



Optometrist Apprenticeship Standard Survey – Submitted response of the College of Optometrists

Welcome

ID: 76

Apprenticeship Standard for Optometrists

Background: Apprenticeship Standards describe the high-level knowledge, skills and behaviours required to carry out a defined occupation. They are developed by employer led Trailblazer groups and are available for a range of different occupations from level 2 through to 8.

Rationale for developing a standard for this occupation: This apprenticeship standard is being developed to meet the growing needs of the optical sector and to ensure that there is a Degree Apprenticeship available that is approved by the GOC and follows their Standards of Practice for Optometrists.

The proposal to start work on a Degree Apprenticeship Standard for Optometrist's was approved in September 2019. As a Degree Apprenticeship, it will ensure that individuals completing an apprenticeship route will be able to register with the GOC as a fully qualified Optometrist.

It is anticipated that the new Degree Apprenticeship Standard will be approved for delivery by the Institute for Apprenticeships and Technical Education in Autumn 2020.

Please note that this standard is intended to be viewed by prospective

apprentices choosing their future careers and so the language used within the standard is intended to be easily understood.

Quote from Victoria Unsworth BSc (Hons) MCOptom - Chair of Optometry Trailblazer Group

“The Optical sector is working together to help attract and retain people into the Optometry Profession. Getting this right has both an important role in social mobility and to ensure that the future optometry workforce is distributed in a way that will help the profession meet the eyecare needs of an expanding and ageing patient population.”

Link to registration: Apprentices will be eligible to apply for registration with the General Optical Council as an Optometrist on completion of this apprenticeship.

Employers involved in the development of the standard:

- Asda Opticians
- Boots Opticians
- Haine & Smith Opticians
- Hakim Group
- Leightons Opticians
- Moorfields NHS Hospital
- Optical Express
- Scrivens Opticians
- Specsavers
- The Outside Clinic
- Thompson Opticians Ltd
- Vision Express

Organisations informing developments:

- Association of British Dispensing Opticians
- Association of Optometrists
- Aston University
- British Contact Lens Association
- City University
- College of Optometrists
- FODO
- General Optical Council
- Plymouth University
- University of Bradford
- University of Hertfordshire

Structure of the standard: Trailblazers must develop standards that comply with the criteria set out by the Institute for Apprenticeships and Technical Education in their 'How To' Guide. The criteria mean that the standard must:

- 1. Be completed in line with their template**
- 2. Describe an occupation which is defined and distinct (with minimum overlap with other apprenticeship standards)**
- 3. Use high level descriptors rather than providing a detailed curriculum.**

Full details of apprenticeships commonly used in the health sector can be found on [HASO](#).

Please download a full list of the Duties and KSB's [here](#) before you start so that you can refer to it whilst you are completing the survey.

**How long will it take to complete the survey?
It should take in the region of 20 to 25 minutes.**

**What is the deadline for responding to the online survey?
The deadline for the consultation is 12pm, 10th January 2020.**

Thank you for taking part.

About you, your organisation and your role

Organisation Name:

13) Do you have any other comments?

As the professional body for optometry, The College of Optometrists is also submitting a letter in response to the optometrist degree apprenticeship consultation, alongside our completion of this questionnaire. The letter sets out wider points of concern raised by College members about the optometrist degree apprenticeship proposal that cannot be conveyed in response to the consultation questions. Our letter summarises the volume, range and depth of concerns raised about the proposal by College members under key themes.

We seek assurance that these concerns will be taken on board and given due consideration by the trailblazer group and other key stakeholders involved in apprenticeship developments (the optometrist one specifically, as well as degree apprenticeships more broadly, but particularly in healthcare). We also summarise

these points in our response to question 78 below. We are calling for a pause to any further development work being done on the optometrist degree apprenticeship proposal until a full review of the issues has been undertaken.

We also have some specific concerns that we wish to raise at this point regarding how the draft standard is couched. These are outlined in the points below.

- We have a particular concern that the standard has been drafted without due reference to the requirements of the General Optical Council (GOC) for registration as an optometrist in the UK. We understand that the standard would have to map to the GOC's threshold requirements for full registration as an optometrist. However, the draft standard neither maps to the current threshold requirements, nor can it map to new threshold requirements that are due to be produced as a key output of the GOC's education strategic review (ESR). In the case of the latter, this is because the new threshold requirements do not yet exist.
- We also question the pitching of the standard at level 7. While this may well become the new threshold level for registration as an optometrist in the UK as an outcome of the ESR, this has not yet been determined and is not the current threshold level for registration as an optometrist. Again, therefore, the current draft standard does not benchmark to current regulatory requirements for the profession.
- It is ambiguous whether it is proposed that independent prescribing would be integrated into the degree apprenticeship and therefore into optometry pre-registration education. Independent prescribing is currently a post-registration extension of optometrists' scope of practice. It requires the successful completion of a GOC-accredited programme of theoretical and clinical learning and the College-administered examination. Annotation by the GOC through this route as an independent prescriber can only be pursued by registered optometrists once they have gained a breadth and depth of clinical experience as an autonomous practitioner.
- The inclusion of independent prescribing competence within optometry pre-registration education learning would require review as a point of principle (crucially from the perspective of patient safety) and a decision being made to change current requirements. Unless this occurred, it would not be possible to include it within any pre-registration education route into the profession (including a proposal for an optometrist degree apprenticeship).

For the above reasons, plus the broader points of concern regarding the proposal, we call on the trailblazer group to pause any activity on the development of the draft standard, beyond taking very careful stock of the nature and extent of consultation feedback. Time then needs to be taken to engage with and understand the reasons for the feedback. This includes to understand the employment contexts in which optometrists practise. A pause is also essential to allow time for the new GOC threshold requirements to be developed within the ESR.

While we comment on the standard elements in our response, this is with the strong caveat that they do not map to current GOC requirements and cannot be mapped to future ones that do not yet exist. We therefore have a basic concern that the draft

standard lacks appropriate reference points against which its elements can be benchmarked, recognising that this is a key requirement of the IfATE.

In our response, we have highlighted where we see gaps and ambiguities in how the duties of an optometrist are explained and how the knowledge, skills and behaviour elements (KSBs) are articulated under these. We would also suggest that it would be important to review the KSBs against the current GOC Stage 2 competencies, including to identify where details relating to clinical practice should be added; <https://www.optical.org/download.cfm?docid=6EEE7C6F-0F7D-4775-A5208B32E940731D> .

It should be taken as read that comments that we make about particular KSBs (e.g. the first time each is listed) also apply to when the same KSBs are listed under other duties. Our detailed comments on the KSBs should also be taken in the context of our broader comments.

14) Sometimes we need to clarify one or more of the answers that you give in the survey or we would like to come back to you to ask for additional information. Are you happy for us to contact you in this way, using the email address you have provided above?

Yes

Introduction

Instructions:

The content that follows is copied from the draft Apprenticeship Standard document you have just downloaded.

You may find that you wish to flick back and forwards through the draft Apprenticeship Standard whilst answering the survey questions to check that any 'gaps' you spot are not covered elsewhere in the document.

If at any point you are suggesting alternative wording, please be as specific as possible with the exact amendments you would like us to make. Thank you.

