

bulletin

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Many still short of CET points

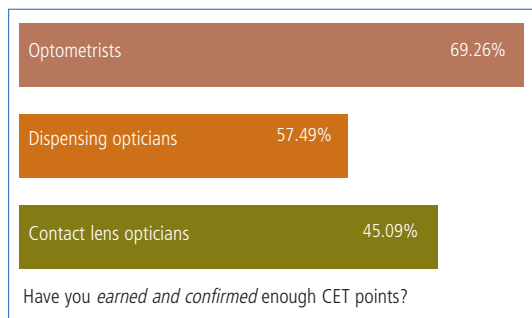
by Kate Fielding

With less than three months to go until the end of the current CET cycle, only around 70% of optometrists and little more than half of dispensing opticians and contact lens opticians have done enough continuing education and training to remain on the register from April 2007.

All full registrants must achieve a minimum number of CET points by 31 December 2006 if they wish to apply for retention for 2007-8. Figures at the end of September showed a significant number of practitioners were still well short of the 36 point total for generalists and 36 plus 18 for specialists, required over a three year period.

“Practitioners need to act now if they are not going to end up with a shortfall at the end of December.”

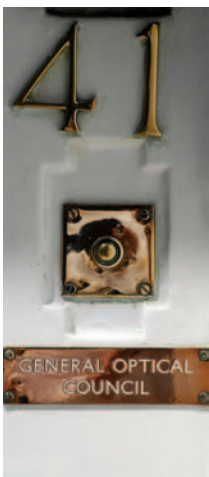
However, nearly 11,000 registrants had successfully met the requirement, and relatively few registrants had not earned any points at all. Only 541 had not got off the CET ‘starting blocks’, equating to fewer than the number who come off the registers each year due to retirement or for other reasons. Only 164 of those with ‘zero’ points had no ‘pending’ points awaiting confirmation via the cetoptics website.



Despite concerns earlier in the year, nearly all registrants have now registered on the cetoptics website. Only 597, or fewer than 4% of registrants, had not yet set up an account at the beginning of September.

However, some 1253 optometrists and 800 dispensing opticians who have a cetoptics account needed to earn 12 or

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Elections 2006: Cast your votes now

The GOC are urging all registrants to vote in the 2006 elections for Council membership. The elections are being held to select members of Council to represent registered dispensing opticians and optometrists. Voting is open until 5pm on 8 November.

Voting packs have been sent out to full registrants with an address in the UK. The packs include candidates' profiles and ballot papers. Optometrists may vote for up to three candidates in England, and one candidate each in Scotland and Wales (Roger Anderson was returned unopposed in

Northern Ireland). Dispensing opticians may vote for up to five candidates from anywhere in the UK.

Completed ballot papers must be returned to the Electoral Reform Services in the pre-paid, addressed envelope provided and not to the GOC. Any votes received by the GOC will be 'spoiled', and will not be counted.

Results will be announced on the GOC website, and elected members will take up office on 1 January 2007.

Full details are available from the website, www.optical.org

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Many still short of CET points

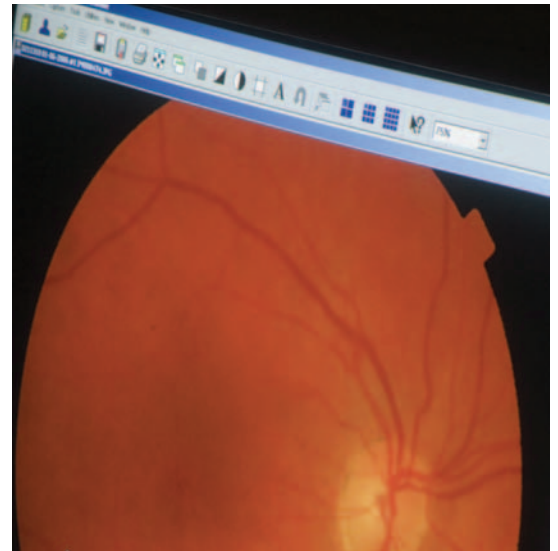
“Fewer than 4% of registrants had not yet set up an account on cetoptics.com.”

