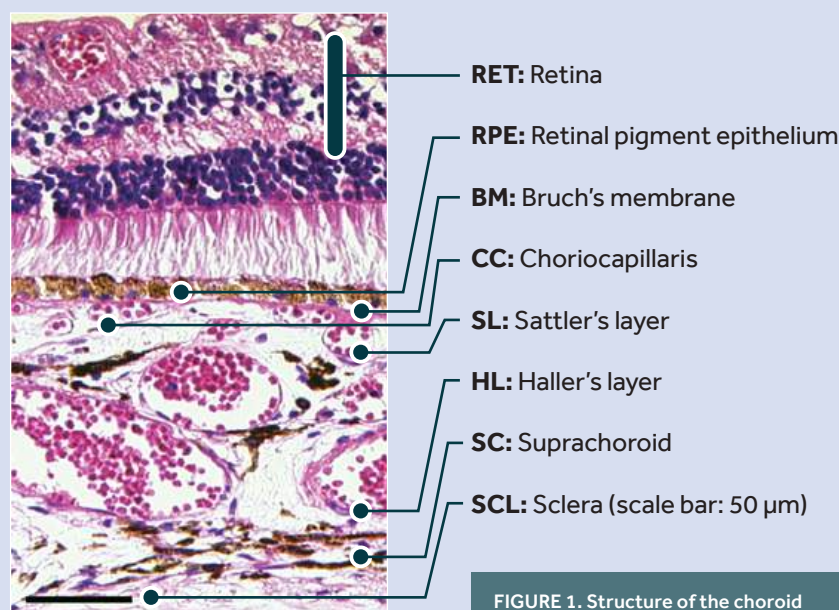


FIGURE 1. Structure of the choroid

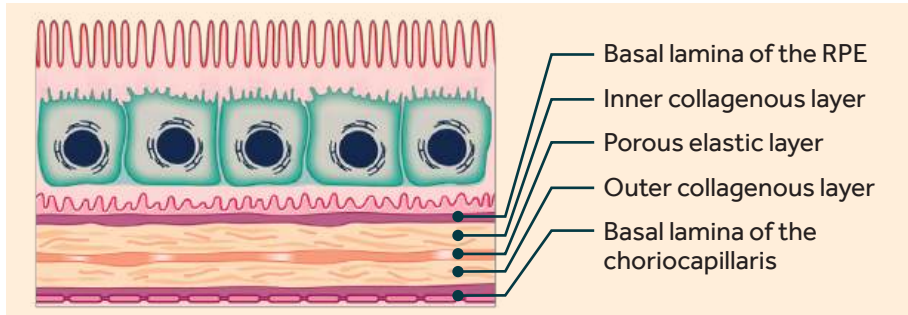


FIGURE 2. The five layers of Bruch's membrane

ANATOMY AND PHYSIOLOGY OF THE RETINA AND CHOROID

The outermost layer visible on the OCT is the choroid. The choroid has three main layers (**Figure 1**). The outermost is Haller's layer and it contains the large diameter blood vessels¹. Sattler's layer contains the medium sized blood vessels. The layer closest to the retinal tissue is the choriocapillaris, a layer of capillaries that provide nutrients and oxygen to the outer retina and remove waste products via fenestrations in the vessel walls¹.

The choroid is approximately 336 microns thick at age 20 years, and thins over time to approximately 215 microns at age 80 years underneath the fovea². In myopic patients, the choroidal thickness decreases with the severity of myopia and it is thought that a thinned choroid may contribute to some of the pathological mechanisms of myopic degeneration³.

The choroid is separated from the retinal pigment epithelium (RPE) by Bruch's membrane (**Figure 2**). Bruch's membrane regulates the diffusion of oxygen and nutrients into the retina and the removal of waste products from the retina to the choroid. It is the anchoring tissue for the RPE and is a connective tissue comprising of five layers⁴:

1. Basal lamina of the RPE
2. Inner collagenous layer
3. Porous elastic layer
4. Outer collagenous layer
5. Basal lamina of the choriocapillaris

The RPE is a monolayer of cells joined together by tight junctions that create the outer blood retinal barrier¹. Long microvilli surround the outer segments of the photoreceptors. The RPE serves several functions⁵:

- **Light absorption.** The pigmented layer absorbs scattered light and protects the retina against photo-oxidation⁵. It contains a complex set of pigments that absorb different wavelengths⁵

- **Epithelial transport.** The barrier created by the tight junctions between the cells isolate the eye from the systemic circulation. The RPE transports nutrients and controls the homeostasis of the subretinal space⁵ ensuring the retina is kept dry and nourished
- **Spatial ion buffering.** The RPE buffers the changes to the ion balance in the subretinal space and maintains the visual cycle⁵
- **Visual cycle.** The phototransduction cascade starts when the photon is absorbed by the 11-cis retinal pigment in the photoreceptor outer segments and is converted to the all-trans form. The pigment disconnects from the opsin and is transported to the RPE for regeneration and is then transported back to the photoreceptor⁶
- **Phagocytosis.** Photoreceptor outer segment discs are phagocytosed by the RPE, a process that is important for maintaining photoreceptor integrity and preventing accumulation of toxic by-products
- **Secretion of growth factors.** These factors are essential for maintaining retinal structural integrity, as well as supporting circulation and nutrient supply. One common example that is the focus of treatments in retinal pathology is vascular endothelial growth factor (VEGF)

The photoreceptors are the light sensitive cells of the retina (**Figure 3**). The outer segments contain the discs which are the structural scaffolding for the light sensitive pigment. The two main types of photoreceptors are rods and cones⁷.

Cones are found predominantly in the central fovea⁸ and they represent about five per cent of the total photoreceptors⁷. They are densely packed together to enable high resolution. There are three

ABBREVIATION	FULL TERM
OCT	Optical coherence tomography
SD-OCT	Spectral domain OCT
OCT-A	OCT-Angiography
RPE	Retinal pigment epithelium
VEGF	Vascular endothelial growth factor
RGCs	Retinal ganglion cells
ILM	Inner limiting membrane
RNFL	Retinal nerve fibre layer
GCL	Ganglion cell layer
IPL	Inner plexiform layer
INL	Inner nuclear layer
OPL	Outer plexiform layer
ONL	Outer nuclear layer
ELM	External limiting membrane
IS/OS	Inner and outer segment junction
ONH	Optic nerve head
BMO	Bruch's membrane opening
NRR	Neuroretinal rim
PVD	Posterior vitreous detachment
NVE	New vessels elsewhere
NVD	New vessels at the disc
IRMA	Intraretinal microvascular abnormalities
SRF	Subretinal fluid

TABLE 1. Abbreviations

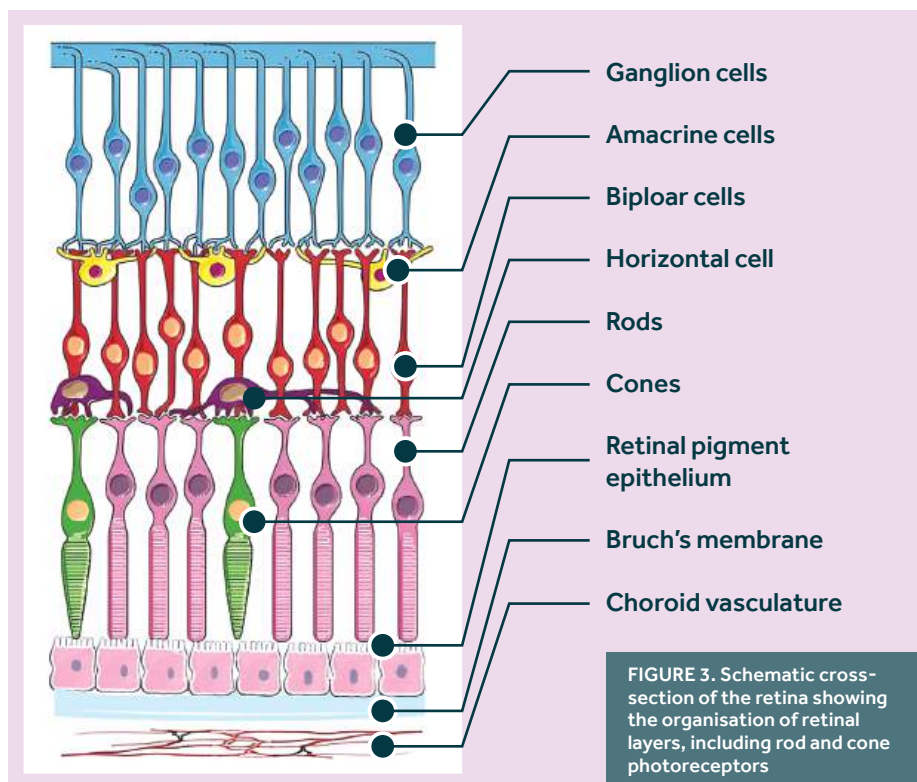


FIGURE 3. Schematic cross-section of the retina showing the organisation of retinal layers, including rod and cone photoreceptors

types: blue (short wavelength), green (medium wavelength) and red (long wavelength). The overlap of the spectral sensitivities of the three types allows for colour discrimination. Colour vision defects arise when the sensitivities of the three types overlap more than usual⁷. Interestingly, it is thought that in some females, a rare genetic mutation gives rise to four cone types leading to an expanded colour discrimination called tetrachromacy^{9,10}.

Rods make up about 95 per cent of the retina's photoreceptors⁷. They are specialised for detecting low levels of light and are found outside of the central 350 microns of the fovea¹¹. Photoreceptors synapse with bipolar cells, which relay visual information from the rods and cones to the retinal ganglion cells (RGCs)⁷.

There are several types of bipolar cells depending on the types of photoreceptors they synapse. There are also subtypes known as ON and OFF bipolar cells. ON bipolar cells depolarise whereas OFF bipolar cells hyperpolarise in response to light¹².

