

## VACANCY: DOCET seeks new Training Adviser

The DOCET Training Adviser provides professional input to all new projects undertaken by DOCET. Many of you will be familiar with Geoff Roberson, the current Training Adviser, who is the main contributor to the Quarterly Review in the Optometric Quarterly series.

The services required in this capacity have recently been reviewed in light of the ongoing and planned volume of training material to be produced by DOCET. As a result, DOCET is seeking a second Training Adviser in order to provide additional support in this area.

For more information or to register an expression of interest in this role please email [alena@docet.info](mailto:alena@docet.info)

The additional DOCET Training Adviser will be required to commit to up to 30 days per annum spread over 48 weeks, as well as attend two meetings a year of the DOCET Committee and approximately six meetings a year of the DOCET Executive Committee.

The DOCET Training Adviser should be a registered optometrist and member of the College of Optometrists. Knowledge of current training needs and involvement with and experience of producing CET or other forms of training is highly desirable.



## On the Record: the Optometrist-Patient Relationship

DOCET has joined forces with the Association of Optometrists to produce a "legal scenario" on DVD. The dramatized vignette was first presented at the National Optometric Conference in October 2006, and illustrates

a series of events leading to a GOC Fitness to Practice hearing for a community optometrist.

The disc includes a professional commentary in the "extras" section analysing the evidence and highlighting key points from the drama.



As an added extra, DOCET has updated its Record Keeping Booklet, a copy of which is included with the DVD.

A poll has also been set up on the DOCET website where you can vote on whether, in your opinion, the fitness to practice of the optometrist was impaired or not, as well as post comments.

## ● ● ● Feedback

We are always keen to hear your feedback on the DOCET.info newsletter – do you enjoy reading it? What type of articles would you like to see featured?

Do you have any suggestions for this newsletter (or for the Optometric Quarterly audio files)?

Please email [enquiries@docet.info](mailto:enquiries@docet.info)



## Upcoming DOCET Distance Learning Projects



As well as the **On the Record** DVD, DOCET will shortly be distributing a **Communication Skills** pack, comprising a DVD, fact sheets and booklet, as well as a CD-ROM on **Neurological Disorders**.



DOCET is also currently working with Seeability to produce a **Learning Disabilities** project, and will shortly begin work on projects on **Age-related Macular Degeneration**, **Flashes & Floaters** and **Optometry & Ethnicity**.



## DOCET Funding Guidelines: notes for CET Providers

A reminder to CET providers wishing to receive DOCET funding that the following rules apply:

- Funding applications will only be accepted via the online form on the DOCET website ([www.docet.info](http://www.docet.info))
- The online claim form must be used – no other form will be accepted
- All claims must include full proof of expenditure and the attendance list (including the participants GOC number)
- The maximum DOCET funding payable per event is £5,000
- Lecturer and workshop leader fees will be capped at £180 per hour
- DOCET will only fund topics relating to the provision of primary health care services – if an event includes lectures or workshops that are not eligible for funding the amount payable will be reduced proportionally
- Course organisers may apply for DOCET funding no earlier than 12 months and no later than two weeks before an event

A full copy of the guidelines is available on the DOCET website ([www.docet.info](http://www.docet.info)).

## Change of address

If you move house or change any of your personal information you must let us know your new details – even if you have already informed the GOC. Please email [enquiries@docet.info](mailto:enquiries@docet.info)

# ● ● ● Within OQ69

## 1. Charles Bonnet Syndrome – informing optometrists

Charles Bonnet Syndrome describes a situation where a person with macular degeneration starts to see visual hallucinations. Cathy Yelf, Head of External Relations at The Macular Disease Society, talks to Bob Wilkes about Charles Bonnet Syndrome highlighting the importance of increasing optometrist and patient awareness of the condition.

Bob Wilkes  
and Cathy Yelf



## 2. Congenital hypertrophy of the retinal pigment epithelium (CHRPEs)

CHRPEs are pigmented fundus lesions which are of optometric and ophthalmological interest when considering a differential diagnosis of a number of other conditions. Lyndon Taylor asks Simon Barnard about congenital hypertrophy of the retinal pigment epithelium (CHRPEs), including how to assess and monitor them and also their associated risks.

Lyndon Taylor  
and Simon Barnard



## 3. Which is the right lens to use for slit lamp indirect ophthalmoscopy?

Here Jane Bell asks Lyndon Taylor to discuss the lens options available for viewing a patient's fundus using slit lamp indirect ophthalmoscopy, and in particular to highlight some of the newer lenses available.

Lyndon Taylor and Jane Bell



## 4. Quarterly review

In this edition Geoff Roberson's review includes discussions on colour vision requirements for police officers, the implications of cataract on driving ability and the ability of the Optomap to detect peripheral retinal lesions.