(continues from page 1) more points before the end of December. Deputy registrar and director of education Dian Taylor expressed concern about the amount of work this group had left to do: “We are worried that some practitioners may be burying their heads in the sand.”

It’s still possible to earn enough points to stay on the register, even if you currently have a very low total. There’s plenty of CET available in the next couple of months, and the requirement is lower than for many other professions. But practitioners need to act now if they are not going to end up with a shortfall at the end of December.”

Around 500 registrants per month are currently achieving the points requirement – by earning and confirming the relevant number of general and specialist points on the [cetoptics](http://cetoptics.com) website. The number of practitioners hitting the target is expected to increase as the deadline approaches. However, current estimates suggest as many as 2,000, or around 12% of all registrants could find themselves with a shortfall.

See the article on page 5 for answers to frequently asked questions about CET.



From the editor – it’s all here

It’s been a busy summer, and we’ve had a real job to pack in all the news. This edition of *Bulletin* includes features on two government consultations. Roger Buckley outlines the proposals on independent prescribing for optometrists. You can also read a summary of the government’s proposals for the future of healthcare regulation. Elsewhere, Frank Eperjesi and Hannah Bartlett explain the latest research on nutrition and eye disease. And Caroline Withall reports on improvements to the Council’s investigation process.

The focus for this issue is Continuing Education and Training. As December 31 approaches, we report on how the professions are getting on with meeting the CET points requirement. There’s some helpful pointers from scheme director Tim Ray, and a glossary of CET terms, to help you sort out your capping from your double counting.

As always, don’t forget to keep in touch. If you’d like to contribute a letter or a practitioner perspective, write to me at bulletin@optical.org

Kate Fielding, Editor



Rosie Varley, GOC Chairman

Building on our success

A message from the Chairman

As you read this, the General Optical Council elections for professional members of Council will be underway. Those elected to serve on the Council for the next five years will have a very great influence on the ways in which the professions develop. I hope that every registrant eligible to vote will use this opportunity to have their say on who sits on their professional regulatory body.

In future, there may be new means of selecting practitioners to serve on Council. The outcomes of the government’s reviews of medical and non-medical regulation were published in July. The reports, which are now out for consultation, consider the governance structures of regulatory bodies, including whether professional members should be appointed or elected.

It is clear from the reports that the GOC, and the optical professions more generally, have much to be proud of. We have a strong, effective regulatory model, and in some areas we have led the way with key reforms introduced as part of last year’s legislative change programme. Student registration now looks likely to be introduced in other healthcare professions. In addition the independent hearings panel introduced for Fitness to Practise cases will put us ahead of the game if the government chooses to move ahead with the creation of a shared independent adjudication body.

Perhaps the most significant development to emerge from the review is the recommendation that revalidation is necessary for all healthcare professionals. Again, the optical professions are well placed to move forward, building on the success of the Continuing Education and Training scheme. The end of this year will coincide with the end of the first ‘cycle’ for compulsory CET. It will be a real opportunity to demonstrate our maturity as professions.

Best wishes.

Independent prescribing – the future and beyond

Roger Buckley, chair of the Standards Committee explains the context and explores the future options for optometrists in therapeutic prescribing.

This summer, the Medicines and Healthcare Regulatory Authority (MHRA) published a public consultation document on proposals to introduce independent prescribing of medicines by optometrists (ref: MLX334). The proposals follow on from extensions to optometrists' clinical role introduced by the 'additional supply' and 'supplementary prescribing' specialist registers last year.

It is sometimes said that optometrists and the leaders of their profession wish to extend their clinical remit for territorial reasons, taking muscular advantage from the fact that they outnumber their ophthalmologist colleagues. There may be a few individuals who are so motivated but the profession's attitude to professional development is in general marked by level-headedness and introspection.

In the context of the prescribing of therapeutic drugs, it was the Crown Review of 1999 that recommended that optometrists, among others, should be given independent prescribing responsibilities. Dr Crown's recommendations were adopted as government policy, and to date nurses and pharmacists, as well as doctors and dentists, have acquired the right to prescribe therapeutic drugs.

“With cooperation between government and the training institutions a new breed of optometrist will emerge.”

