

this, however the effect of storage conditions on the results of these biomechanical tests are unclear.

Aims The objective of this study was to investigate effects of commonly used laboratory storage media on the mechanical performance of retinal samples.

Methods Freshly enucleated porcine eyes were dissected, and superior vertical strips taken. Strips were incubated in phosphate buffered saline (PBS), balanced salt solution (BSS) Ringer's solution and extracted porcine vitreous (control) for 60 minutes at 4°C. Sixteen 3x9mm strips of porcine retina, 4 per group, were subjected to uniaxial load to failure testing post incubation. Strip thickness was determined by light microscopy.

Results The mean maximum stress was closest to the control (5.6KPa) for BSS (7.4KPa) followed by Ringer's solution (1.6KPa) then PBS (0.4KPa). All changes were significantly different to the control ($P<0.05$).

Conclusion The biomechanical properties of porcine retina are highly variable depending on the media they are stored in pre-testing. Strips incubated in BSS provided results closest to the control samples. Caution should be taken when considering results taken from different storage media when assessing biomechanical changes in the retina and other soft tissues.

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P-03 PRACTICE APPROACHES AMONG CANADIAN OPHTHALMOLOGISTS

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Introduction Although there has been a trend towards gender balance in ophthalmology, this has not yet translated into equal representation in leadership roles.

Aims We aimed to assess the current practice patterns of ophthalmology in Canada by analysing gender disparities in leadership and identifying barriers to leadership advancement.

Methods A listing of all ophthalmologists registered with the Royal College of Physicians and Surgeons of Canada in 2019 was used as the sample population. A listserv was created by searching public websites and email invitations to participate in a survey was forwarded.

Results Out of 117 participants, 38 (32.8%) were female, with an average age of 49 years compared to 57 years for males. Female practitioners had 16.9 years of practice on average, while males had 25.6 years ($P<0.001$). Fellowship numbers were similar for both genders ($P=0.39$), but females leaned towards neuro-ophthalmology, while males favored retina.

Thirteen females (34.2%) and nine males (11.5%) held graduate degrees ($P=0.005$). Practice settings showed no significant gender difference, whether hospital-based or private clinics ($P>0.05$).

Fewer females held academic appointments (55.2% vs. 84.6%, $P=0.001$), especially full/associate professorships (18.4% vs. 41.0%, $P=0.02$). Assistant professorships were comparable (26.3% vs. 37.2%, $P=0.29$). Both genders faced similar career advancement challenges, including work-life balance, support, and time constraints.

Conclusion Ophthalmology has a male-dominated practice, and Canadian leadership trends reflect this. Inequities in higher

leadership positions may stem from historical gender imbalances. Our survey reveals that those dissatisfied with their careers cite barriers related to work-life balance and support.

P-04 PATIENT OUTCOMES AND EXPERIENCES OF A COMMUNITY-BASED GLAUCOMA CLINIC

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Introduction Glaucoma care demand in UK hospitals has increased rapidly in recent years resulting in a push to community care models to reduce the burden on hospitals and on patients.

Aims To ascertain patient's experiences of their care delivered in community clinics.

Methods Patients' thoughts of feeling safe under the care of the community clinical team were gathered. Patient experiences were assessed using a modified Glaucoma Patient-reported Outcome and Experience Measure (POEM) instrument that included patient's perspective on diagnosis, treatment, fear of blindness, and experience.

Results Ninety-six consecutive patients (M:F 47:49, mean age 70±12 years) completed the study. Feeling safe under the clinical team produced a mean Visual Analogue Scale (VAS) score of 90 (SD 15) and feeling care was organised produced a mean VAS score of 87 (SD 17). Patients had positive perceptions of their clinic experience with 96% of patients reporting that their experience of attending the community clinic was comfortable, and 93% felt their experience was the same as expected from the hospital. Patient age, gender, disease characteristics, and socioeconomic status had no influence on perceived experience. Patients aged <60 years had significantly lower understanding of their diagnosis compared to older groups ($P=0.027$), as did suspect glaucoma patients when compared to primary open glaucoma patients ($P=0.045$).

Conclusion Patients expressed a positive experience, felt safe under the care of their clinical team and that their care was organised. Patients <60 years, and those with no confirmed diagnosis may benefit from longer consultation time and educational materials to improve their understanding of the disease.

P-05 THE ATTITUDES AND CLINICAL BEHAVIOUR OF EYECARE PRACTITIONERS TOWARDS FITTING CONTACT LENSES FOR CHILDREN AND YOUNG PEOPLE

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Introduction In the UK, prescribing contact lenses (CLs) for children is undertaken by two groups of Eyecare Practitioners (ECPs): optometrists and contact lens opticians (CLOs).