RGCs synapse with bipolar cells and their axons leave the eye via the optic nerve. These axons project to and synapse within the lateral geniculate nucleus (visual pathway), pretectal nucleus (pupil response pathway), intergeniculate leaflet and the

suprachiasmatic nucleus (circadian rhythm)⁷.

Amacrine cells and horizontal cells act as signal modulators horizontally through the retina¹³. Muller cells are glial tissue that span the full thickness of the retinal tissue. They provide structural support, aid in homeostasis and provide metabolic support of retinal neurons. They also regulate the blood retinal barrier and behave like optical fibres to guide light through the inner retina to the photoreceptors¹⁴.

IDENTIFYING RETINAL ANATOMY ON AN OCT IMAGE

NORMAL OCT AND RETINAL ANATOMY (Figure 4)

The inner limiting membrane (ILM) is the innermost layer formed from the end of the Muller cells. It sits on top of the retinal nerve fibre layer (RNFL). The RNFL is the hyperreflective layer that contains the ganglion cell axons as they pass over the surface of the retina¹⁵.

The ganglion cell layer (GCL) contains the retinal ganglion cell bodies. It is hyporeflexive relative to the surrounding layers of the RNFL and the inner plexiform layers (IPL). The IPL contains the synapses of the bipolar cell axons with the ganglion cells and the amacrine cells. It is hyperreflective compared to the surrounding layers¹⁵.

The inner nuclear layer (INL) is a hyporeflexive layer made up of bipolar cell bodies and horizontal cell bodies. The next hyperreflective layer is the outer plexiform layer (OPL) where the photoreceptors synapse with the bipolar cells. The outer nuclear layer (ONL) contains the photoreceptor nuclei and appears as a hyporeflexive layer¹⁵.

The external limiting membrane (ELM) is the thin hyperreflective layer that is formed by the Muller cells gap and adherens junctions. It separates the photoreceptor nuclei and the inner segment¹⁵. The dark band below the ELM is the photoreceptor inner segments which contains mitochondria and other organelles of the photoreceptors¹⁵.

The next hyperreflective band is the inner and outer segment junction (IS/OS). The next dark band is the photoreceptor outer segments, and the next thick bright band is the RPE. This is separated from the choroid by Bruch's membrane which is only visible in the case of RPE atrophy or a pigment epithelial detachment. It appears as a very thin hyperreflective line¹⁵.

ANATOMY OF THE OPTIC NERVE

The optic nerve head (ONH) is the visible aspect of the optic nerve we view directly through the pupil. The border is delineated by Elschnig's ring, a white ring of collagenous tissue representing the termination of Bruch's membrane at the optic disc margin. The nerve fibre bundles enter the optic nerve from the retina and pass through the lamina cribrosa into the intraorbital section of the optic nerve. The lamina cribrosa is the sieve-like structure of connective tissue in the sclera.

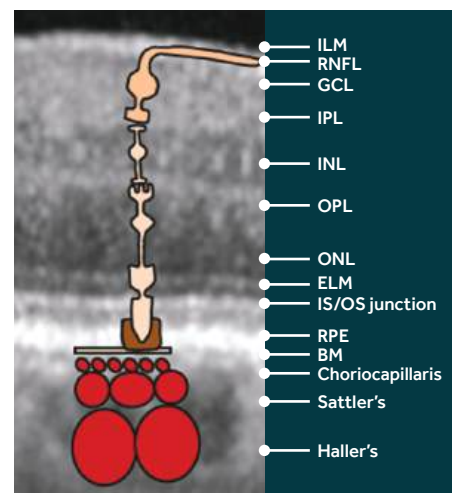


FIGURE 4. An OCT scan of the normal retina with overlying retina anatomy and OCT layers

OPTIC DISC SCANS

Most OCT imaging systems will automatically trace the optic disc between scans allowing comparison over time. This is achieved using landmarks such as Bruch's membrane opening (BMO), which represents the boundary where Bruch's membrane (and the RPE) terminates as the optic disc begins. Measurement of the distance between BMO and the ILM allows for the assessment of the neuroretinal rim (NRR).

Figure 5 shows a disc volume scan through the optic nerve head providing quantitative, three-dimensional information of the optic nerve head structure rather than just the surface appearance. The purple star shows one side of the BMO. The orange arrow shows the NRR and the blue arrow points to the lamina cribrosa.

OCT imaging systems can calculate the thickness of the NRR and compare it to age-matched normative databases. In healthy eyes, the NRR thickness should show a slight 'double hump', reflecting thicker rim tissue in the superior and inferior regions. In glaucoma, the areas most likely to be affected are the superior and inferior temporal NRR¹⁶. However, it is important to know the demographics of the normative data base to allow for correct interpretation. For example fewer children, high myopes and certain ethnicities are represented in the normative databases.

The RNFL scan (**Figure 6**) may be more sensitive for early glaucoma detection¹⁷. It measures the thickness of the nerve fibre layer before it enters the disc. In healthy eyes, it again shows the double hump with the thickest areas usually within the inferior and superior temporal areas. These regions are also the most vulnerable to damage and exhibit a flattening of the double hump in glaucoma^{16,17}.

Assessment of the GCL is also very useful in the detection and monitoring of glaucoma. This requires scanning the posterior pole with segmentation of the GCL which many modern OCT devices do automatically. The scan may be presented as a colour map or with thickness measurements. Asymmetry above and below the horizontal midline should ring alarm bells as should any focal defects or 'notches' out of the GCL donut¹⁸⁻²⁰.

Practitioners should also check the layers have been segmented correctly.

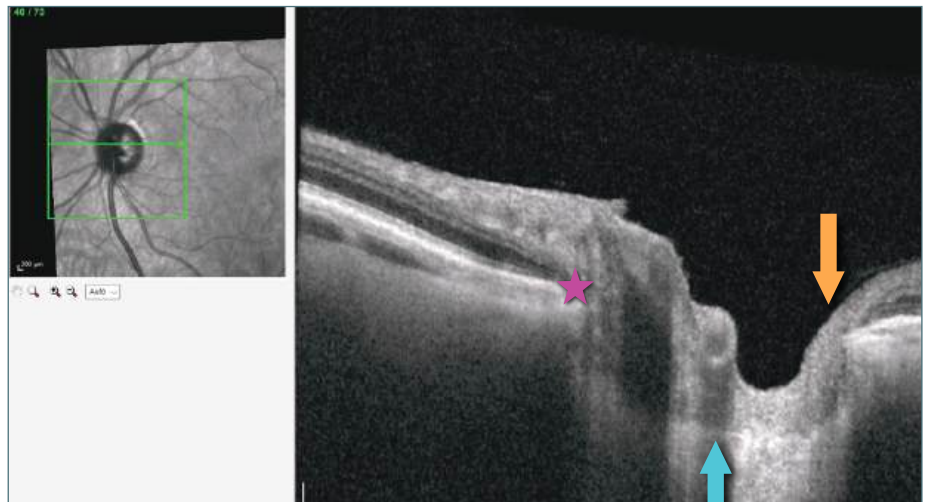


FIGURE 5. A disc volume scan

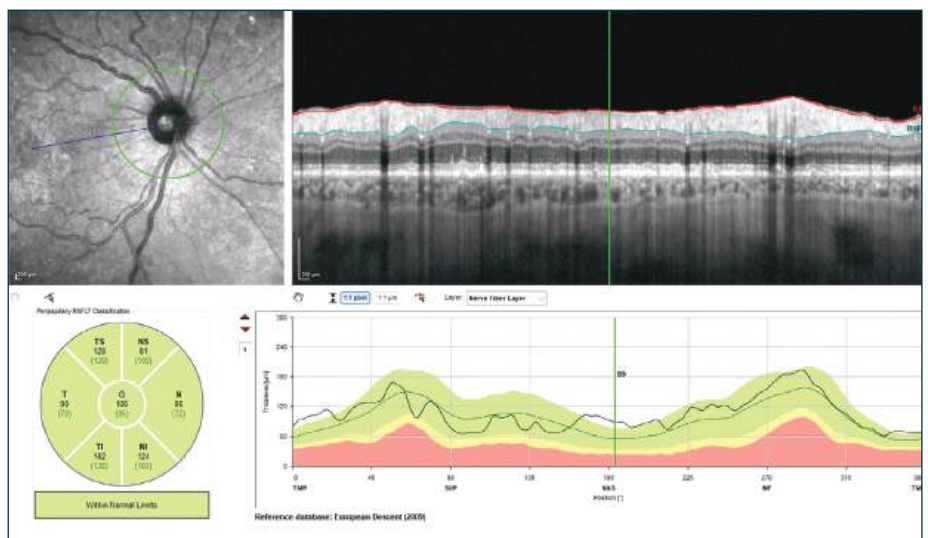


FIGURE 6. Retinal nerve fibre layer scan

OBTAINING GOOD QUALITY SCANS

To obtain useable information, high quality scans are needed. Firstly, infection control and hygiene procedures should be adhered to before the patient is scanned. Secondly, the patient should be able to place their chin on the rest and their forehead on the bar and stay relatively still while the scan completes. This may be difficult for patients with kyphosis (spinal curvature) or Parkinson's or breathing difficulties for example.

Patients should be instructed to focus on the internal target and ignore any lines moving across the screen. Some newer machines are capable of eye tracking meaning blinking is often not a problem. Allowing the patient to blink normally can help maintain an even spread of the tear film optimising image quality. While obtaining the scan, the operator should

ensure the image is well focused and illuminated evenly. Again, many machines do this automatically. The required image or set of images should be selected based on the patient and the reason for scanning.

ARTEFACTS

OCT artefacts can significantly affect image interpretation and may lead to inaccurate measurements.

