

Update

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Optometric Quarterly 57

Editorial



Rob Hogan

Welcome to this edition of DOCET Update. I would like to first outline DOCET's achievements over the last year and then to outline some unexpected concerns that have arisen out of Optometry Scotland's new eye examination arrangements.

Much of DOCET's budget is devoted to supporting lectures, seminars, workshops and conferences across the UK. DOCET was able to subsidise over 46 of these events nationally, enabling them to be accessed by most optometrists.

In the last year, we were able to produce a further four editions of Optometric Quarterly in various media (tape, CD-ROM and download). It is interesting to note that DOCET has been very innovative in this respect, in that we have been making OQ available as a 'podcast' type of download for several years now, well before the iPod was produced. OQ goes from strength to strength and my personal thanks go to everyone closely involved in its production and to those of you in the 'audience' who contact us with ideas and comments.

This is also the fourth DOCET Newsletter we will have produced in the last DOCET financial year. Since Vantage took over the administration of CET accreditation, the DOCET Executive Committee have been giving consideration to how we can best develop the Newsletter, other than just an accompaniment to OQ.

DOCET has also commissioned and given access to the innovative Occupational Optometry website, together with continued access to the Personal Development Plan process on DOCET's own website. On that point, by the time you read this, we will be close to completing the new DOCET website. I hope you like it.

Continued overleaf

WITHIN OQ57

Preventing myopia

In conversation with Polly Dulley, Professor Daniel O'Leary of Anglia Ruskin University explains the thinking behind a new clinical trial using custom-made soft contact lenses.

Children with high myopia

Dr Nicola Logan of Aston University tells Gordon Carson why children with high myopia should be automatically referred to an ophthalmologist.

Glaucoma and nerve cell apoptosis

Richard Edwards learns about a promising new technique for detecting early glaucoma from Dr Francesca Cordeiro of the Institute of Ophthalmology.

Quarterly review

The guest reviewer is Dr Michael Crossland, senior research optometrist at Moorfield's.

Editorial continued

The final 2 Contact lens CD-ROMs in the series of 4 are almost ready for publication, and you should have received the DVD on Paediatric Optometry by now.

Current and future projects include: a series of UK wide Clinical Skills Workshops on indirect retinal examination, applanation tonometry and gonioscopy. These will be accompanied by an innovative DVD to support the workshops. We have commissioned a series of further CD-ROMs on neurological disorders, glaucoma and the management of visual impairment. We will also entirely update the well-received module on Communication Skills. Finally, we are in discussion with Bertil Damato to produce a second CD-ROM on ocular tumours to compliment the hugely popular project published a couple of years ago.

It is widely acknowledged Optometry Scotland (OS) has been extremely successful in helping to establish the better funded and new eye examination in Scotland, now joining Wales in improving the level of Eyecare for their patients. It is now down to the Irish and English Departments to follow suit.

In the future Scottish funding for DOCET is to pass from the Scottish Executive Health Department (SEHD) to NHS Education Scotland (NES).

For your information, DOCET's budget was formalised for CET within optometry, under Section 63 of the Health Services and Public Health Act 1968. In accordance with this, funds are made available (on a pro rata basis) from the relevant Government Departments in England, Scotland, Wales and Northern Ireland. In essence, Scotland currently provides c. £48,000 to DOCET, which is around 9% of the total annual budget. This annual contribution for the 1000 or so optometrists working in Scotland, is worth over £260,000 (the current retail value of DOCET services), with approximately 21 associated CET points available each year. That is incredible value for an investment of around 20% of the return.

At the time of writing, NES Scotland are awaiting a proposal from Optometry Scotland regarding the future training needs (and required funds for delivery) for Scottish optometrists, and Optometry Scotland have agreed that the DOCET funding proposal will form part of this business plan.

The whole concept of DOCET was originally conceived in 1989 as:

- bringing CET to every optometrist in the country in a readily assimilable form
- ensuring that the subject matter covered by CET is relevant to the needs of the public and of the profession
- applying the limited resources of a small profession to CET effectively in terms of cost
- providing a reliable means of assessing the effect and validity of CET
- encouraging innovation and experiment in the way in which CET can be delivered to the profession

DOCET is one of the very few non-political and multi-represented optical bodies in the UK. It is able to advise UK optometry on CET priorities, both current and ongoing, and much of DOCET's identified future priorities closely match those arising from the new Scottish GOS contract. DOCET looks forward to as successful a relationship with OS and NES as it previously enjoyed with the SEHD.



Rob Hogan, Chairman, DOCET.

News Items

Funding Application Guidelines For CET Providers 2006-07

DOCET has issued amended guidelines for CET providers wishing to apply for funding in the 2006-07 financial year. These guidelines have been sent out to all providers who had either previously applied, or who had expressed an interest in applying, for funding. If you would like to receive a copy of the guidelines and have not yet done so please email docet@college-optometrists.org.