The GOC has taken a lead, in collaboration with the College of Optometrists, the Royal College of Ophthalmologists and the Association of Optometrists, in driving forward the therapeutics agenda in optometry. The bodies have cooperated to achieve revisions to optometrists' exemptions from the Medicines Act (1968), the creation of therapeutics specialist registers and now to develop the proposals for optometrist independent prescribing.

Professor John Lawrenson, writing in Issue 4 of *Bulletin* last Spring, explained that legislation enacted in 2005 had updated the list of Prescription only Medicines (PoMs) available to optometrists. He also highlighted a number of current shortcomings:

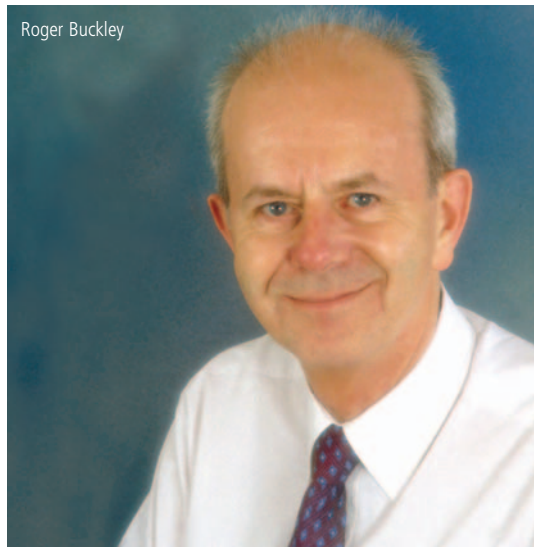
- GOS remuneration for therapeutic prescribing is not yet available
- Optometrists must pay for their own training as therapeutic prescribers
- Patients must pay the full cost of medications prescribed by optometrists, since the normal exemptions do not apply to 'written orders'
- Optometrists have no access to patients' medical records.

Scotland has taken the lead in these matters and it now remains for the other three countries of the UK to catch up.

The consultation document sets out the context, benefits and options for optometrist independent prescribing. Nine annexes include example scenarios of optometrists diagnosing, treating and referring patients, a summary of the Clinical Management Guidelines being prepared to guide optometrist prescribers, and a proposed formulary.

The proposals do not specify the training that will be required for optometrists who wish to qualify for independent prescribing. Nor do they define the entry route. These matters are the within the remit of the GOC, which as the UK regulator for optics has the task of determining the training and assessment of optometrists'

Roger Buckley



qualifications, both entry level and specialist. Practitioners wishing to attain the independent prescribing specialty may need to qualify as Additional Suppliers or Supplementary Prescribers and then take separate courses of lectures and clinical attachments that will 'add on' as modules. However, a direct route to independent prescribing may also be developed.

The future of independent prescribing as an additional qualification will be decided following the outcome of the current consultation. But what of more distant ambitions? The uptake of the various levels of therapeutic prescribing remains unknown and it is likely that it will take time for the parallel systems to shake down. However, it seems inevitable that independent prescribing will gradually become the goal of optometrists who wish to maximise their professional potential.

With cooperation between government and the training institutions a new breed of optometrist will emerge. This will be a professional who is trained in therapeutic prescribing in a new, extended course at undergraduate level. The balance of clinical responsibility shared with ophthalmology will shift, with optometry providing much of the community-based care that it is so well placed to do. Ophthalmology will remain the central discipline to which surgical and all non-routine medical problems are referred. Optometry in its new guise will become an inspiring challenge for the ambitious healthcare practitioner of the future.

The options

1. No change
2. Prescribing for specified ocular conditions from a limited formulary
3. Prescribing for any ocular condition from a limited formulary
4. Prescribing any licensed medicine for specified ocular conditions
5. Prescribing any licensed medicine for any ocular condition

In Brief – news from Council

Standard of proof

Following the consultation in March, the June Council meeting accepted a recommendation from the Standard of Proof working group. The working group concluded that the Fitness to Practise Committee should, when requiring proof of facts by the Council, require those facts to be proven beyond reasonable doubt (the criminal standard). When requiring proof of facts by the registrant, the Committee should require those facts to be proven on the balance of probabilities (the civil standard). The civil standard of proof would operate in relation to cases heard by the Registration Appeals Committee (ie where the case is brought by the registrant or applicant).