INTRODUCTION

Title of Occupation: Optometrist

This occupation is found in Community practice such as High street, Hospitals, Patient home visits, University. The broad purpose of the occupation is Optometrists are registered professionals who as an autonomous practitioner provide a complete and comprehensive assessment of a patient's

eyes and formulate clinical investigations to advise corrective actions. All Optometrists practicing in the UK must be registered with the General Optical Council, the profession's regulatory body. They practice autonomously, safely and effectively within the legal, ethical and professional aspects of practice including the General Optical Council standards, rules and regulations and comply with contractual obligations for their organisation and the NHS. An important part of the optometrist's role is to work collaboratively with wider multi-disciplinary healthcare teams e.g NHS Eye Departments. They are responsible for the management and monitoring of the services they provide in accordance with professional standards.

Optometrists are required to communicate effectively, in an easy to understand manner, to a vast range of patients within all age groups and with complex needs e.g. dementia, partially sighted. They comply with safeguarding and clinical governance requirements. They take concise patient record notes and review previous patient medical history provided by other healthcare professionals. They review and interpret the information to assess the patient's clinical needs to formulate appropriate investigations e.g. if a patient presents with a sudden onset of flashes and floaters - the appropriate investigative techniques would be to dilate the patient's eyes using diagnostic drugs. Within their scope of practice, they will use diagnostic and therapeutic drugs to examine and prescribe.

They use specialist equipment and state-of-the-art technology such as 3D scanners and visual field machines. They critically analyse and evaluate the results of their clinical investigations to detect, diagnose and treat eye diseases within their scope of practice e.g. cataracts, glaucoma, diabetic eye disease and dry eyes. They provide preventative advice on the development of eye disease. They will create, maintain and manage the intervention of a patient management plan to enable and support the patients to make informed decisions.

They use specialist equipment and advanced techniques to determine, issue and dispense a corrective spectacle prescription and contact lens specification, tailored to the patients' needs e.g. complex spectacle prescriptions or low vision requirements. They conduct comprehensive contact lens consultation and aftercare. They will then provide a range of appropriate contact lens options to the patient taking into account of their views, preferences and concerns. They teach appropriate wear and care regimes for contact lens patients.

Optometrists lead and supervise their team which could include dispensing opticians, optical assistants, retail managers etc, to ensure legal and professional standards are upheld. They can delegate certain tasks to

dispensing opticians and to their wider team under supervision. They are responsible for maintaining up-to-date knowledge and skills using detailed personal development plans and through continued education and training. They are able to provide clinical and professional development training for their team.

Optometrists are responsible and accountable for assessing specialist occupations ensuring visual standards are met for safe practice e.g. police, HGV drivers, pilot.

Optometrists may have dispensing opticians and optical assistants working alongside them.

Optometrists understand their role within the business as set out by their companies economic drivers and business objectives. In their daily work, an employee in this occupation interacts with patients, their carers, parents, multidisciplinary teams to include the NHS, GPs, Practice Managers, Ophthalmologists, Optical Assistants, Dispensing Opticians and Retail Managers. An employee in this occupation will be responsible for meeting legal responsibilities set out by the Opticians Act, the leadership and supervision of the team to uphold professional standards and for keeping their knowledge and skills up to date by maintaining their continued education and training.

Typical job titles:

Optometrist, Ophthalmic Optician.

15) Does the Introduction fully reflect the Optometrist's role?

No

16) If no, please explain

We are concerned about how the introduction explains the occupational role of an optometrist, and the misleading impression it gives about the nature and scope of contemporary optometry practice and the environments in which the profession practises. Our concerns are itemised below.

- The opening full sentence indicates that the occupation is “found in” hospitals. However, the subsequent text does not reflect this. The reference to optometrists working collaboratively with other healthcare teams, including those in NHS eye departments, implies that the profession is not part of these teams.
- It needs to be explained that optometrists are key members of NHS eye departments, as well as practising in clinical environments that span patient

pathways across primary and secondary care and healthcare delivery across the public (NHS-based and NHS-funded), private and third sectors.

- The statement gives mixed messages about how optometrists work with others, and how the profession leads, delegates to and supervises others within optical practice. It is important to be clear that optometrists have key roles to play in leadership, management, supervision and delegation to others, including in line with legislative requirements.
- It also needs to be clear that optometrists work collaboratively with others within inter-disciplinary teams and including with members of other professions (e.g. ophthalmologists, orthoptists and ophthalmic nurses). It needs to be clear that the configuration of teams depends on the sector and setting in which optometrists practise, with these settings being varied (in line with the point above). This adds both to the demands of professional practice, and to the breadth of career development opportunities available to optometrists.
- While the opening sentence indicates that optometrists can be “found in” universities, this is not expanded on in the subsequent explanation. The occupational profile needs to be clear that optometrists can pursue their profession through an academic career (to lead and support learning and teaching, and as a researcher) and through combining a mix of clinical, teaching, research, management and leadership roles, again, in different sectors and settings.
- The scope for portfolio-based careers (either through undertaking a range of roles concurrently, or moving from one occupational role to another sequentially) is also a particular feature of the optometry profession. This needs to be highlighted, not least since it makes the profession an attractive career to pursue.
- The description does not highlight the career development opportunities available to optometrists to be business owners and to establish, maintain and lead optometry practices. It should also be indicated that optometrists can play key roles in leading and managing optical services and professional development in large organisations (both those focused on optical care, and within which optical care forms a key area of clinical business).
- The profile does not indicate the scientific and clinical knowledge and the research understanding and skills that underpin optometrists’ professional practice. This needs to be made much more overt, including so that the underpinning knowledge and skills base, plus the demands and rigour of optometry practice, are brought to the fore.
- In line with the above, the description places too much emphasis on the profession’s use of specialist equipment and technology from a technical perspective, rather than on the clinical-reasoning and decision-making skills that optometrists bring to their use of technology and equipment to assess, interpret, diagnose, treat, refer, monitor and evaluate their delivery of safe, effective care to patients. Particularly if the degree apprenticeship were to be developed for delivery at level 7, the occupational profile and all other elements of the standard would need to include a much stronger emphasis on managing complexity, uncertainty and risk.

- It is essential that the development and deployment of scientific and clinical knowledge and skills are presented as key to safe, effective optometry practice. It should also be emphasised that a responsiveness and adaptability to the implications and potential of technological advances are key parts of optometrists' professional practice and delivery of safe, effective patient care, as well as their contribution to developing new models of care, quality improvement and service delivery.
- The description does not explain that person-centred professionalism must be at the core of optometrists' practice. This includes to deliver safe, ethical care in ways that ensure that optometrists exercise their professional judgement and act in patients' best interests. This has to be irrespective of the sectors and settings (including commercial environments) in which optometrists practise.
- The explanation does not indicate that a key part of optometrists' role is, as first-contact practitioners, to refer patients on for further tests and investigation or treatment by others. This needs to be underpinned by an indication that optometrists need to exercise professional judgement and decide when it is appropriate to make such referrals, taking account of individual patients' interests, the appropriate management of risk, and seeking to ensure the efficacious use of health care resources.
- More broadly, the profile and duties need to capture the evolving scope of optometrists' practice, with the profession taking on more complex eye disease detection and management and a broader role in eye health preventative and self-management advice. This would need to be reflected in the depth, breadth and level of learning provided by the apprenticeship. This would be essential for ensuring that apprentices acquired the knowledge, skills and behaviours to adapt and respond to changing population, patient and service delivery needs, and developments in models of care and technology.
- The explanation includes a mix of overly vague and overly specific descriptors. Reference should be made to the legislation and NHS contract arrangements under which optometrists deliver eye test services, while the mention of an optometrist's response to a patient presenting with flashes and floaters is overly-simplistic.

17) Do you have any further comments about the Introduction section?