- 1. MOTION ARTEFACTS.** These occur when the patient moves or looks away during the scan. On the RNFL, this can appear as zigzags. When this is identified, the scan should be repeated.
- 2. SEGMENTATION ERRORS.** Incomplete segmentation or incorrect segmentation occurs if the

computer delineated the layers incorrectly. Scans with segmentation errors should be repeated although sometimes it can be manually adjusted.

3. **EDGES OF THE SCAN CUT OFF.** If part of the scan is missing, this is usually due to the patient moving.
4. **RNFL NOT CENTRED.** If the OCT incorrectly identifies the BMO, the RNFL may not be centred correctly around the ONH. This decentration can cause falsely increased or decreased RNFL thickness values, depending on how it is centred. Rescanning the patient is often needed, although on some machines manually moving the centration of the ring may be possible.
5. **MISSING DATA LINES.** If the OCT machine does not automatically adjust for blinking, this may produce lines of missing data in the middle of the scan. Additional scans should be completed to allow accurate interpretation.
6. **POOR SIGNAL.** Reduced signal quality may occur due to cataracts or an unstable tear film in dry eye disease. Instilling artificial tears or dilating drops may improve image quality.
7. **POSTERIOR VITREOUS DETACHMENT (PVD) ERROR.** When the patient has had a PVD, the OCT can mistake the posterior hyaloid face as the surface of the retina and give anomalous readings. To ensure the readings are accurate, check the individual segmentation lines to ensure they are in the correct position.
8. **MIRROR ARTEFACTS.** These occur in eyes with long axial lengths and results in a part of the image being inverted and having poor resolution. Improper patient positioning can also contribute to this artefact. **Figure 7** shows a subtle mirror artefact in a -23.00D patient, and **Figure 8** shows a mirror artefact caused by scanning the patient when not correctly positioned on the headrest.

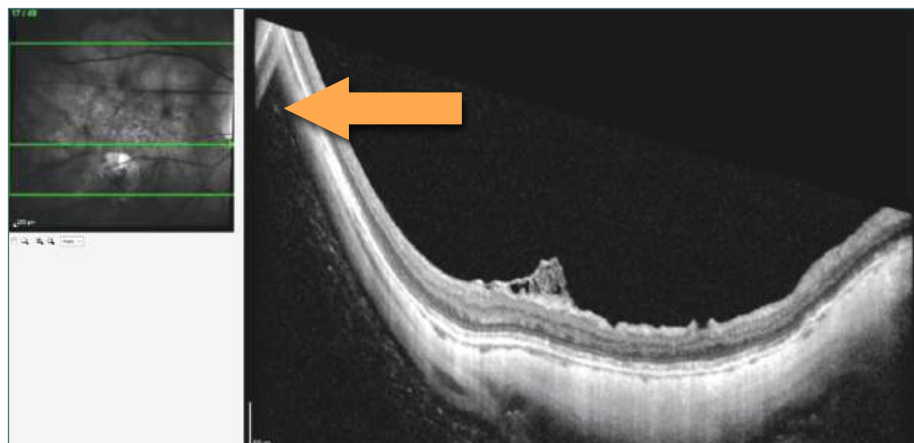


FIGURE 7. Shows a subtle mirror artefact in a -23.00D patient (orange arrow)



FIGURE 8. Shows a mirror artefact caused by scanning the patient when not correctly positioned on the headrest

PRE-SCREENING

OCT imaging is often performed as part of the pre-screening battery of tests. It is important for those obtaining the scan to be able to recognise poor scans and repeat them while in pre-screening. Scan signal should be assessed and, where this is low, the scans should be repeated. Some patients will require targeted scans and it can be useful to have set protocols in place. For example, obtaining a macular scan over pigmented lesions identified on fundus pictures.

It is, therefore, essential that those conducting OCT scans receive appropriate training, not only in image acquisition but also in recognising when additional or targeted imaging may be required.

BASELINE SCANS

The choice of scan will depend on the reason for imaging the patient. Most routine patients will benefit from baseline scans of the macula and optic disc. Assessment of the optic disc profile should involve a disc volume or radial scan

to assess the NRR and RNFL, along with posterior pole scans to document all the features that can change over time.

For patients with a family history of glaucoma, it is particularly useful to have these baseline scans to be able to compare to over time in addition to fundus photography. Asking a patient if glaucoma runs in the family can identify a clinical need for the scans, and allow for in depth disc specific scans to be chosen – ensuring NRR, RNFL and GCL are all targeted.

IDENTIFYING ABNORMALITIES DURING FUNDUS PHOTOGRAPHY OR FROM OLD RECORDS

If abnormalities are identified such as a naevus, it is useful to have a peripheral OCT over the whole of the naevus. These are often identified on fundus photography and offering an OCT image at this point allows for assessment to rule out choroidal melanoma using the MOLES criteria²¹. The scan, if possible, should be a macular volume scan that covers all edges of the naevus.

Diabetic patients are often enrolled in established screening programmes, and in some areas OCT surveillance is part of the service. As well as macular scans, optic disc imaging may be beneficial for diabetic patients due to the possible risk of glaucoma²².

If the patient is at higher risk of proliferative diabetic retinopathy, targeted scanning over suspicious areas of abnormal vessels can help in differentiating areas of new vessels elsewhere (NVE) and new vessels at the disc (NVD) from intraretinal microvascular abnormalities (IRMA) as both NVE and NVD put the patient at higher risk of sight loss. NVE and NVD come forward into the vitreous and sub-hyaloid space whereas IRMA are flat within the retina.

MONITORING PATHOLOGY

For patients with known pathologies, follow-up OCT scans can be useful. In patients with dry age-related macular degeneration (AMD), regular OCT imaging supports monitoring and early detection of conversion to neovascular AMD. In practice, however, OCT scans are often only offered as part of a routine sight test.

However, evidence from the Early Detection of Neovascular AMD (EDNA) Study, which compared fundus clinical examination, OCT imaging, self-reported visual assessment and Amsler testing, demonstrates that OCT achieved a sensitivity and specificity of 91.7 per cent and 87.8 per cent respectively – compared with 33.7 per cent and 81.4 per cent for Amsler testing²³.

Patients at higher risk of developing neovascular (wet) AMD, such as those identified as having medium or large drusen, smokers or those with a family history of wet AMD or double layer signs on previous OCT²⁴⁻²⁷, may benefit from regular scans outside of their routine sight tests. This may be between one and three monthly depending on the level of risk.

Dispensing opticians are now working in virtual clinics in the hospital AMD services and so, with appropriate training and optometrist oversight, may be useful in monitoring for conversion to wet AMD through image only assessments supporting timely referral and intervention.

DISPENSING TIMING

For patients undergoing hospital-based treatment for macula pathology, OCT can be useful to determine optimal timing for dispensing spectacles. A dry or stable retina is more likely to give a stable refraction. Increasing subretinal fluid (SRF) has been shown to induce a hyperopic shift²⁸, therefore, dispensing spectacles while SRF is present may increase the risk of non-tolerance.

The best time for dispensing is usually when the patient has reached stability. This is usually after a minimum of three loading doses and at least two weeks post intravitreal injection, as this is usually when the retina is at its flattest.

SYMPTOMATIC PATIENTS

Patients presenting with neurological symptoms such as headaches, dizziness or diplopia will benefit from optic disc imaging. Disc volume, radial and RNFL scans can help to identify subtle signs of optic disc swelling. Similarly, patients presenting with distortion, blind spots or 'smudges' in their vision may benefit from a macula scan.

A brief set of targeted questions, guided by established standard operating procedures or imaging protocols, can help determine the need for OCT imaging and inform the selection of appropriate scans prior to examination by the optometrist.

REFINING REFERRALS

Adding OCT images to referrals allows the Hospital Eye Service to triage referrals more effectively, particularly when patients present with red flag symptoms. In situations when an optometrist is unavailable to examine the patient, dispensing opticians can undertake clinical imaging as part of the triage process, provided they are appropriately trained. While they cannot make a diagnosis, the inclusion of OCT imaging can support timely and accurate triage and referrals²⁸.

CONCLUSION

In clinical practice, OCT has become a valuable tool for optometrists and dispensing opticians. Dispensing opticians are frequently at the frontline of pre-screening and play an important role in identifying patients where OCT imaging is likely to be clinically useful.

The ability to assess patient needs on an individual basis, recognise when image quality is suboptimal, and appropriately repeat or modify image acquisition, further supports accurate clinical interpretation ensuring the optometrist has the relevant diagnostic information at the point of examination.

Together, these skills contribute to improved workflow, reduced repeat imaging, and enhanced collaborative care within the practice setting.

REFERENCES

References can be found when completing this CPD module. For a PDF of this article with references email abdopcpd@abdo.org.uk

AMY GREEN graduated as an optometrist from Cardiff University in 2007 and completed the independent prescribing speciality with Glasgow Caledonian University. Holding professional certificates in medical retina and glaucoma, Amy has worked as a specialist optometrist in medical retina, eye casualty and cataract pre-assessment clinics at York Teaching Hospital since 2012, and has taught undergraduate optometry at Bradford University since 2014. She also teaches on the professional certificate in medical retina for Cardiff University.

LEARNING OUTCOMES FOR THIS CPD ARTICLE



DOMAIN:
Clinical practice
5.3: Compare the principles, advantages and clinical applications

of different OCT imaging technologies used in community eyecare practice.

5.3: Recognise the appearance of key retinal, choroidal and optic nerve structures on OCT images, to support effective review of image quality and common artefacts.

6.2,7,8: Apply professional judgement when reviewing OCT images to recognise findings that may require triage, further investigation or referral in the interests of patient safety.