Members' code of conduct

In preparation for the election and appointment of new members from 2007, the new code of conduct for Council members was approved at the meeting of the General Optical Council on 22 June. In addition to the general principles of behaviour in public office, the document clarifies the 'corporate responsibility' of members, which means that members must support jointly made decisions. Members are also required to act in the public interest, and not as representatives of an electorate or any other group.

CET scheme principles and requirements

The Council has approved the amended CET Scheme Principles and Requirements from 1 January 2007, which are now available from the GOC website. The new guidelines introduce more flexibility, and are designed to help registrants get more out of their ongoing development.

Statement on Europe and the Bologna process

The Council adopted a policy statement which sets out its intention to take proactive steps to implement the 'spirit' of the Bologna Agreement. These will include investigating and resolving any barriers to the free mobility of optometry and dispensing optics students within Europe. The GOC has taken the lead amongst optical regulatory bodies in Europe by giving conditional approval to the European Diploma as part of the route to UK registration.

Welsh meeting

The next meeting of Council will be held at the University of Cardiff at 10.30 on 23 November 2006.

Government consults on regulation proposals

“Student registration, introduced by the GOC last year, is now recommended for student doctors, and the Foster review suggests it should be considered for other healthcare professions.”

The government has published two documents for consultation following its reviews of healthcare regulation in the wake of the Shipman Inquiry. The regulation of the non-medical healthcare professions (the ‘Foster review’) deals with the non-medical professions, including optometry and dispensing optics. A second report by the Chief Medical Officer, *Good doctors, safer patients*, looks specifically at medical regulation.

Many of the proposals in the two reports are an endorsement of the GOC’s current practices and recent reforms. The Foster review concludes that existing regulators, including the GOC, ‘are able to carry out their functions effectively’, and recommends no changes to the number of regulators at present. Regulators’ primary role is seen to be public protection, a view which was foreseen by the recent change to the Opticians Act which gives the GOC a clear remit ‘to protect, promote and maintain the health and safety of the public’.

The reports back two further key reforms. Student registration, introduced by the GOC last year, is now recommended for student doctors and the Foster review suggests it should be considered for other healthcare professions. There is also a reiteration of the Shipman report recommendation to introduce clear separation of investigation and adjudication (hearings) functions. The General Optical Council has already introduced an independent hearings panel to judge Fitness to Practise and Registration Appeals cases. Possible future options outlined in the reviews include an independent adjudication body which would hear cases for all the healthcare regulators.

The Council is preparing its response to the consultation, which closes on 10 November 2006.

Key proposals:

- ‘Revalidation’ (a test of registrants’ continuing fitness to practise) is necessary for all healthcare professionals.
- Regulators should adopt a single definition of ‘good character’, and work towards common codes of conduct and common definitions for competencies which are shared by different groups – such as communication skills or prescribing.
- There should be a single ‘portal’ for reporting concerns about a registered healthcare professional.
- Adjudication could be carried out by a single independent adjudication body for all the healthcare regulators.
- Regulators should operate hearings using the civil standard of proof.
- Elected professional members on Councils should be replaced with appointed professional members. Respondents are asked to consider whether lay or professional members should be in the majority.
- Student registration should be introduced for undergraduate medical students. Respondents are asked to consider whether it should be extended to other groups.



On the road

The GOC were out and about last month visiting universities and colleges offering GOC-approved optometry and dispensing optics courses in a series of ‘Freshers’ Roadshows’. The roadshows were organised jointly with the College of Optometrists, who visited each of the UK optometry degree courses.

Students were given a presentation about the GOC’s role and functions, and more information about the student registration process. Staff were on hand to offer help with completing registration applications and to collect forms and payments.

Tony Botten, Curriculum Manager of Applied Optics at City and Islington College, commented: “These roadshows have offered our students the valuable opportunity to meet the GOC in person, at this early stage in their careers. They have also benefited from an in-depth explanation of the need for student registration. We are looking forward to holding similar events next year.”

Registration with the GOC is vital to ensure that patients seen by students are adequately protected. Unregistered trainees are not able to participate in practical work as part of their course. Students have also been warned that they will not be allowed to take any exams without a valid GOC number, and that they run the risk of qualifications not being recognised when they apply for full registration, if they have not been registered as a student during their course.