We are concerned about the lack of clarity in how the introduction explains the occupational role of the optometrist. This seems to be due to rushed drafting and a loose use of language. Our concerns are itemised below.

- The material does not flow, given the odd order in which the paragraphs and statements within the same paragraphs are presented
- Several of the statements (e.g. the penultimate one) do not make sense
- Some of the statements make clumsy reference to different population and patient groups by apparently conflating healthcare conditions and individuals who may have these (e.g. individuals who have dementia, or who are partially-sighted); this undermines the sense of the draft standard conveying and promoting person-centred professionalism

- Several statements have odd syntax, making the intended meaning difficult to interpret; e.g. the first and second sentences
- The explanation shifts from the present to future tense
- The explanation includes a number of grammatical and punctuation errors.

In some presentations of the draft standard (but not above), the typical job titles reads as “Optometrist, Ophthalmic, Optician”. This should read as “Optometrist, Ophthalmic Optician”, as the protected titles for the profession in the UK.

DUTIES:

D1 Communicate effectively to gather and record complex patient information e.g. previous medical history, information from other healthcare professionals. Communicate effectively with the patient and any other appropriate person involved in the care of the patient, with English being the primary language of communication

D2 Review and interpret information gathered to assess a patient’s clinical needs to formulate appropriate clinical investigations e.g. sudden onset of flashes and floaters - appropriate investigative techniques would be to dilate the patient

D3 Critically analyse and interpret the results of relevant diagnostic tests e.g. Visual field Interpretation

D4 Conduct appropriate eye examinations to determine and issue a corrective spectacle prescription

D5 Conduct an appropriate assessment of eye health using specialist equipment and advanced techniques, tailored to the needs of individual patients e.g. low vision or learning disabilities

D6 Critically evaluate the results obtained from the eye examination and eye health assessment to ensure the results are as expected

D7 Utilise expert clinical knowledge to clearly communicate the eye exam findings

D8 Conduct comprehensive contact lens examination and aftercare providing a range of appropriate options taking into account the patients views preferences and concerns. Prescribing a contact lens specification. Teaching appropriate wear and care regimes for contact lens patients

D9 Dispense or supervise the dispensing of spectacles, contact lenses and other optical appliances to patients in a restricted category as defined in the Opticians Act 1989 e.g. a patient aged under 16, low vision aids

D10 Practise autonomously, safely and effectively within the legal, ethical and professional aspects of practice including the General Optical Council standards, rules and regulations. Comply with contractual obligations both to employer and NHS

D11 Provide effective leadership and supervision

D12 Take responsibility for the clinical and professional development and training of the team as required

D13 Ensure knowledge and skills are kept up to date by maintaining continued education and training (CET) e.g. evidence-based practice and research articles. Maintaining a progressive personal development plan
D14 Instill and/or prescribe diagnostic and therapeutic drugs to examine and treat as necessary, using only within the scope of practice
D15 Give preventative information, advice and guidance on the potential development of future eye disease and systemic disease
D16 Formulate a bespoke patient management plan to support the patient in making an informed decision
D17 Uphold duty of care e.g. record card keeping, confidentiality, consent and patient safety. Adhere to relevant national and local protocols for referrals and clinical governance. Comply with safeguarding obligations
D18 Work collaboratively in multi-disciplinary healthcare teams and engage in appropriate shared care schemes. Comply with legal duty to refer as necessary
D19 Work within the economic drivers and business objectives, commercial context and constraints

18) Do the Duties reflect the role of an Optometrist?

No

19) If no, please explain

We have particular concerns about the intended meaning of D19. This gives the impression that optometrists make decisions about patients' care based on what fulfils business and commercial interests, rather than what is in the best interests of individuals' eye health and broader health status. This fuels the underlying concern expressed by College members that the development of an optometrist degree apprenticeship would give employers undue influence over how individuals are prepared to enter the profession, and would skew optometry practice towards fulfilling commercial interests, rather than meeting individual patient needs in safe, timely and effective ways.

It is essential that this duty reflects the need for optometrists to engage with integrity and probity in how they manage the complexities of delivering high-quality, ethical patient care, including within commercial environments. It must not imply that optometrists' professional judgement and practice is, by definition, compromised by their practice environment.

These issues also need to be drawn out in the knowledge, skills and behaviours outlined in the standard.

The duties should make overt reference to optometrists evaluating their practice, including through engaging in data collection and clinical audit.

The duties make scant reference to the duty to engage in evidence-based practice, with this only referred to as an example of continued education and training in D13. It is important to draw out the duty to engage in research-informed, evidence-based practice as a discrete duty and to modify the phrasing of D13 to provide a less

simplistic reference to “evidence-based practice and research articles”. Again, this needs to be underpinned by stronger reference to KSBs that relate to developing an understanding of research methodologies, the ability to engage in the critical appraisal of research literature, and to undertake research-related activities.

The duties should include reference to optometrists’ duty to contribute to risk management, service development and quality improvement initiatives (relative to their stage of career and the particular nature of their role).

D17 should make additional reference to optometrists’ duty to comply with health and safety requirements, both in relation to themselves, their patients, and their practice colleagues.

20) Do you have any further comments about the Duties section?

Some of the elements are not well expressed and require review to make their intended meaning clear. This includes in terms of achieving a consistent use of additional phrases within individual duties to ensure a clear flow of information and a consistent use of examples in D2, D5 and D13.

As raised in relation to the introduction, it is not appropriate that explanations seem to describe individual patient groups by their conditions, as in the case of D5.

Each Duty is underpinned by Knowledge, Skills, Behaviour (KSBs). For each Duty there will be conditions of performance at work. These performance criteria must be met to ensure competence.

DUTIES (D=Duty, S=Skill, K=Knowledge, B=Behaviour)

Please let us know if you see anything that

- **should not be there**
- **is incorrect**
- **seems to be a gap**

If you want to suggest a change, please use the exact alternative wording that you would like to see.

Duty 1 Communicate effectively to gather and record complex patient information e.g. previous medical history, information from other healthcare professionals. Communicate effectively with the patient and any other appropriate person involved in the care of the patient, with English being the primary language of communication.

Knowledge

K6 Understands role as part of multidisciplinary healthcare team.

K8 Spectacle frames and lenses, low vision aid design and materials.

Skills

S1 Ability to conduct a safe and competent assessment for the purposes of the optometric consultation, including symptoms and, where necessary, any relevant medical, family and social history of the patient. This may include personal beliefs or cultural factors.

S9 Safely and competently fit contact lenses (including complex lenses. Provide safe aftercare regimes for contact lens patients to maintain ocular health. Monitor anterior eye health and address any signs or complications that may arise through these processes

S11 Prepare, communicate and manage effective support and aftercare plans in collaboration with patients and other colleagues where appropriate

S12 Communicate with patients with diverse needs, including people with disabilities

S15 How to gain valid patient consent

S17 Communicate effectively with patients, carers and colleagues and is able to adapt communication style where necessary. Ability to pick up on unspoken signals which could indicate lack of understanding, discomfort or lack of consent

S23 Maintain accurate, up-to-date and accessible patient records containing all necessary information, and able to adapt to a range of systems and formats including written and electronic

S31 Ability to use secure information management systems, clinical guidance and protocols, and has the ability to adapt to different regimes at a local level by healthcare providers and employers and is able to adapt practice accordingly

Behaviours

B1 Treat people with dignity and respect

B3 Be competent, reliable and committed

B4 Be caring and compassionate

B6 Honesty and integrity

21) Do the KSBs listed reflect the requirements for an Optometrist to carry out Duty 1?