Multiple choice answers

Position of wear: measuring what matters

By Jasmin Glossop BSc (Hons) FBDO PGCert (HE) FHEA

CPD CODE: C-115990

Published June 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 Garcia-Espinilla et al (2022), which measurement system demonstrated the highest coefficient of variability (i.e. greatest variability in repeated measurements) when measuring as worn face form angle?

- a. Pupillometer
- b. Frame ruler
- c. Tablet based digital system
- d. Column-based digital imaging system

d is the correct answer. Garcia-Espinilla et al reported that measurements of face form (frame wrap) angle obtained using a column-based digital imaging system demonstrated the highest variability, with coefficients of variation exceeding 60 per cent. This was substantially higher than values recorded using a manual frame ruler (>10 per cent) and a tablet-based digital measurement system (<one per cent. Pupillometers were not capable of measuring face form angle, and therefore were not considered.

Reference

- Garcia-Espinilla O, Gallegos-Cocho I, Sanchez I, Canadas P et al. Comparison of physiognomy and frame angle parameters using different devices to prescribe progressive addition lenses. *Clinical and Experimental Optometry* 2021;105:420-7. Available from: www.researchgate.net/publication/351499469_Comparison_of_physiognomy_and_frame_angle_parameters_using_different_devices_to_prescribe_progressive_addition_lenses

Errors in position of wear measurements most commonly affect visual acuity in which zone of a progressive power lens?

- a. Distance zone
- b. Near zone
- c. The periphery
- d. Progression corridor

b is the correct answer. Pascual et al (2023) showed that errors in position of wear measurements most commonly affect visual acuity in the near zone of progressive power lenses. The impact was minimal in individualised lens designs, with only around two per cent of wearers noticing reduced near vision, while distance vision was largely unaffected. In comparison, optimised

designs were associated with higher rates of reduced near performance (approximately 13 per cent), and conventional designs showed the greatest effect, with around 41 per cent of wearers experiencing reduced near acuity.

Reference

- Pascual E, Gomez-Pedrero J A, Alonso J. Theoretical performance of progressive addition lenses with poorly measured individual parameters. *Ophthalmic and Physiological Optics* 2023;43:244-253. Available from: <https://onlinelibrary.wiley.com/doi/full/10.1111/opo.13088>

An increase in as worn pantoscopic angle for a -10.00DS will induce which type of cylinder?

- a. Negative cylinder, axis vertical
- b. Positive cylinder, axis vertical
- c. Negative cylinder, axis horizontal
- d. Positive cylinder, axis horizontal

c is the correct answer. When the as worn pantoscopic angle is increased, the induced cylinder will have the same sign ($\pm$) as the original sphere power. As this lens is negative, the correct answer is a negative cylinder axis horizontal as it is rotated about the horizontal axis.

Reference

- Jalie M, *Principles of Ophthalmic Lenses 6th Edn*. Kent: Association of British Dispensing Opticians; 2021. p. 334.

When dispensing aspheric spectacle lenses, how many millimetres should vertical fitting heights be compensated (lowered) for an as worn pantoscopic angle of 10 degrees?

- a. 5mm
- b. 2mm
- c. 8mm
- d. 10mm

a is the correct answer. To ensure that when looking through the optical centre the optical axis of the lens and visual axis of the eye coincide, a general rule is applied to reduce vertical heights by 1mm for every two degrees of pantoscopic angle. Therefore, for an as worn pantoscopic angle of 10 degrees, the vertical heights should be reduced by 5mm.

Reference

- Tunnacliffe AH. *Essentials of Dispensing*. Kent: Association of British Dispensing Opticians; 2003.

Which British Standard states that any prescription over $\pm 5.00D$ should be accompanied by a tested vertex distance?

- a. BS EN ISO 13666:2019
- b. BS 2738-3:2004+A1:2008
- c. BS EN ISO 12312-2:2015
- d. BS EN ISO 21987:2017

b is the correct answer. BS 2738-3:2004+A1:2008 states that any prescription over $\pm 5.00D$ should be accompanied by a tested vertex distance, as required by *The Sale of Optical Appliances Order of Council 1984*. BS EN ISO 13666:2019 is *Ophthalmic Optics – Spectacle Lenses – Vocabulary*, BS EN ISO 12312-2:2015 is *Eye and Face Protection – Sunglasses and Related Eyewear Part 2: Filters for Direct Observation of the Sun*, and BS EN ISO 21987:2017 is *Ophthalmic Optics – Mounted Spectacle Lenses*.

References

- British Standards Institution. BS 2738-3:2004+A1:2008. *Spectacle Lenses – Part 3: Specification for the Presentation of Prescriptions and Prescription Orders for Ophthalmic Lenses*. London: BSI;2008.
- *The Sale of Optical Appliances Order of Council 1984*. SI 1984/1778. London: The Stationery Office;1984.

What did Wesemann (2010), identify as the main reason for consistent measurement differences between centration devices?

- a. Examiner dependent measurement error
- b. Patient head and body posture
- c. Anatomical patient differences
- d. Device specific measurement principles and calibration

d is the correct answer. Wesemann (2010) demonstrated that consistent (systematic) differences between centration devices were primarily due to differences in device specific measurement principles and calibration. These differences persisted even under controlled conditions with trained examiners, indicating they were not due to examiner error or patient anatomy. While factors such as posture can introduce variability, they do not explain the consistent between-device discrepancies.

Reference

- Wesemann W. Comparison of PD measuring devices. *Optician* 2010;20-28. Available from: www.opticianonline.net/content/features/comparison-of-pd-measuring-devices

Which General Optical Council (GOC) standards of practice for optometrists and dispensing opticians applies to maintaining clear, legible and contemporaneous records?

- a. 8.1
- b. 7.5
- c. 12.1
- d. 10.5

a is the correct answer. Standard 8. *Maintain adequate patient records, with 8.1 Maintain clear, legible and contemporaneous patient records which are accessible for all those involved in the patient's care.* The article highlights the importance of record keeping when measuring the

dispensed frame vertex distance, and recording if it differs from the tested vertex distance and whether any compensation for effectivity is required.

Reference

- General Optical Council. *Standards of Practice for Optometrists and Dispensing Opticians*, S.8.1 Maintain adequate patient records. London: General Optical Council; 2025.

Which of the following statements is correct?

- a. Vertex distance is measured from the front surface of the lens to the apex of the cornea
- b. The generally accepted tolerance for vertical differential prismatic effect is one prism dioptre
- c. Minkwitz astigmatism occurs in single vision lenses that are not optimised for position of wear
- d. Increasing the vertex distance of a positive lens increases field of view and reduces spectacle magnification

b is the correct answer. The generally accepted tolerance for vertical differential prismatic effect is approximately one prism dioptre, reflecting the limited vertical fusional reserves of the visual system. Small amounts of induced vertical prism can result in symptoms such as asthenopia or diplopia, making accurate centration and fitting height particularly important. Vertex distance is measured from the back surface of the lens to the corneal apex, Minkwitz astigmatism primarily affects the near zone of progressive lenses rather than single-vision lenses, and increasing the vertex distance of a positive lens reduces field of view while increasing spectacle magnification.

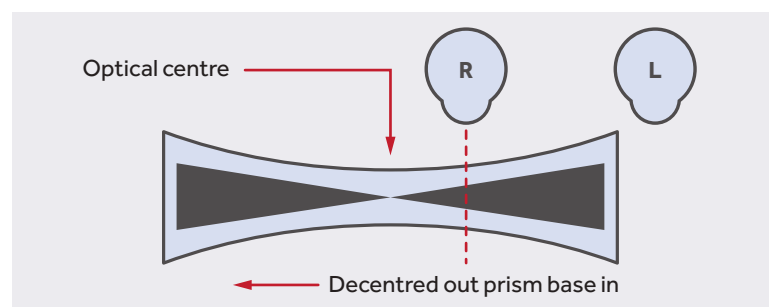
References

- Tunnaclyffe, A H. *Introduction To Visual Optics*. Kent: Association of British Dispensing Opticians; 1993.
- Pascual E, Gomez-Pedrero J A, Alonso J. Theoretical performance of progressive addition lenses with poorly measured individual parameters. *Ophthalmic and Physiological Optics*. 2023;43:244-253. Available from: <https://onlinelibrary.wiley.com/doi/full/10.1111/opo.13088>

A distance spectacle prescription of R -5.00DS and L -5.00DS has monocular pupillary distances of 30mm for each eye. The spectacles are dispensed with a centration distance of 32mm in each eye. What is the differential prismatic effect?

- a. Two prism dioptres base in
- b. One prism dioptre base out
- c. Four prism dioptres base in
- d. Zero differential prismatic effect

a is the correct answer. Using Prentice's rule $P=CF$ (C in cm) $P = 0.2 \times 5 = 1$ prism dioptre, as the lens is decentered out the prism base direction is in for each eye.



As there is 1 Δ base in each eye the differential = 2 Δ base in

Reference

- Jalie M, *Principles of Ophthalmic Lenses* 6th Edn. Kent: Association of British Dispensing Opticians; 2021. p. 52.

Time to check your CPD progress



Smaller learning experiences can be just as valuable as larger educational events

As the General Optical Council (GOC) reaches the midpoint of the 2025-27 continuing professional development (CPD) cycle, ABDO is encouraging members to review their progress and ensure they remain on course to meet their requirements by the end of 2027.

The latest figures from the GOC present an encouraging picture. Data from the end of June 2026 shows that 43 per cent of registrants, representing more than 10,900 optical professionals, have already achieved at least half of their required general CPD points. This suggests many practitioners are embracing a proactive approach to professional development.

However, more than half of registrants have yet to reach that milestone. With 15 months remaining, there is still plenty of time to make progress, making this an ideal opportunity to review your current position and plan your learning.

For dispensing opticians (DOs) and contact lens opticians (CLOs), CPD is about far more than meeting a regulatory requirement. It provides opportunities to remain up-to-date with developments in clinical practice, patient care, technology and professional standards. Regular

engagement in learning activities helps maintain professional confidence and supports the delivery of high-quality patient care.