The student registration year runs from 1 September to 31 August. Students must apply for retention by 15 July. At the end of the 2006-7 retention process, 573 students were removed from the registers on 11 September. Those who want to continue with their training have been advised that they must restore to the register.



CET: What's your point?

We caught up with *Tim Ray* from CET administrator Vantage Technologies, to get some answers to registrants' most frequently asked questions...



Firstly, how does double counting work?

Double counting only applies to practitioners on the specialty registers (DOs on the contact lens register or optometrists on the therapeutics registers) who need to earn extra specialist points. You need 18 specialist points to stay on a specialty register, as well as your 36 general points. So that's 54 in total. However, in this first CET cycle only, you can use some of these to count towards your general points requirement. The slightly complicated bit is that it depends when you earned the points whether they can be double-counted in this way. The first part of this cycle, from 1 January 2004 to 30 June 2005, counts as a 'voluntary period' for CET. Up to 12 specialist points from this period can be 'double-counted' as general points – so that could bring your total down to 42 (24 general + 18 specialist). From the 'statutory period' – 1 July 2005 to 31 December 2006, you can double-count up to another 4 points. So the minimum points for a specialist, if earned as described above, would be 38 (20 general + 18 specialist).

How many points does everyone else need?

All OOs and DOs who have been on the register since 30 June 2005 or earlier need 36 points by 31 December 2006. If you came on from 1 July 2005, you need one general point for

every month you are on the register up to 31 December, and one specialist point (if you're also on a specialty register) for every two months on the speciality register.

What if I restored to the register?

Before you can restore to the register you need to earn 12 points in the 12 months immediately preceding restoration (plus specialty points if relevant). From the date of restoration, you'll need to earn one general point for each full month up to 31 December 2006, and one specialist point for each two full months. Any points you earned under your old number can't be counted towards the total you need under your new number.

How can I find out what CET is available?

Details of all approved CET, including distance learning, are available on www.cetoptics.com. From the home page, just click on 'CET Directory' in the left hand navigation buttons. Events are updated every day, so it's worth checking regularly.

If I've got extra points, can I carry them forward to the next cycle?

No. You'll have to start again from 1 January 2007. But you'll have three full years (until 31 December 2009) to clock up your next batch of points, which for most practitioners will be quite straightforward. And of course, the learning value of your CET goes well beyond the 'points' value.

Any last 'pointers'?

Two things – the first is, don't forget you need to confirm all your points on the CET website. If you haven't confirmed them, they won't count towards your total. Secondly, if you've earned and confirmed all your points on www.cetoptics.com then you don't need to do anything. We will automatically notify the GOC that you have met the requirement and you'll be free to renew your registration.

Missed the point?

If you've got a question that's not answered here, have a look at the FAQs on www.cetoptics.com or contact one of the team at Vantage:

Tim Ray – Scheme Director
Louise Morris – Scheme Manager
Linda Wood and Nicola Robinson – CET Administrators

Telephone: 0870 749 4650
Email: admin@cetoptics.com

You can update your own postal or email address within your CET user record and account details.

Check the noticeboard within your CET user record for the latest news and issues.

CET Glossary

| | | | |
|------------------------|--|---------------------------|--|
| CET cycle | Each CET cycle lasts for three years. The current cycle ends on 31 December 2006. | Double-counting | DOs and OOs on the specialist registers can use some of their specialty points to count towards the general points requirement (in the current cycle only). |
| Capping | Points earned during the voluntary period over and above the maximum which can be carried over are 'capped'. Capped points stay on your record (appearing as a minus figure), but don't count towards your points requirement. | Pending point | After you complete an accredited 'event', points are entered on your record as 'pending points'. Pending points will not count towards your points requirement until you have accepted (confirmed) them. |
| Carrying over | Some points gained in the voluntary period can be carried over to the statutory period to count towards your points requirement. A maximum of 24 general and 12 specialist points can be carried over. | Points requirement | The minimum number of CET points you must earn and confirm by the end of the cycle. Normally 36 general points, plus 18 specialist points where relevant. |
| Confirmed point | CET points you have accepted. To accept pending points, log into your CET user record and select my CET and then pending points. | Shortfall | If you don't have enough points at the end of December and you have not informed Vantage of any dispute, you will be deemed to have a shortfall. |
| Discrepancy | If you disagree with your points total on cetoptics, you should contact Vantage as early as possible – this will be considered as a discrepancy. | Specialist | A DO on the contact lens specialty register, or an OO on the additional supply or supplementary prescribing registers. |
| Dispute | If you have told Vantage about a discrepancy which is not resolved by 31 December 2006, you will be deemed to be in dispute. Your registration could be at risk if a dispute is not resolved in your favour. | Statutory period | 1 July 2005 to 31 December 2006. |
| | | Voluntary period | 1 January 2004 to 30 June 2005. |