No

22) If no, please explain

The elements do not fully reflect the KSBs to fulfil the duty at the level required for safe, effective optometry practice. The following are missing:

- An understanding of different communication styles, including in the context of professional practice, and their appropriate deployment with different patient groups, individuals with different needs, and colleagues within multi-disciplinary teams

- An understanding of the significance of verbal and non-verbal communication

- The ability to communicate clearly, accurately and concisely, both verbally and in writing
- Effective listening skills to gather full, relevant information from patients
- Effective history-taking skills to elicit information from patients in relevant, appropriately sensitive, discerning ways
- An understanding of how to engage patients whose first language is not English, including through appropriate communication with a designated third party.

It is not clear why several of the KSBs are included under a duty relating to communication. As examples, K8 and S9 do not seem relevant.

23) Do you have any further comments about Duty 1?

The framing of some of the statements needs review, as their awkward syntax makes them difficult to read and understand. As examples, S1 includes a mix of incomplete and complete sentences, with the full sentence not flowing from the stem statement, while K8 does not include any active verb.

D2 Review and interpret information gathered to assess a patient's clinical needs to formulate appropriate clinical investigations e.g. sudden onset of flashes and floaters - appropriate investigative techniques would be to dilate the patient

Knowledge

K2 Understands how to perform a wide range of ocular examination techniques and diagnostic procedures

K3 Understands the visual processing system including binocular vision and its development

K8 Spectacle frames and lenses, low vision aid design and materials

K19 Research and developments in optometry and vision science, including technology

Skills

S1 Ability to conduct a safe and competent assessment for the purposes of the optometric consultation, including symptoms and, where necessary, any relevant medical, family and social history of the patient. This may include personal beliefs or cultural factors

S2 Use diagnostic drugs to examine the eye health of the patient

S5 Ability to analyse and process the information obtained during assessment and examination of the patient to form a differential diagnosis. Able to make a reasoned diagnosis using professional judgement

S6 Ability to diagnose and manage a wide range of normal and abnormal ocular conditions and diseases, and appropriately advises and/or refers

patients where necessary to the most appropriate professional, including those external to the practice

S7 Use and supply of exempt and controlled drugs within scope of practice

S13 Use peer-reviewed and clinical literature to make sound clinical judgements and adapt to emerging standards or technology

S21 Critically evaluate research and developments in optometry and visual science, including technology, and translates theory into practice in varied clinical settings across the range of conditions and patient groups reflective of patient need

S25 Understands the limit to your professional competence, knowledge, skills and experience and uses this to work within your scope of practice

Behaviours

B3 Be competent, reliable and committed

B6 Honesty and integrity

24) Do the KSBs listed reflect the requirements for an Optometrist to carry out Duty 2?

No

25) If no, please explain.

It is not clear how the listed behaviours relate specifically to this duty. They also seem to be too vague to be useful, while only broadly reflecting key principles of person-centred professionalism.

26) Do you have any further comments about Duty 2?

The KSBs are not consistently framed, making them difficult to read.

D3 Critically analyse and interpret the results of relevant diagnostic tests e.g. Visual field Interpretation.

Knowledge

K1 The relevant systemic and ocular development, anatomy, biology, physiology, pathophysiology and epidemiology to ocular conditions relevant to the role.

K3 Understands the visual processing system including binocular vision and its development.

K4 Understands geometric and visual optics and accommodation.

K8 Spectacle frames and lenses, low vision aid design and materials.

K19 Research and developments in optometry and vision science, including technology.

Skills

S1 Ability to conduct a safe and competent assessment for the purposes of the optometric consultation, including symptoms and, where necessary, any relevant medical, family and social history of the patient. This may include personal beliefs or cultural factors.

S3 Measurement and management of normal and abnormal visual function.

S5 Ability to analyse and process the information obtained during assessment and examination of the patient to form a differential diagnosis. Able to make a reasoned diagnosis using professional judgement.

S6 Ability to diagnose and manage a wide range of normal and abnormal ocular conditions and diseases, and appropriately advises and/or refers patients where necessary to the most appropriate professional, including those external to the practice.

S8 Diagnosing and managing ocular conditions and diseases as part of a multidisciplinary healthcare team.

Behaviours

B3 Be competent, reliable and committed

B6 Honesty and integrity

27) Do the KSBs listed reflect the requirements for an Optometrist to carry out Duty 3?

No

28) If no, please explain.

Some of the identified KSBs are not evidently relevant to the duty, others do not include sufficient specificity to provide clarity that competence would be assured to perform the duty safely and effectively, while some of the individual KSBs lack an active verb, making their intended meaning and level difficult to infer. Key KSBs also seem to be missing.

Examples of all the above include the following:

- It is not apparent how K8 is relevant to the critical analysis and interpretation of relevant diagnostic tests

- K19 lacks sufficient specificity to be clear how apprentices would be expected to engage with research and developments in optometry and vision science and technology to inform their critical analysis and interpretation of relevant diagnostic tests (e.g. it would be expected that apprentices would be expected to engage in the critical appraisal of the relative reliability of different types of diagnostic tests, particularly if they were being assessed and expected to demonstrate learning at level 7)

- The intended meaning of K8, K19, S3 and S8 is difficult to infer because they lack an active verb
- It is not clear why B6 is included under the duty, without more specificity included in the behaviour.

The KSBs lack due reference to apprentices' needing to develop and demonstrate the following:

- The underpinning scientific and clinical knowledge and critical thinking skills to make decisions about relevant diagnostic tests based on presenting information from patients
- Underpinning scientific and clinical knowledge to understand and interpret the results of diagnostic tests
- The clinical-reasoning skills to undertake a critical analysis of the results that they secure from relevant diagnostic tests, and to make judgements about the results' relevance and significance and what they signal for their decision-making, advice and actions.

29) Do you have any further comments about Duty 3?

D4 Conduct appropriate eye examinations to determine and issue a corrective spectacle prescription.

Knowledge

K2 Understands how to perform a wide range of ocular examination techniques and diagnostic procedures.

K4 Understands geometric and visual optics and accommodation.

Skills

S1 Ability to conduct a safe and competent assessment for the purposes of the optometric consultation, including symptoms and, where necessary, any relevant medical, family and social history of the patient. This may include personal beliefs or cultural factors.

S3 Measurement and management of normal and abnormal visual function.

S9 Safely and competently fit contact lenses (including complex lenses.

Provide safe aftercare regimes for contact lens patients to maintain ocular health. Monitor anterior eye health and address any signs or complications that may arise through these processes.

S10 Prescribe suitable optical appliances based on visual function, lifestyle, occupational, sporting and protective needs.

Behaviours

B1 Treat people with dignity and respect.

B3 Be competent, reliable and committed.

B4 Be caring and compassionate.

B6 Honesty and integrity.

30) Do the KSBs listed reflect the requirements for an Optometrist to carry out Duty 4?

No

31) If no, please explain.

The KSBs underpinning this duty need to reflect the importance of apprentices developing an understanding of the professional ethics that underpin optometrists' professional practice, and the ability to make ethical judgements about attending to the best interests of patients within often commercial, but clinical, environments. While this is broadly reflected in B6, it is not sufficiently articulated in the knowledge and skills expressed under the duty.

32) Do you have any further comments about Duty 4?

D5 Conduct an appropriate assessment of eye health using specialist equipment and advanced techniques, tailored to the needs of individual patients e.g. low vision or learning disabilities.