The GOC's update also highlights the importance of the Personal Development Plan (PDP). While almost four in five registrants have completed their PDP, around 5,300 have not yet done so, despite it being a mandatory element of the current CPD cycle.

While the PDP can be viewed by some as an administrative requirement, it provides a valuable opportunity for structured professional reflection. Identifying strengths, development needs and learning objectives can help ensure CPD activities are both relevant and meaningful, supporting current practice as well as future career aspirations.

The GOC's director of regulatory strategy, Steve Brooker, has recently highlighted the benefits of completing and recording CPD consistently throughout the cycle. Most of us know how busy working life can become and can easily take precedence over learning activities, but regular engagement makes it easier to manage CPD requirements while gaining greater benefit from the learning undertaken.

FLEXIBLE LEARNING FRAMEWORK

A significant strength of the current CPD framework is its flexibility. Self-directed CPD enables registrants to learn in ways that suit their interests, professional needs and working patterns. Activities such as reading professional journals, attending webinars, gaining further qualifications, participating in peer discussions, teaching, mentoring and volunteering can all contribute to professional development when the learning is applied to practice. Guidance on completing self-directed CPD is available in the ABDO Professional Development Toolbox.

For many practitioners, these activities already form part of everyday professional life. The key is recognising their value, recording them appropriately and reflecting on the impact they have on your clinical practice. Often, smaller learning experiences can be just as valuable as larger educational events.

ABDO continues to support members through a wide range of CPD opportunities, including online peer review and journal clubs, practical skills workshops, webinars and online standards of practice modules. Combined these cover the four required learning domains and the peer review requirement. Whether members are focusing on clinical practice, specialist areas such as contact lenses, paediatrics, myopia management and low vision, or broader professional and leadership development, there are numerous opportunities available to support a balanced CPD portfolio.

At this stage of the cycle, it is worth asking a few simple questions:

- **Have I completed my PDP, and is it up-to-date?**
- **Am I on track to achieve my required points?**
- **Have I identified my learning priorities for the next 15 months?**

If the answer to any of these questions is 'not yet', there is still ample time to take action.

CPD is most effective when viewed not simply as a regulatory obligation, but as an ongoing investment in professional competence, development and patient care. This point in the cycle provides an ideal opportunity to reflect on progress, identify future learning priorities and make the most of the opportunities available before the end of 2027.

Contact the ABDO professional development team by emailing abdocpd@abdo.org.uk



New member directory

Putting expertise in the spotlight



Patients often want to understand more about the professionals providing their care

Our members bring an extraordinary breadth of knowledge, experience and specialist skills to the eyecare profession. From dispensing complex prescriptions and fitting contact lenses to developing expertise in areas such as low vision, paediatrics, sports eyewear and practice management, dispensing opticians (DOs) and contact lens opticians (CLOs) contribute far more than many people outside the profession realise.

As part of our ongoing commitment to raising the profile, recognition and value of our members, we are pleased to announce the launch of a new member directory this month. This directory represents an important milestone in our Annual Plan, and will provide a dedicated platform for members to showcase their professional expertise to colleagues, employers, patients and the wider public.

Before the member directory is launched, members will be invited to opt-in via the members' dashboard on the ABDO website. Those who choose to participate will be able to create a professional profile that highlights their qualifications, experience and any additional skills, accreditations or other areas of expertise they have developed throughout their careers.

RECOGNISING ADDITIONAL SKILLS

Many members have invested significant time and effort into expanding their expertise beyond their core qualification – whether through additional training, specialist certifications, postgraduate study, supervising, mentoring or involvement in enhanced

services – yet these skills are often not immediately visible to patients or even to fellow professionals. The member directory will help address this by creating a central, accessible resource that showcases the depth and diversity of expertise that exists across our membership.

For the public, the directory will make it easier to find qualified professionals and learn more about the skills and specialist knowledge available within the profession. Patients are becoming increasingly engaged in their healthcare decisions and often want to understand more about the professionals providing their care.

For members, the directory will offer an opportunity to increase their professional visibility and demonstrate the full scope of their capabilities. It will provide a way to communicate not only what they do, but the additional value they bring to patients, practice teams and the wider eyecare sector.

By giving members the opportunity to share information about their expertise, the directory will help build awareness of the essential role DOs and CLOs play in delivering high-quality patient care.

The directory will also support greater understanding among employers, healthcare partners and other eyecare professionals. As multi-disciplinary working continues to grow, having a clear picture of the knowledge and specialist skills available within the profession will help strengthen collaboration and create new opportunities for recognition and professional development.

MAKING NEW CONNECTIONS

Another key benefit will be the ability for members to connect with one another more easily. Whether looking for guidance in a specialist area, seeking professional support or simply wanting to expand their network, members will be able to identify colleagues with shared interests and expertise. This can help foster stronger professional relationships, and encourage the exchange of knowledge and best practice across the profession.

Importantly, the success of the directory will depend on the participation of members themselves. The more members who choose to join and share their expertise, the more valuable the resource will become for everyone who uses it. Every profile will contribute to building a richer picture of the profession, demonstrating the collective strength of our membership.

When the directory launches, members will be invited to review their profile and decide what information they would like to include. This will encompass professional qualifications, specialist areas of practice, and additional certifications that help reflect their professional journey.

The launch this month of the member directory forms part of a wider programme of work designed to strengthen awareness and appreciation of the profession. Alongside initiatives such as our recently launched Pay and Reward resource hub, it reflects our commitment to ensuring the skills, knowledge and contribution of DOs and CLOs are more visible than ever before.

Further information about how to create a member profile will be shared soon. We look forward to seeing the directory grow into a valuable resource that celebrates the expertise of ABDO members, and helps shine a spotlight on the profession.

ED FOX FBDO is ABDO head of membership services.



Safe contact lens wear for party season

With Halloween and party season fast approaching, ABDO is reminding members of the importance of professional oversight in the supply and fitting of all contact lenses.

"While contact lenses remain a safe and well-established form of vision correction when appropriately fitted, supplied and maintained, it's important that patients are reminded of the potential risks associated with contact lenses obtained outside regulated professional channels," says Max Halford, ABDO clinical and policy director.

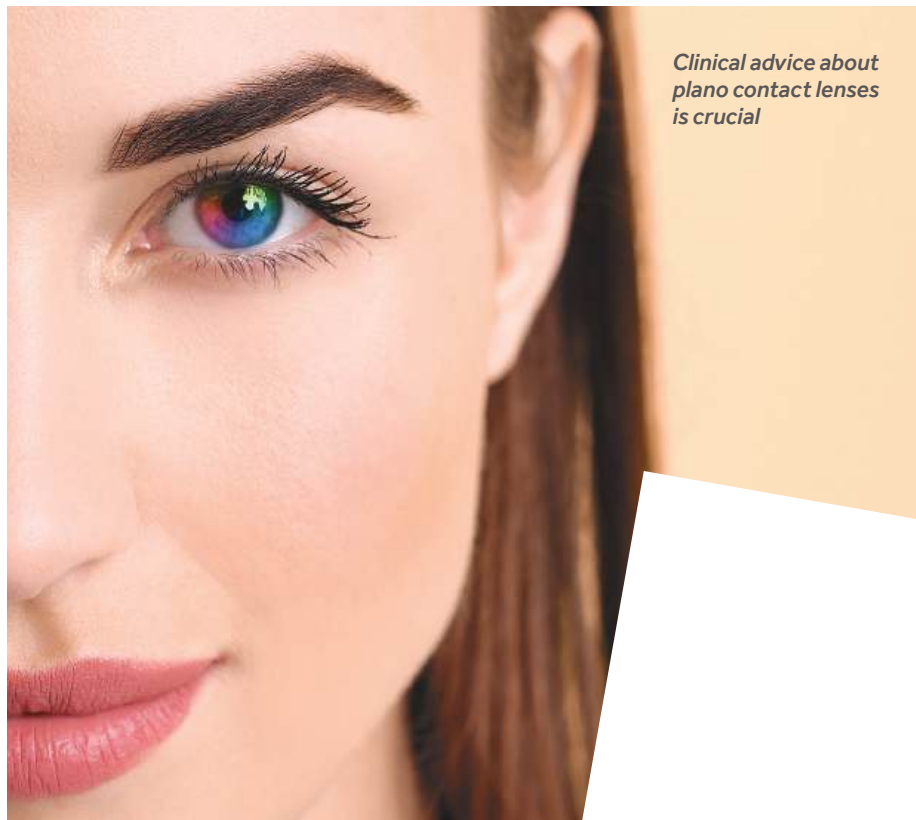
UK legislation places important safeguards around the supply of plano contact lenses, which as medical devices may only be sold by, or under the supervision of, a registered dispensing optician, optometrist or medical practitioner. Often marketed as cosmetic, coloured or novelty lenses, these types of contact lenses require the same professional consideration and care as powered contact lenses.

"Professional involvement is essential to ensure that lenses are appropriate and safe for the wearer, and that patients receive clear advice on insertion, removal, wear schedules, hygiene requirements and lens care," Max continues.

"The professional relationship also provides access to appropriate aftercare and ongoing support. Where consumers by-pass established safeguards and receive little or no professional guidance, there may be limited assurance regarding product suitability, safe handling instructions or access to aftercare."

Educating patients about the importance of obtaining contact lenses, including plano lenses, through regulated channels and adhering to recommended hygiene and wear practices, is crucial says Max – adding that "poor lens hygiene, inappropriate wear or unsuitable contact lenses can result in serious complications, including microbial infection and corneal damage".

Max continues: "The important distinction is between contact lenses



Clinical advice about plano contact lenses is crucial

supplied through appropriate professional channels such as High Street optical practices, with fitting, advice and aftercare, and lenses obtained from unregulated sources without those safeguards."