Aims To explore the attitudes and prescribing habits of UK ECPs for fitting CLs in patients under 18 years of age.

Methods An online survey was conducted with UK registered ECPs in mid-2023. The survey comprised of 25 questions. Example questions included: the age from which different CL types and modalities were thought appropriate, and which patient factors or CL properties were thought to be most important when prescribing for children.

Results Complete responses were obtained from 248 optometrists and 68 contact lens opticians, having a median number of years qualified of 14.5 and 22.0 years, respectively. While all ECPs in the survey reported soft lenses are appropriate for children, only 39.6% would consider fitting at seven years of age, or earlier. ECPs also reported that, on average, only 2.4% of their CL fittings are for patients aged seven years or below. The most important factor when fitting CLs to children was the child's motivation to wear lenses (rated at 9.1/10) and the least important was gender (1.8/10). The rating of importance given to the child's age was different between optometrists (6.2/10) and CLOs (4.9/10; $P < 0.001$). When choosing which CLs to prescribe, cost was rated the least important factor (5.9/10), while comfort was the most (9.0/10).

Conclusion ECPs appear cautious about fitting CLs to younger children, with some discrepancies in behaviour between optometrists and CLOs.

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P-06

VIRTUAL PAEDIATRIC OPHTHALMOLOGY CLINIC WITH DIGITAL DIRECT OPHTHALMOSCOPY

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Introduction Well-documented worldwide, the shortage of paediatric ophthalmologists has necessitated technological solutions to meet the demand of the subspecialty.

Aims We hope to demonstrate the successful trial of paediatric ophthalmology clinics run by a registrar with virtual remote supervision by a consultant paediatric ophthalmologist.

Methods Thirty paediatric patients were included in this study, each examined by the registrar with supervision from the consultant ophthalmologist. In order to accomplish this, a panoptic ophthalmoscope with a smartphone adapter was used. This device permits the examination of the anterior segment with white and cobalt blue illumination, as well as posterior segment examination with a 25-degree field of view in a dilated pupil. A smartphone was connected to this device and using a mobile application, the smartphone became the video input to teleconferencing software. This allowed the consultant to easily observe live footage of the ophthalmic examination. Patient satisfaction was then assessed by anonymous survey.

Results Real-time high quality video transmission allowed consultations to be performed and diagnoses made by the registrar, with involvement of the supervising consultant. 100% of the patients or their parents/guardians were satisfied with the part-virtual nature of consultation, and felt happy to be assessed in this way.

Conclusion We demonstrate the utility of portable technology to enhance paediatric ophthalmology clinics, allowing a remote consultant the ability to comprehensively examine and diagnose a number of ocular pathologies. We envisage this technology to be beneficial when obtaining a specialist opinion,

when a paediatric ophthalmologist is not available onsite, or potentially also outside of normal working hours.

P-07

INDIVIDUAL DIFFERENCES IN COLOUR VISION: A SYSTEMATIC REVIEW OF DEMOGRAPHIC FACTORS

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Introduction The limited research available suggests there are ethnicity-related differences in human colour vision, affecting cone spectral sensitivities and prevalence of different cone types in the retina (cone ratios). Despite the volume of colour vision research, many articles fail to account for ethnicity-related individual differences. This may have practical implications for the conclusions we can draw from current findings.

Aims

- Investigate the demographics of previous colour vision research
- Investigate the frequency of ethnicity reporting in colour vision research
- Summarise findings of ethnicity-related individual differences found in previous colour vision research

Methods Relevant colour vision articles were selected using a list of defined keywords on Scopus. These articles were categorised and summarised based on relevant features, including ethnicity reporting. Descriptive statistics were calculated and relevant findings were discussed.

Results Most research publications fail to report their participants' ethnicities. Those that do are often clinical and colour vision is not their primary focus. The majority of articles that do investigate ethnicity-related differences use colour vision deficiency rates as their outcome measure.

Conclusion Although there is ample research on colour vision globally, very few articles consider demographic differences, especially within colour-normal populations. Biases in recruitment and reporting may have practical implications for technologies that assume a standard observer across global populations.

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P-08

SHORT-TERM COLOUR PERCEPTION AFTER REPEATED LOW-LEVEL RED LIGHT (RLRL) THERAPY FOR MYOPIA

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Introduction Repeated low-level red-light therapy (RLRL) is a licensed emerging method for myopia management (MM). It involves shining a 650nm light into patients' eyes using a desktop device, which has shown efficacy in MM. However, there is no data on whether RLRL use would have any influence on colour perception.