Improving FTP investigation

The investigations team

Caroline Withall joined the GOC in September 2005 as Investigations Manager, having previously worked as a solicitor in private practice.

Nirupar Uddin qualified as a solicitor earlier this year, after undertaking her training with the Council.

Hannah Gray is a law student, and assists the team on a part-time basis with the scanning and scheduling of patient records. The Council undertakes to return all original documentation within a seven-day period.

In the last year the Council has worked hard to improve its FTP investigations function to ensure all cases are investigated thoroughly and fairly to all parties concerned. Director of legal and fitness to practise, *Caroline Withall*, explains the new processes.

Changes to the Opticians Act, which came into effect in June 2005, have given the GOC new powers, aiding reform of the investigations process. For the first time, the Council has been able to request access to original patient records from opticians. The Act also grants the power to obtain copy patient records from hospitals and GP surgeries.

Under previous rules, organisations had to comply with a 40-day period to supply relevant documents, as specified in the Data Protection Act. However, the new powers mean the Council can obtain documents within 14 days, allowing cases to be presented to the Investigations Committee within a much shorter time frame.

Witness statements

Further improvements have been made through the implementation of patient witness statements. Once the Council receives written notification of a patient allegation, the team collects medical evidence and sends this with the patient allegation to the registrant for comment by way of 'representations'. These can be in any format, but usually by way of letter from the registrant commenting on the allegation and raising matters in their defence. In the previous system, patients were then allowed to respond to the representations by way of a question sheet.

Since January 2006, the Council has replaced the question sheet with a full witness statement from the patient. Witness statements are obtained in person, or by telephone if circumstances do not allow a face to face meeting. This change has brought greater clarity to the investigations process.

Thorough discussion of the available evidence can mean that a patient has a better understanding of the issues in the case, as well as more reasonable expectations about how the matter could be dealt with by the Investigations Committee.

Registrants may also benefit from the process. In many cases, a patient will have resorted to reporting the incident as a means of getting themselves heard. Often much of the emotion patients feel is diffused by discussing the case with one of the Council's solicitors. Taking a witness statement offers a forum to consider the matters fully and proportionately.



Nirupar Uddin (left) and Caroline Withall

No 'non-declarable' offences

by Clare Millington

In the run-up to the next retention period, the GOC is stressing that registrants must declare all criminal convictions, and all disciplinary proceedings on their registration or retention forms. Spent sentences, cautions and any matters currently under investigation must all be declared. By law, registrants must also declare any physical or mental health conditions that might affect their fitness to practise.

Of the 14,636 retentions submitted within the deadline last year, just 0.8% contained a declaration, and only one person was refused entry to the register, a decision which was upheld by the Registration Appeals Committee. Most declarations (73%) related to driving convictions, the majority of which were for speeding offences.

The Registration Committee has confirmed that the GOC must be informed about matters that, in a broader context, might be relevant to a registrant's character, behaviour or judgement. Minor misdemeanours and minor traffic offences must be recorded, but will not of themselves impair registration. Previous failure to declare any matter that subsequently comes to light could become a material consideration in a Fitness to Practise hearing. Geoff Harris, chair of the Registration Committee explained: "Everything must be declared, no matter how minor it may seem. It's clear from last year's figures that the vast majority

of declarations will not affect a registrant's ability to renew their registration. But it is important that registrants should nevertheless declare all matters."