Knowledge

K1 The relevant systemic and ocular development, anatomy, biology, physiology, pathophysiology and epidemiology to ocular conditions relevant to the role.

K2 Understands how to perform a wide range of ocular examination techniques and diagnostic procedures.

K4 Understands geometric and visual optics and accommodation.

K19 Research and developments in optometry and vision science, including technology.

Skills

S6 Ability to diagnose and manage a wide range of normal and abnormal ocular conditions and diseases, and appropriately advises and/or refers patients where necessary to the most appropriate professional, including those external to the practice.

S7 Use and supply of exempt and controlled drugs within scope of practice.

S10 Prescribe suitable optical appliances based on visual function, lifestyle, occupational, sporting and protective needs.

S12 Communicate with patients with diverse needs, including people with disabilities.

S13 Use peer-reviewed and clinical literature to make sound clinical judgements and adapt to emerging standards or technology.

S21 Critically evaluate research and developments in optometry and visual

science, including technology, and translates theory into practice in varied clinical settings across the range of conditions and patient groups reflective of patient need.

Behaviours

B1 Treat people with dignity and respect.

B3 Be competent, reliable and committed.

B4 Be caring and compassionate.

B6 Honesty and integrity.

33) Do the KSBs listed reflect the requirements for an Optometrist to carry out Duty 5?

No

34) If no, please explain.

The listed KSBs do not all seem to correlate with the focus of the duty statement. In particular, they extend beyond undertaking an assessment of individual patients' needs to issues arising from that assessment, while others appear too vague for it to be clear whether and how they relate to fulfilment of the duty.

Examples of the above include the following:

- S7 and S10 relate to the actions arising from an assessment

- K19 and S13 and S21 are not sufficiently specific about how apprentices would be expected to develop their knowledge and skills in identifying and critically applying relevant research literature to inform the assessment of an individual patient and what they deduced from this assessment

- The listed KSBs do not identify the critical thinking, clinical-reasoning, analytical and decision-making skills that apprentices would need to deploy in their safe and effective assessment of individual patients.

35) Do you have any further comments about Duty 5?

Several of the KSBs lack an active verb, making it difficult to infer their intended meaning or level.

D6 Critically evaluate the results obtained from the eye examination and eye health assessment to ensure the results are as expected.

Knowledge

K1 The relevant systemic and ocular development, anatomy, biology, physiology, pathophysiology and epidemiology to ocular conditions relevant to the role.

K3 Understands the visual processing system including binocular vision and its development.

K7 Contact lenses (including complex lenses) and the importance of safe aftercare regimes for patients with both rigid and soft contact lenses to maintain ocular health.

K19 Research and developments in optometry and vision science, including technology.

Skills

S3 Measurement and management of normal and abnormal visual function.

S5 Ability to analyse and process the information obtained during assessment and examination of the patient to form a differential diagnosis. Able to make a reasoned diagnosis using professional judgement.

S6 Ability to diagnose and manage a wide range of normal and abnormal ocular conditions and diseases, and appropriately advises and/or refers patients where necessary to the most appropriate professional, including those external to the practice.

S8 Diagnosing and managing ocular conditions and diseases as part of a multidisciplinary healthcare team.

S10 Prescribe suitable optical appliances based on visual function, lifestyle, occupational, sporting and protective needs.

S11 Prepare, communicate and manage effective support and aftercare plans in collaboration with patients and other colleagues where appropriate.

S21 Critically evaluate research and developments in optometry and visual science, including technology, and translates theory into practice in varied clinical settings across the range of conditions and patient groups reflective of patient need.

S27 Apply skills and professional judgement doing the right thing and putting the patient first.

Behaviours

B3 Be competent, reliable and committed.

B6 Honesty and integrity.

36) Do the KSBs listed reflect the requirements for an Optometrist to carry out Duty 6?

No

37) If no, please explain.

Several of the listed KSBs do not relate to the duty itself, some elements seem to be missing, and some elements are not clearly expressed.

Examples include the following:

- It is not clear how K7 relates to the duty
- S10 relates to action arising from a diagnosis
- S11 relates to a mix of actions arising from a diagnosis, including communication with and support to a patient and care-planning
- S27 is unclear in its reference to “doing the right thing” and putting patients first (in the context of making a diagnosis)
- It is unclear from the listed KSBs how an apprentice would be expected to develop the requisite knowledge, skills and behaviour to manage a situation in which the results of an eye assessment or examination did not give the expected result; e.g. in terms of being aware of and responding appropriately to the limits of their personal scope of practice, seeking advice from others, and potentially pursuing further tests or investigations, or making a referral.

38) Do you have any further comments about Duty 6?

Several of the KSBs lack an active verb, making it difficult to infer their intended meaning or level.

D7 Utilise expert clinical knowledge to clearly communicate the eye exam findings.

Knowledge

K1 The relevant systemic and ocular development, anatomy, biology, physiology, pathophysiology and epidemiology to ocular conditions relevant to the role.

K18 Professional duty of candour.

K20 The need to raise concerns promptly, if patient or public safety might be at risk and how to raise and escalate them.

K24 The need to consult with or refer to other colleagues within or outside of the optical sector and is aware of different referral mechanisms within the healthcare system.

K25 The role of eye health and sight loss services within the wider public health context and the need for all health professionals to play a role in health promotion to address changing patient and social demographics.

Skills

S5 Ability to analyse and process the information obtained during assessment and examination of the patient to form a differential diagnosis. Able to make a reasoned diagnosis using professional judgement.

S6 Ability to diagnose and manage a wide range of normal and abnormal ocular conditions and diseases, and appropriately advises and/or refers patients where necessary to the most appropriate professional, including those external to the practice.

S11 Prepare, communicate and manage effective support and aftercare plans in collaboration with patients and other colleagues where appropriate.

S12 Communicate with patients with diverse needs, including people with

disabilities.

S17 Communicate effectively with patients, carers and colleagues and is able to adapt communication style where necessary. Ability to pick up on unspoken signals which could indicate lack of understanding, discomfort or lack of consent.

Behaviours

B1 Treat people with dignity and respect.

B3 Be competent, reliable and committed.

B4 Be caring and compassionate.

B5 Sensitive and supportive approach when communicating difficult news.

B6 Honesty and integrity.

39) Do the KSBs listed reflect the requirements for an Optometrist to carry out Duty 7?

No

40) If no, please explain.

The KSBs do not include sufficient specificity. This includes to articulate the precise requirements for apprentices' development to meet the requirements for optometry practice. They also include elements that do not seem relevant to the duty.

Examples of the above include the following:

- It is not clear why duty of candour has been listed under the duty (when this relates to being open about when things have gone wrong, or a mistake has been made), while this particular knowledge element lacks an active verb to give it meaning
- It is not clear why S5 and S6 are included under the duty, since they do not relate to the ability to communicate the results or diagnosis from a test, but relate to undertaking a diagnostic test and analysing the results of this
- The skills lack sufficient reference to the imperative that apprentices develop efficient and effective communication skills to liaise with other members of multi-disciplinary teams, across the patient pathway, and across different agencies, sectors and settings
- More specifically, the skills should highlight the importance of apprentices developing the written communication skills to be able to distil and share relevant information accurately and succinctly when they need to refer a patient for further tests or investigations, and the verbal skills to provide clear, sensitively delivered information to patients about why a referral is necessary and the likely next steps that will arise from making a referral.

41) Do you have any further comments about Duty 7?

Several of the KSBs lack an active verb, making it difficult to infer their intended meaning or level.