MEANINGFUL CONVERSATIONS

When contact lens optician (CLO) Victoria Bains talks to patients about the risks of buying contact lenses from unregulated or



VICTORIA BAINS

unlicensed sellers, she tries not to take too much of a hardline stance. "I think it is important to keep the conversation open and non-judgemental, particularly with younger patients," says Victoria, who works in independent practice. "If patients feel they are going to get into trouble buying lenses online, there is a risk they simply won't tell us, even if they develop a

problem. With under-16s, involving parents or guardians in that education is really important too – but, ultimately, I want patients to feel that they can come to us if something goes wrong.

"I often use the analogy of buying sushi from a petrol station: just because something is available to buy, it doesn't necessarily mean it's a good idea," continues Victoria, who also runs two NHS trust contact lens clinics in community practice and co-leads a third, specialising in complex keratoconic fits.

"I explain that with contact lenses, the price can sometimes be appealing, but it is important to consider where the lenses have come from, whether the seller is properly regulated, and whether the lenses have been supplied appropriately for that particular wearer. If something seems too good to be true, it is worth asking why."

For Victoria, this education starts from the very first fitting. She explains: "We provide patients with written hygiene, handling and cleaning instructions as part of their application

and removal training, but I think the demonstration and verbal explanation are just as important.

"I go through everything with them in the room and make sure they understand not only what they need to do, but why it matters. We then reinforce this at subsequent appointments rather than assuming that once they have been shown, the information has been retained. We also have training videos available which can be used to reinforce the practical aspects of lens care."

One thing Victoria finds particularly useful is talking about real-life examples of what can happen when things go wrong: "During a normal day, I see such a mixture of routine and complex hospital patients, so I can explain that infections and other complications can develop surprisingly quickly, and that delaying seeking help can make the situation considerably worse."

"I think this makes the advice much more meaningful than simply telling someone that poor hygiene carries a risk," she adds.



JODIE LYON

SHOWING PATIENTS THE WAY

"Patient education is as important as fitting contact lenses, encouraging the safest

habits to reduce the risk of complications and ensure patients enjoy comfortable and safe wear," says CLO, Jodie Lyon, of Edmonds and Slatter Opticians.

When educating a new contact lens patient, especially with young wearers, Jodie ensures hygiene is the main factor at every appointment. "Rather than giving verbal instructions, I physically demonstrate insertion, removal and cleaning to ensure they are both confident and comfortable with each stage themselves," she says.

Jodie also explains why personal hygiene and handwashing are important, alongside the importance of following lens care regimes, reviewing this at each appointment. She explains: "I always invite patients to return if they experience discomfort, redness or changes in vision and always issue written instructions they can refer to at home if needed."

"Regular aftercare visits are an opportunity to reinforce good habits, review handling and re-educate when necessary for continued safe and comfortable wear," Jodie continues.

"With the ever-increasing growth in online shopping, contact lenses have become more accessible but this has increased the risk of patients buying unregistered and unreliable products. This is concerning, as lenses can be purchased without professional supervision.

"It's important that patients understand the risks involved when not having professional supervision and buying from unregistered sellers. I cannot stress the importance of giving your patients the best advice and care for their long-term ocular health," adds Jodie.

USEFUL RESOURCES

- **ABDO** has detailed clinical advice and guidance for members about contact lenses, including plano lenses, at www.abdo.org.uk/regulation-and-policy/advice-and-guidelines/clinical/contact-lenses
- **ABDO EyecareFAQ** provides a range of contact lens-related infographics to share with patients, including for use in the lead-up to Halloween
- **The British Contact Lens Association** has an advice page for patients about cosmetic contact lenses at www.bcla.org.uk/public/consumer/cosmetic-contact-lenses

KEY MESSAGES FOR PATIENTS

ABDO advises that headline messages for patient communications around contact lenses should include:

- Zero-powered (plano) or cosmetic lenses require the same fitting and aftercare as prescription contact lenses
- Contact lenses should never be shared with another person
- Good hand and lens hygiene is essential
- Contact lenses should only be worn for the recommended period and according to the advice provided
- Patients should never sleep, swim or shower in their contact lenses unless specifically advised that the lens is suitable for that purpose
- Pain, significant redness, photophobia, discharge or deterioration in vision while wearing contact lenses requires prompt professional assessment



People, passion and progression

Daniel Green FBDO and Pragna Raghwani FBDO CL will join the ABDO Board on 5 November bringing with them a wealth of experience and expertise. *Dispensing Optics* editor, Nicky Collinson, caught up with Daniel and Pragna to hear more about their respective professional journey – and what they hope to bring to their new role representing ABDO members...

NC: CAN YOU TELL ME A BIT ABOUT YOUR CAREER SO FAR – AND YOUR CURRENT PROFESSIONAL ROLE/S?

PR: My career in optics has been a journey of continuous learning, change and, above all, people. I have worked in the optical profession for many years and have been fortunate to experience it from a number of different perspectives. I am currently a retail partner and director of Barnet Specsavers, where I have worked alongside my business partner for more than two decades.



PRAGNA RAGHWANI

Being a practice owner has given me a very broad understanding of our profession. My role encompasses leadership, people development, business strategy and the day-to-day challenges of running a busy optical practice, while always ensuring that patient care and professional standards remain at the heart of what we do.

One of the things I have valued most throughout my career is the opportunity to work with people and help them develop. I have seen colleagues join the profession at the beginning of their careers and go on to become highly skilled and confident professionals. Watching that

journey has reinforced my belief in the importance of education, encouragement and good leadership.

I have also become increasingly involved in wider professional and charitable work, which has given me an even greater appreciation of the positive impact that those working in eyecare can have on individuals and communities.

DG: My route into optics was probably not the most conventional. I was working in hospitality and looking for a career that offered more sociable hours when I came across dispensing optics. I joined Specsavers in Southport on a temporary contract, and my first job was quite literally standing on the High Street handing out leaflets.

I quickly realised there was much more to optics than I had appreciated and decided I wanted to qualify as a dispensing optician [DO]. I moved to Specsavers Preston, where I was given the opportunity to earn while I learned, studying through ABDO College alongside working in practice. I qualified as a DO in 2018.

Over the years, my career has increasingly moved towards education and professional development. I became

“I understand the reality of life on the frontline”

an in-practice trainer before joining the Specsavers UK professional development team in 2022 as dispensing and contact lens training manager. I subsequently became senior dispensing and contact lens training manager and, in March 2026, was appointed head of dispensing development.

Today, my role is focused on developing the future of dispensing within Specsavers, particularly how we attract, educate and develop people throughout their careers and ensure dispensing continues to evolve alongside the changing needs of patients and the profession.

Alongside my Specsavers role, I've worked as a clinical tutor in optometry at

the University of Manchester, sit on the General Optical Council's Education Committee Advisory Panel, and earlier this year took on the role of ABDO regional lead for the North West of England.

It's quite strange to think that a career which started with handing out leaflets has ultimately led to opportunities to contribute to the future direction of the profession.

NC: WHAT INSPIRED YOU TO PUT YOURSELF FORWARD TO BECOME AN ABDO BOARD MEMBER?

PR: Quite simply, I wanted to give something back. The optical profession has been such an important part of my life, and I felt that the time was right to use the experience I have gained over the years to contribute in a wider way.

I have always believed that professional organisations are strongest when they listen to the people they represent. I wanted to be part of that conversation to listen to members, understand the challenges they face, and help ensure that their experiences and aspirations are reflected in the direction of the profession.

I am particularly excited about the opportunity to contribute at a time when our profession is evolving so quickly. Technology, changing patient expectations, workforce pressures and new models of care are all creating opportunities as well as challenges. I see joining the ABDO Board not as an achievement in itself, but as a responsibility to listen, to represent and to help make a positive difference.

DG: ABDO has been part of my career from almost the beginning. I studied through ABDO College, became FBDO and have benefited enormously from the opportunities this profession has given me. Joining the Board felt like an opportunity to give something back, but also to help shape what comes next. I'm particularly passionate about making sure dispensing optics remains a profession people actively want to join and, just as importantly, one in which ambitious people can see a future for themselves.

My own career wasn't mapped out from the beginning. It developed because

people invested in me, gave me opportunities and encouraged me to take them. I think we have a responsibility as a profession to create more of those opportunities for the next generation. I've always liked the saying, "You miss every chance you don't take." Putting myself forward for the Board felt like another one of those chances.

NC: WHAT ARE YOUR MAIN PROFESSIONAL INTERESTS AND SPECIALTIES – AND HOW DO YOU SEE THESE AS ENHANCING YOUR CONTRIBUTIONS TO THE ABDO BOARD ON BEHALF OF MEMBERS?

PR: My professional interests are centred around people, professional development, leadership, education and patient care. Having spent many years working within practice and leading a team, I understand the reality of life on the frontline. I know that our members are balancing professional responsibilities with the pressures of running businesses, managing teams, developing their careers and, most importantly, providing excellent care to patients. I hope to bring that practical perspective to the Board.

I also feel strongly about supporting people throughout their careers. Whether someone is taking their first steps into the profession, developing their specialist skills, moving into leadership or approaching the later stages of their career, there should always be opportunities to learn, contribute and feel valued.

I would like to be someone who listens carefully to different voices within our profession. We are a diverse profession, and I believe that understanding different experiences is essential if we are going to represent our members effectively.

DG: Education and professional development are probably the obvious ones. Much of my current work is centred around how we attract people into dispensing optics, how we educate them effectively and how we continue developing them once they're qualified. But I'm also passionate about the breadth of what DOs actually do.