The requirements also apply to student optometrists and dispensing opticians. Geoff Harris said: "These declarations are really important for students currently undertaking training in optometry or dispensing optics. In the very small number of cases where there may be a problem with registration, it is far better for students to be aware of it early on, before they undertake three or four years' study."

Under the 'Notifiable Occupations Scheme' the GOC will routinely receive information from the police about criminal offences committed by registrants (see article on page 8). The Safeguarding Vulnerable Groups Bill, due to become law by the end of the year, is likely to further increase information available to regulators.

All declarations made by registrants are reviewed, in strict confidence, by the Registrar, on a case-by-case basis in line with the Protocol published on the GOC website. Retention forms will be sent out to full registrants during December. Practitioners are advised to contact their professional or representative body for guidance if they have any concerns.

The link between nutrition and eye disease

23-27 October is Age-related Macular Degeneration (AMD) week. *Hannah Bartlett* and *Frank Eperjesi*, from the Ophthalmic Research Group at Aston University, explain some of the recent research, which suggests nutrition could help in the fight against AMD and some other ocular conditions.

Oxidative damage may be an important factor in the development of age-related diseases. Chemically, oxidation refers to the removal of electrons and, when it occurs within the body, it can result in the formation of cytotoxic chain reactions. Reactive oxygen species (ROS) is a term used to describe some types of free radicals, hydrogen peroxide and singlet oxygen, which are all capable of damaging membrane lipids, proteins, nucleic acids and carbohydrates via oxidation. When ROS are produced in excess or leak into areas that are likely to be damaged, an imbalance occurs between levels of ROS and the ability of the body's natural antioxidant defence systems to neutralise them. This imbalance is called oxidative stress.

“There is evidence to suggest that lutein and zeaxanthin may reduce the risk of cataracts severe enough to require extraction in men and women”

The eye is particularly prone to ROS damage. The transparency of the cornea, aqueous humor, lens and retina allow continuous exposure to light, which along with aging, inflammation, air pollutants, and cigarette smoke, has been shown to increase production of ROS. Polyunsaturated fatty acids are abundant in the retina, predominantly found in photoreceptor outer membranes, and are readily oxidised while phagocytosis, another process that produces ROS, occurs within the retinal pigment epithelium.

Lutein, and its stereo-isomer zeaxanthin, are xanthophylls. They are relevant to human ocular health and are the only carotenoids present in the lens and retina. It has been suggested that they play a similar role in humans as in plants – as antioxidants, screeners of high-energy blue light and cell membrane stabilisers. They are found in the macula and are usually referred to as the macular pigment. The human body is not able to manufacture these pigments and studies have shown that macular pigment levels reduce to zero after a few months of a diet totally deficient in these two carotenoids. Beta-carotene has also been investigated in relation to the

prevention of ocular disease due to its function as a quencher of singlet oxygen and as a precursor to vitamin A, which is required for normal retinal function.

There is evidence to suggest that lutein and zeaxanthin may reduce the risk of cataracts severe enough to require extraction in men and women, after other potential risk factors have been controlled for. This supports recommendations for daily consumption of fruits and vegetables or supplements high in these carotenoids. In vivo experiments suggest a beneficial effect of beta-carotene on cataract, although longitudinal studies and randomised controlled trials have yielded conflicting results. Mention should be made of safety issues regarding dietary supplementation with this carotenoid. Doses of 20 mg/day beta-carotene, alone or in combination with vitamin E, and 30 mg/day in combination with vitamin A have been associated with an increased risk of lung cancer in smokers and those previously exposed to high levels of asbestos.

The Age Related Eye Disease (ARED) Study and Lutein and Antioxidant Supplementation Trial (LAST) found beneficial effects in subjects with age-related macular disease (AMD) for beta-carotene and lutein respectively. In the ARED study, beta-carotene was investigated in combination with other antioxidants, and in the LAST, lutein (10 mg per day) was more effective when combined with other nutrients. These results suggest that further research into the role of lutein and zeaxanthin in ocular disease is warranted, particularly considering their selective absorption within the retina and lens.