D8 Conduct comprehensive contact lens examination and aftercare providing a range of appropriate options taking into account the patients' views, preferences and concerns. Prescribing a contact lens specification. Teaching appropriate wear and care regimes for contact lens patients.

Knowledge

K7 Contact lenses (including complex lenses) and the importance of safe aftercare regimes for patients with both rigid and soft contact lenses to maintain ocular health.

Skills

S9 Safely and competently fit contact lenses (including complex lenses. Provide safe aftercare regimes for contact lens patients to maintain ocular health. Monitor anterior eye health and address any signs or complications that may arise through these processes.

S10 Prescribe suitable optical appliances based on visual function, lifestyle, occupational, sporting and protective needs.

S11 Prepare, communicate and manage effective support and aftercare plans in collaboration with patients and other colleagues where appropriate.

Behaviours

B1 Treat people with dignity and respect.

B3 Be competent, reliable and committed.

B4 Be caring and compassionate.

B5 Sensitive and supportive approach when communicating difficult news.

B6 Honesty and integrity.

42) Do the KSBs listed reflect the requirements for an Optometrist to carry out Duty 8?

No

43) If no, please explain.

The KSBs do not reflect sufficiently that apprentices would need to develop the underpinning scientific and clinical knowledge and understanding of the evidence base relating to contact lens examinations, dispensing and after care. This would seem essential if the apprenticeship were to be developing apprentices' learning to level 7.

44) Do you have any further comments about Duty 8?

D9 Dispense or supervise the dispensing of spectacles, contact lenses and other optical appliances to patients in a restricted category as defined in the Opticians Act 1989 e.g. a patient aged under 16, low vision aids.

Knowledge

K8 Spectacle frames and lenses, low vision aid design and materials.

Skills

S4 Measurement and manage refractive error and binocular vision to prescribe spectacles, contact lenses or dispense low vision devices.

S10 Prescribe suitable optical appliances based on visual function, lifestyle, occupational, sporting and protective needs.

Behaviours

B3 Be competent, reliable and committed.

B6 Honesty and integrity.

45) Do the KSBs listed reflect the requirements for an Optometrist to carry out Duty 9?

No

46) If no, please explain.

While referring within the duty to apprentices needing to develop the ability to supervise dispensing to patients in a restricted category, the KSBs do not make reference to a range of essential elements. These include apprentices' ability to do the following:

- Understand and adhere to legislation relating to patients in a restricted category
- Understand the implications of the legislation for how individual patient needs must be met through how and by whom care is delivered
- Understand how to apply the principles of safe supervision, including to delegate and supervise effectively, as well as the responsibilities still held by an accountable practitioner for activity delivered under delegation and supervision
- Understand and adhere to legislative requirements relating to safeguarding
- Understand and engage in accurate record-keeping.

47) Do you have any further comments about Duty 9?

Some of the KSBs lack an active verb, making it difficult to infer their intended meaning or level.

D10 Practise autonomously, safely and effectively within the legal, ethical and professional aspects of practice including the General Optical Council standards, rules and regulations. Comply with contractual obligations both to employer and NHS.

Knowledge

K10 Primary Eye Care Service Contracts in the UK.

K11 Valid patient consent. Differences in the law surrounding consent for children, young people and vulnerable adults.

K12 Recognises the need for professional boundaries in practice, particularly to avoid exploiting or unduly influencing patients or the public, whether politically, financially, sexually or by other means.

K16 Law, ethical principles and current regulatory standards relating to optical practice, including the role of the General Optical Council and the requirements of registration.

K17 The need for honesty and integrity to maintain public trust and confidence in the profession.

K18 Professional duty of candour.

K21 The need for lifelong learning/continuing professional development in order to maintain, enhance and develop your practice for the good of patients and the public.

K23 The differences in healthcare systems in each of the four nations of the UK, including remote and urban environments.

Skills

S14 Comply to Primary Eye Care Service contracts.

S19 Complies with the law and ethical principles in relation to optometry. Able to recognise and appropriately manage uncertainty by using professional judgement.

S20 Demonstrate the elements of candour when things go wrong.

S25 Understands the limit to your professional competence, knowledge, skills and experience and uses this to work within your scope of practice.

S27 Apply skills and professional judgement doing the right thing and putting the patient first.

S29 Recognise the social, commercial/financial, legal and political context, in which optometric practice is undertaken and manage these aspects of the role without compromising professional standards and patient care.

Behaviours

B1 Treat people with dignity and respect.

B3 Be competent, reliable and committed.

B4 Be caring and compassionate.

B5 Sensitive and supportive approach when communicating difficult news.

B6 Honesty and integrity.

48) Do the KSBs listed reflect the requirements for an Optometrist to carry out Duty 10?

No

49) If no, please explain.

The draft KSBs make reference to the need for apprentices to develop a knowledge of valid patient consent (K11). However, the lack of an active verb within K11 makes it difficult to gain a sense of the intended meaning or level of developing this knowledge and understanding. In addition, the KSBs don't also identify the imperative of apprentices also developing the understanding and skills to be able to seek and obtain valid consent in appropriate ways, or managing the implications of not securing valid consent. This would need to cover issues relating to providing sufficient levels of information, in appropriate ways, on treatment options and their implications, in order to ensure that patients are able to give informed consent.

While it is important to make reference to duty of candour, S20 does not do this effectively. In particular, it is unclear what is meant by "Demonstrate elements of candour".

50) Do you have any further comments about Duty 10?

We welcome the inclusion of S29 under this duty. However, as indicated elsewhere in our response, the importance of optometry practice putting patient interests first needs to be brought much more to the fore. This includes through the modification of duty 19, which implies that commercial interests can override meeting the interests of patients.

D11 Provide effective leadership and supervision.

Knowledge

K27 Principles of leadership.

Skills

S32 Ability to lead a team.

Behaviours

B1 Treat people with dignity and respect.

B2 Display leadership qualities.

51) Do the KSBs listed reflect the requirements for an Optometrist to carry out Duty 11?

No

52) If no, please explain.

While relating to important components of optometry professional practice, this duty is only sparsely supported by KSBs, while the duty itself should also logically refer to management.

The current wording and content make the intended substance of the duty unclear, including in terms of level. Given this lack of substance, some of the KSBs simply reiterate the duty itself; e.g. S32 and B2.

The KSBs would need to be strengthened by reference to the following:

- The development of knowledge, understanding and skills to progress quality improvement initiatives
- Awareness of the scope of personal scope of practice and competence at any one point, and when to seek advice or refer matters on to others.

53) Do you have any further comments about Duty 11?

It might be more appropriate for duties 11 and 12 to be combined (see below).

D12 Take responsibility for the clinical and professional development and training of the team as required.

Knowledge

K9 Peer-reviewed and clinical literature.

K19 Research and developments in optometry and vision science, including technology.

K21 The need for lifelong learning/continuing professional development in order to maintain, enhance and develop your practice for the good of patients and the public.

K27 Principles of leadership.

Skills

S21 Critically evaluate research and developments in optometry and visual science, including technology, and translates theory into practice in varied clinical settings across the range of conditions and patient groups reflective of patient need.

S24 Reflect on your own practice alone and with others, drawing on a wide range of different information sources, such as significant events analysis, clinical audit, patient feedback and peer review.

S32 Ability to lead a team.

Behaviours

B2 Display leadership qualities.

B3 Be competent, reliable and committed.

B6 Honesty and integrity.

54) Do the KSBs listed reflect the requirements for an Optometrist to carry out Duty 12?