The main changes to the application process are:

- The maximum DOCET funding payable has been raised to £5000 per event, as in previous years (lecturer and work shop leader fees will remain capped at £120 per hour, however, this is due to be reviewed shortly)
- The DOCET priority that will be met by each topic must be stated on the application form (see below for the list of priorities)
- Applications for DOCET funding will only be accepted via the electronic form available on the DOCET website (www.docet.info)

- The approval process for applications for funding has recently been reviewed, and a new process introduced

Key points to remember when applying for DOCET funding:

- 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
- An operating profit of no more than 40% is allowed – any surplus profit will be deducted from the final amount paid
- If an event is cancelled or re-scheduled the DOCET Secretariat must be informed in writing immediately
- The Vantage CET reference code must be included for each topic – although the CET application form has a tick box to specify whether DOCET funding will also be applied for, DOCET cannot access applications on the CETOptics website
- The DOCET financial year is split into two periods. Each has its time limit for submitting and receiving funding for events, as follows:

Funding Timeline

Period 1 Events						Period 2 Events					
APR	MAY	JUN	JUL	AUG	SEP	OCT	NOV	DEC	JAN	FEB	MAR
Apply for Period 2						Apply for Period 1					

Applications cannot be accepted if they fall outside these time periods

Key points to remember when submitting a claim form:

- Claim forms must be filled out on the DOCET website and posted to the DOCET office within six weeks of completion of the event
- Proof of expenditure must be provided for each amount stated on the form, including expenses that will not be met by DOCET
- If the total claim varies significantly from the amount given on the Funding Application Form a written explanation must accompany the form

The DOCET priorities for 2006-07 are:

- The 4 DH pathways
 - Cataract
 - Glaucoma
- Record keeping
- PDPs
- Referral Criteria

- Low vision
- AMD
- Therapeutics
- Conjunctivitis/ Keratoconjunctivitis
- Flashes and Floaters

In order to provide clinical direction to CET providers planning upcoming events, the DOCET Committee have agreed the following priorities for 2007-08:

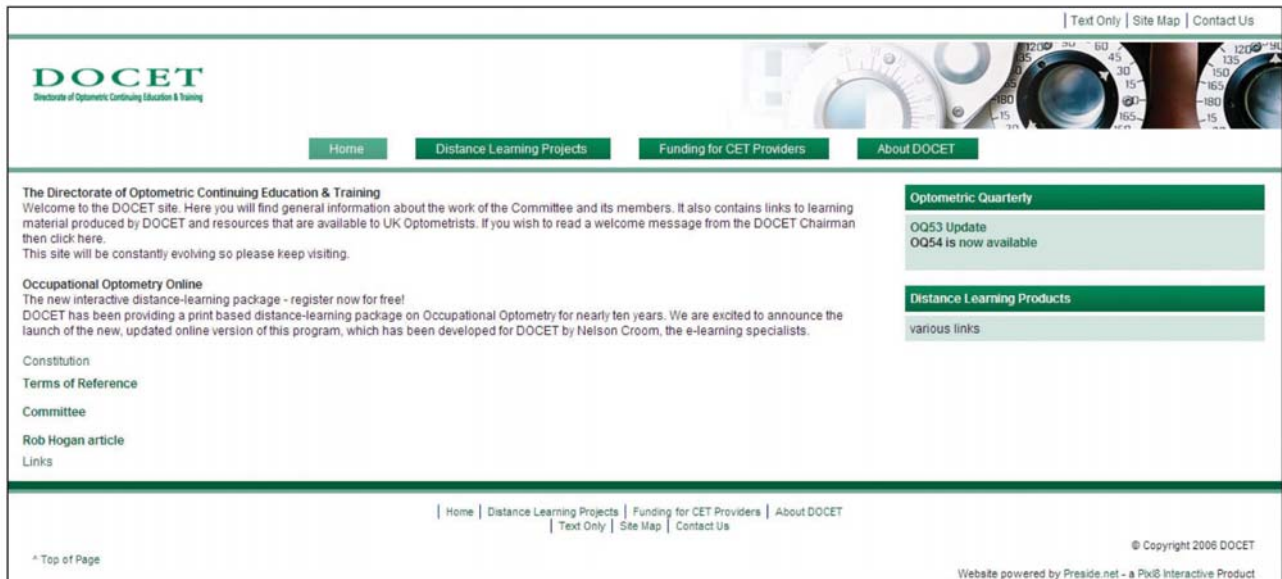
- The 4 DH pathways
 - Cataract
 - Glaucoma
 - Low vision
 - AMD
- Therapeutics
- Record keeping
- PDPs
- Referral Criteria
- Conjunctivitis/ Keratoconjunctivitis
- Flashes and Floaters
- The Anterior Eye
- Clinical Skills

News Items

DOCET Website (www.docet.info)

DOCET is about to launch its new look website. It will be more comprehensive, easier to navigate and will contain:

- the latest information on new Distance Learning projects
- information and forms for CET providers applying for DOCET funding
- a shopping cart facility for the purchase of previous Distance Learning projects



Occupational Optometry

Eighteen months ago DOCET launched a new approach to training with Occupational Optometry online. The content is divided into six modules:

- Visual Task Analysis
- Improving Visibility
- Vocational Dispensing
- Visual Standards
- Ocular Hazards
- Colour Coding

It is designed to be an interactive and exciting approach to study of the subject, allowing the learner to move through the module at a time and pace that suits them.