Claims for the safety of lutein are based on a lack of reported adverse effects. In a South Pacific population, daily intake of approximately 26 mg/day of lutein (from natural sources) yielded no apparent side effects. Beta-carotene may be contraindicated in people with age-related macular disease as plasma lutein concentration is reduced following multiple and single doses and low plasma levels of lutein are associated with low levels of macular pigment.

Further research investigating the relationship between nutrition and ocular disease is likely to help reduce the incidence and/or progression of conditions such as cataract and AMD and lead to greatly improved quality of life for patients and carers as well national savings on medical, social and rehabilitative expenditure.

“Further research investigating the relationship between nutrition and ocular disease is likely to help reduce the incidence and/or progression of conditions such as cataract and AMD”





Report reveals more women in optics, and fewer complaints

Figures published this month in the GOC's 2005/6 Annual Report reveal that over half of registered optometrists in the UK are now female. Meanwhile, a separate study shows that complaints against opticians have fallen in the last year.

The Council's yearly registration review found that numbers of women choosing a career in optometry have increased every year since the introduction of statutory regulation in 1960, when they accounted for fewer than 5% of registered practitioners.

GOC chairman, Rosie Varley commented: "This represents a milestone for the optical professions. The General Optical Council has an important role to play in ensuring that optometry and dispensing optics continue to promote equality of opportunity for all groups, irrespective of age, gender or ethnic background."

The number of fitness to practise concerns notified to the GOC has fallen from 184 complaints in 2004/5, to 146 in 2005/6. In total, 30 registrants during 2005/6 were referred for a formal hearing, representing fewer than 0.2% of registered opticians. Three registrants were the subject of 'interim orders' for suspension from the register, and one practitioner was erased from the register.

Rosie Varley said: "These statistics show that the vast majority of eye care professionals are highly competent and professional, and fully justify the public's confidence in them. In the very few cases where opticians fail to meet these standards, we will continue to strive for better public protection and safety."

GOC added to Home Office notification scheme

The GOC has been added to a list of bodies who will receive information from the police, courts and other bodies about criminal offences committed by registrants. Optometrists and dispensing opticians, including students, have been included in a list of occupations that carry special trust or responsibility under the 'Notifiable Occupations Scheme'. The Scheme relates to professions or occupations where the public interest in the disclosure of conviction and other information by the police or other officials generally outweighs the normal duty of confidentiality owed to the individual.

There are two categories for notification. Optical professionals fall into the second category, which means notifying bodies must decide whether an offence is relevant before sharing the information. The GOC will normally receive information about convictions, cautions, reprimands and final warnings in relation to all 'recordable' offences.

Registrants must still declare all criminal offences, convictions and investigations when they apply for registration, retention or restoration to the register.

Read the story on page 6 about declarations.

Have your say...

Following on from last issue's "Never to old to learn" feature, Montague Levy (85) stakes his claim as the oldest registrant to have completed all his CET points, and reflects on a career in optics.

• Congratulations and good wishes to Graham Strong. I started in optics in 1935 as an apprentice to an optician and qualified in 1943, studying with Emsley (an inspired teacher) Adamson and the Fincham brothers, at Northampton Polytechnic evening classes.

All the lecturers made the effort worthwhile, even after a day's work, which normally was until 8 o'clock at night. Although on the three days each week that I cycled across London, through what I remember to be a permanent downpour, I was allowed to leave at 6.30. There was no time to eat before the lectures started at 7.00.

After the war and my service in the RAF, I worked for some years at the Refraction Hospital in the orthoptic and contact lens clinics, as well as at a refraction clinic with Joan Partridge (then one of a very small number of female opticians) and the remarkable Lord Charnwood. Although a latecomer to optics (he was a motor engineer), he was an examiner for the SMC. I still have his original published work on aniseikonia which he asked me to read and, if necessary, correct.

Joan, Lord Charnwood and myself always dined together after those Thursday evening clinics. I remember another guest on one evening – a very distinguished ophthalmologist – who apologised to Joan for disagreeing with her about a patient whom she had referred twice with a very shallow detachment, which he or his department had failed to see. Joan in her time was the best ophthalmoscopist I have ever come across.

Just for the record I have accumulated 59 CET points and continue to enjoy refraction and engaging with patients for four days a week.

Got a view?

Have your say by emailing us at

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