Geoff Roberson



# MCQs

## MCQs for OQ69

1. What proportion of people with macula degeneration are thought to suffer from Charles Bonnet syndrome?
  - a) 5%
  - b) 10%
  - c) 15%
  - d) 20%
2. On average how long will a sufferer notice the effects of Charles Bonnet syndrome?
  - a) 1 year
  - b) 1.5 years
  - c) 5 years
  - d) For life
3. Which of the following statements does NOT describe CHRPE's?
  - a) They are normally in one eye only
  - b) They are slightly raised
  - c) They have sharply defined smooth or scalloped margin
  - d) They can increase in size
4. What percentage of the male population, who have moderate to severe red-green colour deficiency and fail the D15 test, are most at risk of colour confusion in everyday police work?
  - a) 2%
  - b) 4%
  - c) 5%
  - d) 8%
5. In the British Journal of Ophthalmology study what cut-off was recommended to eliminate some of the effects of fluorescein and improve correlation with other dry eye tests?
  - a) 4 seconds
  - b) 6 seconds
  - c) 7 seconds
  - d) 10 seconds
6. In the Bradford study what level of monocular blur was found to affect the ability to accurately judge the height of a step?
  - a) 0.50 dioptres
  - b) 1.00 dioptres
  - c) 1.50 dioptres
  - d) 2.50 dioptres

# MCQs continued

## Answers to MCQs for OQ68

1. Which of the following statements about the iPRO scheme is NOT true?

- a) It is open to all registered optometrists
- b) It is worth up to a maximum value of £10,000
- c) iPRO provide ongoing advice, training and support to successful applicants
- d) Projects should normally be completed within one year

*The iPRO grant scheme funding is available to members of the College of Optometrists only.*

2. Which of the following is NOT an aim of the UK Vision Strategy?

- a) To improve the eye health of people of the UK
- b) To eliminate avoidable sight loss and provide excellent support for those with sight loss
- c) To ensure inclusion, participation and independence for people with sight loss
- d) To develop an online resource containing details of support agencies which optometrists and dispensing opticians can pass on to newly referred patients.

*"To develop an online resource containing details of support agencies which optometrists and dispensing opticians can pass on to newly referred patients". This is an aspiration of Action for Blind People and is in keeping with, but not a specific aim of the UK Vision Strategy.*

3. Which of the following statements about the outcomes of the Moorfields microbial keratitis study is true?

- a) Corneal hypoxia may play a more significant role in the development of corneal infection than tear film stagnation and reduced corneal epithelial cell turnover
- b) Corneal hypoxia may be more critical to the development of microbial keratitis than exposure to a contaminated contact lens case
- c) No brand of daily disposable contact lens had the effect of reducing the overall risk of keratitis
- d) Method of lens use, rather than, difference in lens design or polymer might affect susceptibility to microbial keratitis

*"No brand of daily disposable contact lens had the effect of reducing the risk of keratitis". Factors such as tear film stagnation and reduced corneal epithelial cell turnover may affect the development of corneal infection more than corneal hypoxia and may turn out to be more*

*critical than exposure to a contaminated contact lens case, particularly as no brand of daily disposable contact lens appears to reduce the overall risk of keratitis. There was found to be a brand-dependent effect on risk, suggesting differences in design or polymer might alter susceptibility.*

4. Which of the following statements about the outcomes of the Moorfields microbial keratitis study is NOT true?

- a) The risk of sight loss was reduced in daily disposable soft lenses and the overall risk of developing microbial keratitis was reduced
- b) The risk of developing microbial keratitis varied between different daily disposable lens brands
- c) The risk for RGP's and silicon hydrogels was found to be the same as for the planned replacement reference lens
- d) The relative risk for overnight wear, for any lens type, was five and a half times greater

*"The risk of sight loss was reduced in daily disposable soft lenses and the overall risk of developing microbial keratitis was reduced." Although the risk of sight loss was reduced in daily disposable soft lenses, the overall risk of developing microbial keratitis was in fact found to be higher.*

5. In the study published in Ophthalmology for type 1 diabetes the independent effects of disease duration on lens thickness relative to the effect of age were found to be:

- a) 45%
- b) 68%
- c) 88%
- d) 95%

*The independent effects of disease duration on lens thickness were found to be 95% of the effect of age.*

6. In the study published in the BJO what proportion of the elderly population has impaired vision due to undiagnosed or inadequately corrected refractive?

- a) 0.74%
- b) 2%
- c) 20%
- d) 45%

*20% of the elderly population had impaired vision due to undiagnosed or inadequately corrected refractive.*

# References

## Charles Bonnet Syndrome – informing optometrists

The Macular Disease Society:  
<http://www.macularisease.org/>  
Follow links to 'News' then 'Nov 08 news' then select relevant news articles

The Optometry Today article can be found at:  
<http://www.otmagazine.co.uk/newsview.php?id=464>

## Congenital hypertrophy of the retinal pigment epithelium (CHRPEs)

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## Quarterly review

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