Rigid gas-permeable lenses

Neil Constantine-Smith suggests a number of ways to achieve competency in an area where evidence is often hard to come by

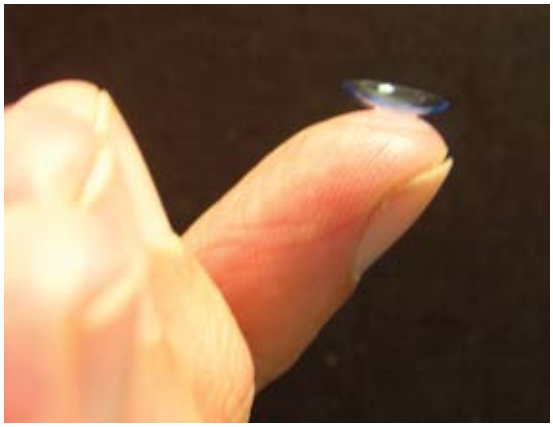
A recurring message from this column, which I hope is hitting home, is the need for pre-registration students to be active and search out and present quality evidence to an assessor. With the vast majority of contact lens wearers today wearing soft lenses then the two most challenging competencies to evidence must be those relating to rigid gas-permeable contact lenses (RGPs), especially – '*7.5 The ability to manage the aftercare of patients wearing rigid gas-permeable contact lenses*' and '*7.6 The ability to fit rigid gas-permeable contact lenses*'.

It should go without saying but to pass either stage 1 or 2 assessment a student *must* present at least three patient records for both *7.5* and *7.6*. Without these records an assessor cannot mark a pre-reg as having achieved, so it would be impossible to pass all competencies at the visit. So it is important to go and proactively get RGP patients, both fitting and aftercare, from as early in the pre-reg year as possible.

Gathering evidence

Most assessors appreciate the difficulty for most students in obtaining RGP evidence, especially fitting new patients, and may be lenient with whether patient records (PR) shown are 'real' or 'simulated' patients (usually a friend, staff or family member). The best 'simulated' patients are often other pre-reg students, although many 'real' new fit patients may be suitable for RGPs, so this is worth bearing in mind as an alternative approach to the automatic soft lens fitting that most practices opt for. People with higher prescriptions, handling difficulties, small palpebral apertures and the very cost conscious can all make excellent candidates for RGP lenses when the benefits are explained fully to them.

However, any PR shown must still be robust and demonstrate knowledge and management skills. Poor evidence for *7.5* could be a PR only showing the initial assessment and choice of fit. This is only as useful as a theoretical case scenario (CS) unless the fit of the lens ordered is checked. So for all three fitting (trial) PRs an initial check of fit and vision on 'collection' is required. If then the lens needs to be adjusted, especially if total diameter (TD) or back optic zone radius (BOZR) is changed then this is an excellent method to demonstrate knowledge about altering RGP parameters. Knowing how to alter back vertex power (BVP) with BOZR change and how to alter BOZR with TD change is an important part of RGP fitting and aftercare and if it is not evidenced in the PR an assessor will almost definitely offer a CS where this needs to be shown. It is easy in the 'heat' of an assessment to get mixed up between tear lens power and going steeper or flatter for TD changes. So it's much easier to show you can do this on a PR which can be checked by a supervisor.



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The poorest PR I've been shown for *7.5* outlined the fitting of an emmetropic simulated patient which was virtually pointless in the evidence it showed.

Competency in RGP aftercare would be expected to include the recognition and management of common RGP-related problems. Favourite scenarios to ask about could include a patient reporting difficulty with flare at night that would require an alteration of BOZD or the old chestnut of 3 and 9 o'clock staining. Three and 9 o'clock staining could be tackled in many ways with no real 'right' answer, so an assessor will be happy with logical management suggestions. Suggesting to a patient that they 'blink more often' would not be considered inadequate management!

RGP aftercare experience is generally easier to find as most established practices have a small number of RGP wearers that longer serving staff members can identify. These patients can often be lured in to see a pre-reg with offers of a free appointment or solutions if required. However, a student would be 'lucky' to find such a patient that required refitting due to a problem. Revision and supervisor tuition are recommended to answer CS problems that an assessor may present. Such CS are often initiated by a picture (such as of a staining pattern for example) to make the CS as realistic as possible, so it is necessary to be able to visually recognise a problem, not just be able to give an answer to a verbal question.

Knowledge and experience of RGPs is also required for '*7.1 The ability to insert and remove contact lenses and instruct patients in these procedures*' and '*7.4 The ability to advise on contact lens materials and care regimes*', but these can usually be easily evidenced by the same records as used in *7.5* and *7.6*. I would expect a pre-reg optometrist to know a reasonable amount of information about any contact lens material they fit and about any lens solution they recommend (whether RGP or soft).

It can be quite disappointing, the number of times in an assessment that I encounter a blank look and silence when I ask the question 'So tell me a little about the material you've fitted' or 'What are the active ingredients of the solutions you've recommended?'.

Knowing about Dk, active chemicals, wetting and deposition characteristics requires only a short amount of book work and revision. Simply reading and remembering the information on the enclosed leaflet that comes with a bottle of solution would be a good start. Contact lens reps are also more than happy to supply literature about their lenses that would include relevant information and specifications.

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