No

55) If no, please explain.

The focus of this duty does not seem sufficiently clear, particularly when it also refers to apprentices' development of their own practice (S24). While this could be seen as a logical underpinning of supporting others' learning, such a link should be substantiated.

56) Do you have any further comments about Duty 12?

It might be more appropriate for duties 11 and 12 to be combined (see above).

D13 Ensure knowledge and skills are kept up to date by maintaining continued education and training (CET) e.g. evidence-based practice and research articles. Maintaining a progressive personal development plan.

Knowledge

K9 Peer-reviewed and clinical literature.

K19 Research and developments in optometry and vision science, including technology.

K21 The need for lifelong learning/continuing professional development in order to maintain, enhance and develop your practice for the good of patients and the public.

Skills

S13 Use peer-reviewed and clinical literature to make sound clinical judgements and adapt to emerging standards or technology.

S21 Critically evaluate research and developments in optometry and visual science, including technology, and translates theory into practice in varied clinical settings across the range of conditions and patient groups reflective of patient need.

S22 How to raise concerns promptly if patient or public safety might be at risk. Confidence to engage in difficult conversations regarding concerns.

S24 Reflect on your own practice alone and with others, drawing on a wide range of different information sources, such as significant events analysis, clinical audit, patient feedback and peer review.

S25 Understands the limit to your professional competence, knowledge, skills and experience and uses this to work within your scope of practice.

Behaviours

B3 Be competent, reliable and committed.

B6 Honesty and integrity

57) Do the KSBs listed reflect the requirements for an Optometrist to carry out Duty 13?

No

58) If no, please explain.

The KSBs do not make reference to developing self-awareness about personal scope of practice, engagement in reflective practice, and participating in peer review and peer-to-peer discussion to support reflection and stronger professional awareness.

Not all the KSBs seem relevant to the duty. In particular, S22, while being of high importance, does not logically seem to sit in this section.

59) Do you have any further comments about Duty 13?

Several of the KSBs lack an active verb, making it difficult to judge their intended meaning or the level to which it is expected that they would be demonstrated.

Several of the KSBs are framed in the second person, which is out of kilter with material included elsewhere.

D14 Instil and/or prescribe diagnostic and therapeutic drugs to examine and treat as necessary, using only within the scope of practice.

Knowledge

K2 Understands how to perform a wide range of ocular examination techniques and diagnostic procedures.

K5 Pharmaceuticals, pharmacology and microbiology in relation to patient care. Understands the principles of independent prescribing and the legislation relating to the use and supply of exempt and controlled drugs.

K22 The limit to your professional competence, knowledge, skills and experience within your scope of practice.

Skills

S7 Use and supply of exempt and controlled drugs within scope of practice.

S25 Understands the limit to your professional competence, knowledge, skills and experience and uses this to work within your scope of practice.

Behaviours

B3 Be competent, reliable and committed.

B6 Honesty and integrity.

60) Do the KSBs listed reflect the requirements for an Optometrist to carry out Duty 14?

No

61) If no, please explain.

It is ambiguous from the phrasing of the duty and the KSBs whether it is proposed that apprentices would learn to undertake independent prescribing within the apprenticeship (which would currently not be possible), or whether it is proposing that apprentices would develop an awareness and understanding of how independent prescribing fits within the practice of suitably-qualified, fully-registered optometrists, including through developing a knowledge and understanding of pharmacology, pharmaceuticals and legislation that would underpin their potential future activity as an independent prescriber.

It is essential that clarity on this point is achieved. Currently, optometrists need to have been fully-registered for at least two years before they can embark on IP training, reflecting the importance of their having developed a depth and breadth of clinical experience as an autonomous practitioner before they can begin to develop their knowledge and skills in this key area.

62) Do you have any further comments about Duty 14?

D15 Give preventative information, advice and guidance on the potential development of future eye disease and systemic disease.

Knowledge

K1 The relevant systemic and ocular development, anatomy, biology, physiology, pathophysiology and epidemiology to ocular conditions relevant to the role.

K9 Peer-reviewed and clinical literature.

K19 Research and developments in optometry and vision science, including technology.

K21 The need for lifelong learning/continuing professional development in order to maintain, enhance and develop your practice for the good of patients and the public.

K25 The role of eye health and sight loss services within the wider public health context and the need for all health professionals to play a role in health promotion to address changing patient and social demographics.

Skills

S8 Diagnosing and managing ocular conditions and diseases as part of a multidisciplinary healthcare team.

S11 Prepare, communicate and manage effective support and aftercare plans in collaboration with patients and other colleagues where appropriate.

S13 Use peer-reviewed and clinical literature to make sound clinical judgements and adapt to emerging standards or technology.

Behaviours

B3 Be competent, reliable and committed.

B5 Sensitive and supportive approach when communicating difficult news.

B6 Honesty and integrity.

63) Do the KSBs listed reflect the requirements for an Optometrist to carry out Duty 15?

No

64) If no, please explain.

The duty reflects an increasingly important element of optometrists' professional practice. However, the KSBs do not adequately reflect the attributes or the level of practice required to engage in the effective delivery of advice and guidance to patients, including on prevention and disease management, while many of the listed KSBs do not relate to the duty

65) Do you have any further comments about Duty 15?

D16 Formulate a bespoke patient management plan to support the patient in making an informed decision.

Knowledge

K22 The limit to your professional competence, knowledge, skills and experience within your scope of practice.

K24 The need to consult with or refer to other colleagues within or outside of the optical sector and is aware of different referral mechanisms within the healthcare system.

Skills

S5 Ability to analyse and process the information obtained during assessment and examination of the patient to form a differential diagnosis. Able to make a reasoned diagnosis using professional judgement.

S6 Ability to diagnose and manage a wide range of normal and abnormal ocular conditions and diseases, and appropriately advises and/or refers patients where necessary to the most appropriate professional, including those external to the practice.

S8 Diagnosing and managing ocular conditions and diseases as part of a multidisciplinary healthcare team.

S11 Prepare, communicate and manage effective support and aftercare plans in collaboration with patients and other colleagues where appropriate.

S19 Complies with the law and ethical principles in relation to optometry. Able to recognise and appropriately manage uncertainty by using professional judgement.

S25 Understands the limit to your professional competence, knowledge, skills and experience and uses this to work within your scope of practice.

Behaviours

B3 Be competent, reliable and committed.

B6 Honesty and integrity.

66) Do the KSBs listed reflect the requirements for an Optometrist to carry out Duty 16?

No

67) If no, please explain.

The KSBs make insufficient reference to the skills required to design and implement care plans, in consultation and partnership with patients.

68) Do you have any further comments about Duty 16?

D17 Uphold duty of care e.g. record card keeping, confidentiality, consent and patient safety. Adhere to relevant national and local protocols for referrals and clinical governance. Comply with safeguarding obligations.

Knowledge

K6 Understands role as part of multidisciplinary healthcare team.

K10 Primary Eye Care Service Contracts in the UK.

K11 Valid patient consent. Differences in the law surrounding consent for children, young people and vulnerable adults.

K12 Recognises the need for professional boundaries in practice, particularly to avoid exploiting or unduly influencing patients or the public, whether politically, financially, sexually or by other means.

K13 The principles and laws relating to equality, diversity and inclusion.

K14 Personal responsibility to protect and safeguard patients, colleagues and others from harm. Legal requirements related to safeguarding, particularly in relation to children, young people and vulnerable adults.

K15 Confidentiality in accordance with legislation.