At different stages of my career, I've been fascinated by different parts of the profession. Initially it was frames, fashion and styling. Then it was lenses, optics and the science behind what we prescribe and dispense. Later, particularly through my experiences during the pandemic, I developed a much greater appreciation for the healthcare role we play. Increasingly,

though, I've come to believe that what connects all of those things is communication.

DOs are translators. We take prescriptions, clinical information, optical science and increasingly sophisticated technology and translate all of that into something that works for an individual person. We have to understand not just



DANIEL GREEN

the prescription, but the patient's lifestyle, priorities, concerns and expectations.

I hope I can bring that combination of practice experience, education, large-scale professional development and enthusiasm for the identity of dispensing optics to the Board – while always remembering that ultimately the Board exists to represent and support ABDO members.

NC: WHAT ARE YOUR MAIN HOPES/ASPIRATIONS FOR ABDO MEMBERS MOVING FORWARDS? IS THERE ANY ONE SPECIFIC THING YOU WOULD LIKE TO SEE COME TO FRUITION DURING YOUR TERM IN OFFICE?

PR: My greatest hope is that every ABDO member feels proud of their profession, valued for their expertise and confident about their future. I would love to see even greater opportunities for professional development, mentoring and collaboration across the profession. In particular, I would like to encourage stronger connections between experienced practitioners and those who are newer to the profession, so that knowledge, experience and enthusiasm can be shared.

If there is one thing I would particularly like to see during my term, it is a stronger connection between ABDO and its members – a relationship where members feel genuinely heard and can clearly see how their professional body is supporting and representing them.

I also want us to continue raising

awareness of the vital role DOs play within eyecare. We have an enormous amount of knowledge, expertise and experience within our profession, and I believe we should be confident in communicating the value we bring to patients and to the wider healthcare system.

For me, leadership is about listening before speaking, understanding before deciding and always remembering the people you are there to represent. That is the approach I hope to bring to my time on the ABDO Board. I feel incredibly privileged to have this opportunity and am excited about working alongside fellow Board

“I'm passionate about the breadth of what DOs actually do”

members and, most importantly, listening to and representing ABDO members as we shape the future of our profession together.

DG: I'd like DOs to feel increasingly confident and proud about the value they bring to both patients and the wider optical sector. We are in quite a unique position. We're stylists, scientists and healthcare professionals, but we're also communicators, translators and empathisers. We take something highly technical and make it work for a real person in the real world. I think sometimes we underestimate just how valuable that combination of skills is.

Looking ahead, I want us to continue strengthening the professional identity of the DO, while creating clearer and more accessible routes into the profession and opportunities beyond qualification.

If there were one thing I'd particularly like to see during my term, it would be more people choosing dispensing optics as a career, and more existing DOs seeing genuine opportunities to develop within it.

I entered the profession without a grand career plan. I was given an opportunity, then another, and another. Eight years after qualifying, I'm head of dispensing development, contributing to regulatory education discussions and joining the ABDO Board. I'd love for more people to be able to tell a story like that.

Find out who sits on the ABDO Board, and how to get in touch with them, by visiting www.abdo.org.uk/contact-us/abdo-board



Shining a light on excellence

As we mark the centenary of our profession, it is fitting that we take a moment to celebrate some of the individuals whose work has been recognised through awards and accolades over the past year.

Awards matter because they shine a light on excellence. While each recipient has achieved success in their own right, their accomplishments represent something much bigger. They demonstrate the value that dispensing opticians (DOs) and contact lens opticians (CLOs) bring to patients, communities and the wider healthcare sector every day. Their achievements showcase the very best of our profession, and help to raise



Samantha Houghton (R) receives her Optometry Wales Award

awareness of the important work that our members undertake.

This year, ABDO itself recognised a number of outstanding individuals at the 2026 Graduation

and Prize Giving Ceremony. Long-standing distance learning tutor and practical examiner, Diane Nash, received the ABDO Medal of Excellence in recognition of decades of service to education and the profession. Fellow ABDO Medal of Excellence recipients included John Southgate for his commitment and contribution at local and regional level, and Paul Lewis for his professional representation and dedicated service.

ABDO Life Membership was awarded to past presidents, Chris Packford and Barry Duncan, in recognition of their exceptional contributions and extensive service to both the Association and the wider profession, while Lisa Donaldson received an ABDO Honorary Fellowship for her exceptional contribution to the optical profession and to patient care. These awards recognise individuals whose commitment has helped strengthen both ABDO and the profession for future generations.

GLOBAL RECOGNITION

Our members have also been recognised across the wider optical sector. At the prestigious Optician Awards, Scott O'Neill, founder of Doctor Oculus in Birmingham, was named Dispensing Optician of the Year. His practice was commended for its emphasis on personalised dispensing, bespoke eyewear and specialist repairs, demonstrating how innovation and craftsmanship continue to thrive within independent practice. Meanwhile, Haydenswan Eyecare received the event's Sustainability Award for its commitment to environmentally responsible practice, integrating sustainable products and reducing waste while continuing to provide excellent patient care.

In Scotland, the inaugural Scottish Optometry Awards celebrated the achievements of professionals across the sector. Susan Ferguson of Black & Lizards was named Dispensing Optician of the Year in recognition of her contribution to patient care and professional practice. The event also honoured Dr Scott Mackie and Dr Roisin Mackie with a special recognition award acknowledging 30 years of delivering continuing professional development and supporting learning across the profession.

Recognition was equally evident in Wales, where Samantha Houghton received the Dispensing Optician and Contact Lens Optician of the Year award at the Optometry Wales Awards. The award celebrates practitioners who consistently go above and beyond in providing expert care and support for patients, and reflects the positive impact that dedicated professionals have on the lives of those they serve.

The profession's creativity and entrepreneurial spirit were also acknowledged at the Love Eyewear Awards during 100% Optical. DO Saira Patel was recognised as New Designer of the Year for her brand, Monarkh Eyewear. Founded with a vision to provide luxury eyewear for underserved size ranges, the brand has gained recognition for combining thoughtful design with clinical understanding.

Also at 100% Optical, past ABDO president and incumbent Master of the Worshipful Company of Spectacle Makers, Fiona Anderson, received the inaugural Dame Mary Perkins and Optical Women's Association Leadership Recognition Award, celebrating leadership and influence within the profession.

Further success came at the Eyecare Awards, where Dan Scott was named Dispensing Optician of the Year. The award



Chris Packford receives ABDO Life Membership

recognises excellence in every aspect of dispensing and customer care, highlighting the significant role that DOs play in delivering

outstanding patient experiences. Dan's passion for supporting independent practice and helping businesses differentiate themselves in a changing marketplace demonstrates the ambition and commitment that continue to drive the profession forward.

Looking ahead, two UK DOs, Martyn Howlett of SeeAbility and Jessica Gowing of Great Ormond Street Hospital, have been shortlisted for the Silmo/International Opticians Association International Optician of the Year Award. Their selection among just six finalists globally is a tremendous achievement, and reflects the international respect commanded by UK DOs. By the time this issue is published, the winner will have been announced at Silmo Paris.

Of course, these award winners represent only a small proportion of the excellence that exists throughout our profession. Every day, DOs and CLOs make a meaningful difference to patients through their knowledge, care and professionalism. While not every achievement results in a trophy or formal accolade, it is important that we continue to celebrate success whenever and wherever it occurs.

Gavin Berkerey is ABDO director of communications and engagement.



"Your voice matters"

Dispensing opticians (DOs) and contact lens opticians (CLOs) are playing an increasingly important role in primary eyecare. Over the past four years, I have seen first-hand how their expertise strengthens patient care. I have also seen the vital role local optical committees (LOCs) and the Local Optical Committee Support Unit (LOCSU) play in supporting the profession and influencing the future of eyecare.

With integrated neighbourhood healthcare taking centre stage, and an emphasis on multi-disciplinary working, there has never been a better time for DOs and CLOs to help shape the future for eye health care. One of the most effective ways to do this is through engagement with LOCs.

INTEGRAL PART OF THE FUTURE

Established to represent NHS optical contractors and performers within their local areas, including DOs and CLOs who own their own practice, LOCs work closely with commissioners, integrated care boards (ICBs) and system partners to influence service development, support contractors and champion primary eyecare.

Many LOCs now have DOs and CLOs on their committees, providing the eyecare profession with a collective voice, and offering a vital link between frontline professionals and local decision-makers.

Supporting their work is LOCSU. We provide leadership, commissioning expertise, pathway development, governance, training and communications to improve eye health outcomes. Working alongside the Optometric Fees Negotiating Committee and other sector partners, LOCSU helps ensure primary eyecare is nationally recognised as an essential part of the healthcare landscape.

A key priority within LOCSU's strategy is embedding primary eyecare within integrated neighbourhood healthcare. As the NHS continues its shift towards prevention, early intervention and care closer to home, making the best use of

the whole optical workforce has never been more important.

If the profession is to make full use of these skills, DOs need a voice where decisions are made. One of the most encouraging developments during my time as CEO has been the increasing recognition of DOs and CLOs as an integral part of that future. As enhanced services and neighbourhood care models



evolve, DOs and CLOs are helping practices maximise every patient contact and deliver high-quality community care. Their perspective complements that of eyecare professional colleagues, bringing practical insight into patient communication, workforce planning, service delivery and implementation.

Recognising this, LOCSU's updated model constitution for LOCs encourages broader representation across LOCs, encouraging DOs and CLOs to continue taking on committee and leadership roles. The benefits are clear: stronger cross-sector representation helps ensure services make full use of the practice team, strengthen workforce development and remain practical, sustainable and responsive to patient needs. It also helps commissioners understand how the wider optical workforce can contribute to local priorities.

As more care moves into the community, LOCs have a crucial role in influencing commissioners to make the best possible use of available skills and expertise. DOs and CLOs are essential to making that case.