Occupational Optometry Online is free to use and can be accessed via the registration screen on the DOCET website at www.docet.info.

Optometric Quarterly

Don't forget that the OQ audio files are also available on CD-ROM – email docet@college-optometrists.org if you would like to change from cassette tape to CD.

MCQs for OQ57

- 1 Which of the following statements about the development of myopia is true?
 - a Under correcting myopia in animal eyes accelerates eye growth.
 - b Myopes have been shown to have normal accommodative functions.
 - c Blurred vision causes form deprivation myopia in all children.
 - d Myopic people with poor accommodative function also have high spherical aberration.
- 2 In the 2001 Birmingham Children's Hospital study what percentage of children had simple high myopia?
 - a 8%
 - b 19%
 - c 25%
 - d 56%
- 3 Which of the following statements about RGC apoptosis and POAG is NOT true?
 - a 30 – 40% of RGC's have died by the time a visual field defect is detectable.
 - b The protein used to mark dying RGC's can be delivered intravenously, by intraocular injection but not by topical eye drop.
 - c The imaging process can differentiate natural from pathological apoptosis.
 - d The level of IOP is related to the rate of RGC apoptosis.
- 4 Which of the following statements about treating children with amblyopia is true?
 - a Correcting refractive error alone improved vision in 50% of children aged 7 – 12 years.
 - b Correcting refractive error and patching improved vision in 50% of children aged 13 – 17 years.
 - c Correcting refractive error and patching improved vision in 50% of children aged 7 – 12 years.
 - d Correcting refractive error and patching improved vision more than correcting refractive error alone in children aged 13 – 17 years.

Submit your answers online via www.docet.info

Answers to MCQs for OQ56

- 1 Which of the following statements about the RVI document is true?
 - a The RVI has replaced the old Letter of Visual Impairment.
 - b The RVI is normally issued by a hospital eye department.
 - c The RVI can only be issued once the patient is registered as visually impaired.
 - d The RVI can only be issued by an ophthalmologist.

Correct answer b) - The RVI is normally issued by a hospital eye department.

The Referral of a Vision Impaired Patient (RVI) document can be issued by any member of staff in an eye department and is used to alert social services to the needs of people with vision impairments in advance of certification.

The Letter of Visual Impairment has been replaced by the Low Vision Leaflet and is used by optometrists to refer a visually impaired patient to the local social service department. The Certificate of Visual Impairment is used to register a patient and is issued by an ophthalmologist.

- 2 Which of the following statements about smoking is NOT true?
 - a Smoking inhibits the metabolism of Lutein in the retina.
 - b Smoking prevents the absorption of Zeaxanthin in the diet.
 - c Smoking and poor diet combine to make the risk of developing AMD high.
 - d Smoking is a greater risk factor than poor diet in the development of AMD.

Correct answer b) - Smoking prevents the absorption of Zeaxanthin in the diet.

Smoking inhibits the metabolism of Lutein and Zeaxanthin in the retina. Lutein and Zeaxanthin are both absorbed from the diet and this is not influenced by smoking. For a smoker, therefore, the benefits to the retina of good nutrition are lost. Statement b) therefore is NOT true. The other statements are correct.

- 3 What percentage of the patients in Polly Dully's study suffered a keratopathy as a result of taking Tamoxifen?
 - a 3%
 - b 5%
 - c 9%
 - d 15%

Correct answer b) – 5%.

Polly Dully's study showed that of the patients taking Tamoxifen 5% suffered a keratopathy and just under 3% of patients had a retinopathy. Interestingly lens opacities were less common in patients taking Tamoxifen (9% compared to 15% of the age matched control group) although dry eye problems were five times more common in the Tamoxifen patients.

- 4 Which of the following was NOT a finding in the disease prevalence study?
 - a The prevalence of conjunctival disorders was reduced.
 - b The prevalence of degenerative disorders was reduced.
 - c The prevalence of hypothyroidism was increased.
 - d The prevalence of benign skin neoplasms was increased.

Correct answer b) - The prevalence of degenerative disorders was reduced.

The study reported in the British Journal of General Practice showed that degenerative disorders showed an increased prevalence, rather than a decreased prevalence, over the 10 year period from 1991 to 2001.

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Quarterly review

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