K16 Law, ethical principles and current regulatory standards relating to optical practice, including the role of the General Optical Council and the requirements of registration.

K17 The need for honesty and integrity to maintain public trust and confidence in the profession.

K18 Professional duty of candour.

K20 The need to raise concerns promptly, if patient or public safety might be at risk and how to raise and escalate them.

K23 The differences in healthcare systems in each of the four nations of the UK, including remote and urban environments.

K26 The concept of clinical governance which may include, but is not limited to, infection control, information security, operating a complaints mechanism and using data from clinical audit or patient feedback to review and improve

practice.

Skills

S14 Comply to Primary Eye Care Service contracts.

S16 Does not discriminate when providing patient care.

S17 Communicate effectively with patients, carers and colleagues and is able to adapt communication style where necessary. Ability to pick up on unspoken signals which could indicate lack of understanding, discomfort or lack of consent.

S18 Maintain confidentiality in accordance with legislation.

S19 Complies with the law and ethical principles in relation to optometry.

Able to recognise and appropriately manage uncertainty by using professional judgement.

S20 Demonstrate the elements of candour when things go wrong.

S22 How to raise concerns promptly if patient or public safety might be at risk. Confidence to engage in difficult conversations regarding concerns.

S26 Describe what is required for a safe environment for patients and their own responsibility to ensure this is delivered. Confidence to take appropriate action if an environment is compromising patient safety.

S27 Apply skills and professional judgement doing the right thing and putting the patient first.

S29 Recognise the social, commercial/financial, legal and political context, in which optometric practice is undertaken and manage these aspects of the role without compromising professional standards and patient care.

S30 Respects and values the roles and contributions of other health and social care professionals within the healthcare system. Can work effectively in multi-disciplinary health and social care teams across a range of health and social care settings and across organisational boundaries.

S31 Ability to use secure information management systems, clinical guidance and protocols, and has the ability to adapt to different regimes at a local level by healthcare providers and employers and is able to adapt practice accordingly.

Behaviours

B6 Honesty and integrity.

69) Do the KSBs listed reflect the requirements for an Optometrist to carry out Duty 17?

No

70) If no, please explain.

While the listed KSBs provide a relatively full coverage of the duty, elements are missing. Some of the KSBs do not sufficiently capture the level of learning that apprentices would be expected to develop and demonstrate for safe, effective practice (particularly if qualification were to be at level 7). In particular, the following are missing:

- Adequate coverage of the ethical issues and professional judgement involved in maintaining confidentiality while also upholding individual and the public interest (including in the context of safeguarding)
- The ability to manage difficult conversations (not just the confidence to engage in them)
- The ability to adhere to principles and laws relating to equality, diversity and inclusion and to embed these in their professional behaviours (rather than just to have a knowledge of them, as expressed in K13).

71) Do you have any further comments about Duty 17?

Some of the KSBs lack an active verb, making it difficult to infer their intended meaning or level.

D18 Work collaboratively in multi-disciplinary healthcare teams and engage in appropriate shared care schemes. Comply with legal duty to refer as necessary.

Knowledge

K6 Understands role as part of multidisciplinary healthcare team.

K10 Primary Eye Care Service Contracts in the UK.

K23 The differences in healthcare systems in each of the four nations of the UK, including remote and urban environments.

K24 The need to consult with or refer to other colleagues within or outside of the optical sector and is aware of different referral mechanisms within the healthcare system.

Skills

S8 Diagnosing and managing ocular conditions and diseases as part of a multidisciplinary healthcare team.

S11 Prepare, communicate and manage effective support and aftercare plans in collaboration with patients and other colleagues where appropriate.

S28 Deal appropriately and promptly with an emergency situation in practice, whether an eye-related or medical emergency, taking into account your own scope of practice and training.

S30 Respects and values the roles and contributions of other health and social care professionals within the healthcare system. Can work effectively in multi-disciplinary health and social care teams across a range of health and social care settings and across organisational boundaries.

Behaviours

B3 Be competent, reliable and committed.

B4 Be caring and compassionate.

B5 Sensitive and supportive approach when communicating difficult news.

72) Do the KSBs listed reflect the requirements for an Optometrist to carry out Duty 18?

No

73) If no, please explain.

The KSBs do not provide sufficient coverage of a range of essential elements, including the following:

- A focus on the imperative of developing a strong self-awareness of personal scope of practice and competence at any one point (not just in relation to emergency situations)
- The importance of developing the knowledge, understanding and skills to make appropriate referrals, underpinned by the supply of relevant, concise information.

74) Do you have any further comments about Duty 18?

Some of the KSBs lack an active verb, making it difficult to infer their intended meaning or level.

D19 Work within the economic drivers and business objectives, commercial context and constraints.

Knowledge

K10 Primary Eye Care Service Contracts in the UK.

K26 The concept of clinical governance which may include, but is not limited to, infection control, information security, operating a complaints mechanism and using data from clinical audit or patient feedback to review and improve practice.

K27 Principles of leadership.

Skills

S31 Ability to use secure information management systems, clinical guidance and protocols, and has the ability to adapt to different regimes at a local level by healthcare providers and employers and is able to adapt practice accordingly.

Behaviours

B2 Display leadership qualities.

75) Do the KSBs listed reflect the requirements for an Optometrist to carry out Duty 19?

No

76) If no, please explain.

We have strong concerns that the duty implies that optometrists' professional practice is defined by the fulfilment of economic and commercial interests, rather than fulfilling the interests of the patients that they serve.

The duty and therefore the underpinning KSBs require substantive review, including to respond to the comments we have made in response to question 19.

In addition, the KSBs need development to reflect learning requirements relating to engagement in clinical audit and governance, including so that the demands extend beyond simply a knowledge of the concept of "clinical governance", but also relate to understanding, skills development and engagement in why this area is an essential component of professional activity.

77) Do you have any further comments about Duty 19?

Some of the KSBs lack an active verb, making it difficult to infer their intended meaning or level.

Last thoughts

78) Do you have any final comments (not already covered) in relation to this standard as a whole?

As reflected in our comments in response to preceding questions, elements of the draft standard require significant review and development. This includes to describe accurately optometrists' professional role and responsibilities, and the underpinning KSBs that need to be developed to fulfil optometrists' role and responsibilities.

In addition to these issues, the following issues must also be addressed:

- The standard cannot logically be progressed until the new GOC threshold requirements have been developed and the level at which new threshold requirements are set is clear
- The standard should not be progressed until full and careful stock has been taken of the nature and volume of concerns raised about the degree apprenticeship's development, particularly about how a high-quality learning opportunity could be developed and delivered within the context of optometry employment models.

We expand on these points in the letter that accompanies our completion of this consultation.

We also ask that the composition of the trailblazer group is reviewed and expanded. This includes to strengthen representation from the NHS and from small independent optometry practices. This is essential for ensuring that the breadth of optometry practice sectors and settings fully inform the trailblazer group's activity, including the group's planned stakeholder engagement and how it interprets the outcomes of this.

Thank You!

Thank you for taking our survey. Your response is very important to us.

This is what happens next:

The Trailblazer group will analyse the responses received and use them to inform the next draft of the Apprenticeship Standard which will be submitted to the Institute for Apprenticeships and Technical Education to seek approval. The Trailblazer will also draft the end point assessment plan.

A notice will be on the Healthcare Apprenticeship Standards Online website once the new standard and assessment plan have been approved. You will receive direct notification of this.

Keeping in touch

If you would like to keep updated with Healthcare Apprenticeships, you can sign up to our newsletter [here](#)