ENRICHING DISCUSSIONS

LOCs are already helping develop and retain enhanced services that improve access to care, reduce pressure on secondary care and support better patient outcomes – with 99 per cent of LOCs having at least one enhanced service, as of 31 August 2026.

Meanwhile, LOCSU continues to support the sector nationally through pathway

development, local system innovation and advocacy.

Through induction programmes, leadership development and ongoing training opportunities, LOCSU is helping to build the next generation of leaders who will shape primary eyecare in the years ahead.

I have been encouraged to see more DOs and CLOs stepping into leadership and service development roles. Their expertise enriches discussions, broadens perspectives and helps ensure the profession reflects the full workforce delivering care every day.

The future of primary eyecare depends on our ability to retain and expand enhanced services, influence local decision-makers and demonstrate the value of the whole optical workforce. Whether you are newly qualified or highly experienced, your voice matters. By attending meetings, contributing ideas or taking on a committee role, you can help shape local services and ensure DOs and CLOs continue to play a central role in neighbourhood eyecare.

If you have not connected with your local LOC before, now is the time. Reach out to your LOC and get involved. Together, we can help shape the future of primary eyecare and ensure patients continue to benefit from the skills and expertise of the whole practice team.

Visit www.loscu.co.uk

JANICE FOSTER is CEO at LOCSU.



Seeds for change

When I took on the role of ABDO regional lead for Northern Ireland earlier this year, I knew there would be a bit of finding my feet involved. Over the past few months, I have been getting to know the regional lead team and learning more about the work taking place across the UK. It has been great to meet the other regional leads, hear about what is happening in their areas and discover that, although each region has its differences, many of the opportunities and challenges facing dispensing opticians (DOs) are shared.

Here at home, I have also been enjoying speaking to other DOs at CPD events and via email. Northern Ireland has a relatively small and close-knit optical community,

which I feel is one of its strengths. We work across independents and multiples, in clinical, retail, management, education and commercial roles, but our paths have a habit of crossing.

As part of the regional lead role, I also sit on the Optometry Northern Ireland (ONI) Board,

representing ABDO alongside colleagues from across the optical sector. It has been a useful introduction to the wider work taking place within eyecare in Northern Ireland and the considerable work ONI has been doing around contract reform and practice reward.

GOS contract reform in Northern Ireland is focused on shifting more eyecare into community optical practices, expanding enhanced services, and making better use of the skills of optometrists and DOs to improve patient access and reduce pressure on hospital eye services.

With a new health minister now in post, those discussions will begin again, from a good starting point thanks to the work already undertaken by the chairs of ONI. It will be interesting to see how this develops and what opportunities future changes to community eyecare might create, including involvement for DOs.

WE ARE RETAILERS TOO

Speaking to fellow DOs makes me think about our profession and the different directions our interests can lead us. One of mine has always been retail optics. I am keen to see DOs recognised for the skills we have and the contribution we can make to eyecare. At the same time, I sometimes wonder whether, in our desire to emphasise our role as healthcare professionals, we risk becoming a

little uncomfortable with another part of our identity: we are retailers too.

I quite like the old-fashioned word 'shopkeeper'. Of course, a DO is much more than that, but I don't think the word needs to sit uncomfortably alongside being a healthcare professional. We discuss someone's visual needs and recommend an appropriate lens design, while also helping them choose a product they will wear on their face every day. We want them to see well, enjoy the process and be happy with what they have chosen.

I have always been interested in what makes an optical practice a good place to visit – the environment, the products, the service and the overall experience. A good recommendation can be professionally appropriate while also being commercially successful. A well-designed practice can improve the customer experience without taking anything away from the professional care being provided.

Frames and fashion are also an enjoyable part of the job. Helping someone try something they would never have picked for themselves, or finding a frame that just works for them, is something most of us will recognise as one of the more satisfying parts of dispensing.

I think there is value in looking at what is happening elsewhere in retail too. Look at other optical practices and frame brands, certainly, but also at shops, cafés, hotels and other businesses that do things particularly well. How are products presented? What makes the service good? What makes the whole experience feel easy? Why did you remember it?

Not everything will translate into optical practice. Occasionally, though, you see an idea that makes you reconsider something in your own practice – how you display frames, how somebody moves through the space or simply how they are welcomed when they arrive.

None of this sits in competition with the professional development of dispensing optics. We are regulated healthcare professionals, with knowledge and responsibility that goes well beyond the retail environment. The retail side of optics sits comfortably alongside that.

We can take our professional responsibilities seriously, continue developing our skills and look for new opportunities for the profession, while also enjoying frames, fashion, good retail and creating practices that people enjoy visiting. In many of our practices, they are simply parts of the same job.

As I continue finding my feet as regional lead, I am looking forward to meeting more members across Northern Ireland, hearing what matters to them and seeing where the profession goes next.

Based in Belfast, CHRIS McCONNELL FBDO is a member of the Optometry Northern Ireland Board. Email cmcconnell@abdo.org.uk



PHOTO: Eyes on St Albans on Unsplash



A well-designed practice can improve the customer experience



OLA ONLINE

ABDO members have exclusive access to one of the profession's most valuable resources: OLA Online, the digital version of



Ophthalmic Lens Availability, often referred to as the industry's 'optical lens bible'.

The searchable online platform brings together lens data from a wide range of manufacturers, making it quick and easy to

compare products and find the right solutions for patients.

Developed by ABDO and continually updated, OLA Online offers far more than a traditional catalogue. Members can explore specialist lenses, hidden lens engravings, educational content, interactive tools, digital dispensing resources, and manufacturer-specific information, all in one convenient location.

OLA Online can be found on the members' dashboard at www.abdo.org.uk



NUTRITION AND THE OCULAR SURFACE

How often have we heard the phrase: 'We are what we eat'?

Good nutrition is extremely important when it comes to our general health, but how pivotal is it for the health of the ocular surface? Is there a diet we can recommend to our dry eye patients?

These are just two of the questions posed by Keith Tempny FBDO CL FBCLA in his penultimate Dry Eye Corner article for 2026, published exclusively on *DO Online* for ABDO members.

With increasing evidence of a Gut-Eye Axis, Keith will be exploring the links between nutrition and the ocular surface.

Read Dry Eye Corner Part 9 in full on DO Online.



BUSINESS BITES



SPORTS VISION: FOUR QUICK WINS

Do you want to expand your practice or develop a new specialism? Have you thought of focusing on sports eyewear and eyecare?

With specialist products and qualifications now available, plus research to help sports people perform to the max, this is a fascinating area, and one in which patients are willing to invest in order to improve their enjoyment and performance.

Here are four quick wins to help you specialise in sports vision...

1. STUDY THE SCIENCE BEHIND SPORTS VISION

For good dispensing for sports, peripheral vision is critical, so you need to consider wraparound frames, as well as advances in freeform lenses and lens materials. Knowledge about tints is vital, such as how and when to apply photochromic tints and the kind of tint that someone needs. You also need to know when contact lenses might be best.

2. STOCK AND DISPLAY

Look at the stock you have and consider if it meets the needs of serious sports people. Does it occupy a prominent place in the practice? Do you have an extensive range of frames and demonstration lenses to show patients the different benefits of tints.

3. THE TEAM

Is your team briefed on the optical requirements of different sports? Take time to schedule in some training sessions looking at different sports. You can focus on winter sports and summer sports separately. Ensure every team member knows that it is a good idea to raise the issue of sports vision during a dispense.

4. BUILD LOCAL LINKS

You need to build your reputation as the 'go to' place for sports vision in your area. One great way to do this is to build links with local sports clubs and professionals. Consider what you have to offer them before you approach and develop a range of suitable products across a range of price bands.



ABDO AWARDS

HAMBLIN MEMORIAL PRIZE 2026

ABDO is pleased to invite nominations for the Hamblin Memorial Prize, which recognises exceptional service to the advancement of opticians through innovation in practice, education, research or promoting the profession.

The Hamblin Memorial Prize is ABDO's premier recognition of innovation and professional advancement.

It celebrates members whose vision, leadership and commitment have inspired progress in dispensing optics and strengthened the profession for future generations.

Nominees should demonstrate a clear and lasting impact that has benefited patients, practitioners and/or the wider profession.

Sponsored by Boots Opticians, the winner will be awarded a prize of £200.

Nominations are open until 5pm on Friday 16 October, with the recipient announced during an online awards ceremony on 3 December.

For nomination information and full criteria, visit www.abdo.org.uk/hamblin-memorial-prize



ABDO BENEVOLENT FUND

HELP IS AT HAND

The ABDO Benevolent Fund exists to support members, past or present, going through hard times – and extends to dependents. People have been assisted during redundancy, bereavement, illness and relationship breakdowns.

As well as providing financial support, the Fund can signpost applicants to useful services, such as the debt counselling charity, Stepchange.

Learn more about the ABDO Benevolent Fund on the ABDO website.

All enquiries are kept strictly confidential.



ALWAYS READY FOR BUSINESS

WE'RE HERE FOR ALL MEETINGS GREAT & SMALL ✓

The ABDO National Resource Centre is ready and waiting to help your business.



Set in the heart of Birmingham the NRC is the perfect venue for *your* event. We have spaces and facilities to host small meetings, training courses, conferences and seminars.

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- Customisable room layouts
- Catering facilities available include water dispensers, 'bean to cup' coffee and artisan flavoured teas
- FREE car parking
- Superfast FREE WiFi
- Dedicated host for your event

For more information or to book, email enquiries@abdonrc.org.uk or call Mat Stringer on 0121 7527 500

ABDO National Resource Centre, Aqueous II, Aston Cross Business Village Chester Street, Birmingham, B6 5RQ

NRC | Birmingham

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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

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.

COURSES AVAILABLE INCLUDE:

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- Contact lens diploma
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- Hidden lens engravings
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- Interactive tools
- Digital dispensing

* 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