

This survey invites you to comment on ST0773 Optometrist (degree) Standard standard that has been developed by the relevant Trailblazer group.

## Questions

**Do you think that the occupational profile is clearly written and can be understood by someone not familiar with the occupation?**

No

**What could be done to improve the description of the occupation in the occupational profile?**

The description should be edited and expanded to ensure a fuller, more accurate description of the optometric profession and the career development opportunities that it offers. To capture an accurate breadth, beyond what is already stated, it should be reflected that optometrists can also work within national and local health services and national governments as clinical advisers, as well as for charities and policy-making organisations, be self-employed and become business owners.

Already listed opportunities should also be referred to in less tentative ways. This is to provide a clearer indication of available roles, rather than implying uncertainty about whether they can be taken up. This particularly relates to clinical, management and leadership roles in hospital settings (including non-medical consultant roles), academic roles in universities (relating to undertaking and leading teaching and research) and roles in research and innovation in industry. The phrases “may also be found in” and “there may be opportunity for” are misleading.

The description should highlight that the profession offers strong opportunity to pursue portfolio careers (undertaking both a mix of part-time roles in different care settings concurrently and moving from one type of role to another); combined roles (e.g. clinical roles that combine teaching or research activity); and management and leadership roles, that directly draw on optometrists’ professional knowledge and skills, across all sectors and settings. This diversity enhances the profession’s attractiveness as a career.

It would also be helpful to indicate that the nature of roles open to optometrists is expanding. This includes in the context of changing models of how, by whom and where patient care is delivered, with increased opportunity for members of the profession to develop and lead new types of services and to enhance patients’ timely and streamlined access to care.

The description of optometrists’ activity (the final paragraph of the occupational profile) is oddly ordered and expressed. It therefore gives a confused and limited impression about what the role involves, its professional demands, or its contribution to patient care. The explanation therefore requires heavy editing and rewriting. This includes to convey the importance of optometrists’ engagement with the following:

Their responsibilities and accountability as independent, autonomous practitioners

to patients in all sectors and settings.

The paragraph needs to be edited, reordered and updated to provide a more coherent, up-to-date explanation of the profession and to reflect the level 7 demands of the occupational role. As more specific points,

- It is odd to open with an indication that optometrists use specialist equipment and to cite a particular example of this equipment (OCT), rather than explaining the purpose of this activity is to undertake clinical assessment and decision-making.
- It is insufficient to indicate that optometrists “have an awareness of the legal, ethical and financial constraints” in which they operate, when it is essential that they understand, engage with and comply with these requirements, as well as engage with the complexities presented by the interface of these.
- It would be more appropriate to indicate that optometrists need to engage in CPD, rather than maintain a reference to the GOC’s current system of CET (which will be replaced by CPD requirements from January 2022), and include an increased emphasis on optometrists needing to take responsibility for their own learning and development, as well as contribute to the education of others.

The tense used in the explanation requires review. Currently a mix of present and future tense statements are included, which adds to the ambiguous tone.

### **Do you agree that the duties set out the typical activities of the occupation?**

Partially

### **What could be done to improve the duties to better reflect the typical activities of this occupation?**

The listed duties only partially reflect optometrists’ activities. They are partial both in terms of the scope of activity that they collectively outline and how they individual express elements of optometrists’ activity. The following are missing from what is outlined by the twelve listed duties:

- Engagement in effective caseload management.
- Contribution to effective and efficient service delivery.
- Engagement in multi-disciplinary team-working, collaboration and referral to ensure individual patients’ interests are met.

The phrasing of individual duties requires review and editing. This includes to reflect the

- D3: the phrasing is stilted, with what is understood to be its intended focus being hidden; i.e. to provide personalised care, including through effective communication with individuals and being responsive to their eyecare needs, preferences and desired outcomes.
- D5: the wording should be changed to achieve an overt emphasis on clinical-reasoning and decision-making, rather than the focus being on “using correct specialist equipment and techniques”.
- D6 should be extended (or another duty added) to include a focus on implementing management plans and monitoring and evaluating their effectiveness, in partnership with the patient.
- D10 should be updated to refer to critically engaging in personal CPD and contributing to others’ learning and development.
- D12: this would be better expressed as “Lead, manage and supervise others ...”.

More broadly, the phrasing of the individual duties should be reviewed to ensure consistency in how the reader is addressed (a few address the reader in the second person, but most do not).

**Do you think the knowledge, skills and behaviours set out in the Standard fully cover what is needed to undertake the occupation competently at the end of the apprenticeship?**

Yes

**What could be done to improve the knowledge, skills and behaviours to ensure that they fully cover what is needed to undertake the occupation competently at the end of the apprenticeship?**

I wished to answer no, but the text box disappears unless you answer yes. In line with previous comments on the occupational profile and duties, the listed KSBs need to be developed to reflect more strongly what is required of optometrists as independent, autonomous healthcare professionals in contemporary practice. Without this, it is not clear that the KSBs reflect either the new outcomes of the General Optical Council (GOC) as the statutory regulator (see below), or the demands of level 7 learning. Currently, many of the knowledge and skills clauses read as reductionist,

and technological advances (including for what care can be delivered, when, how and where).

- Recognition of professional responsibilities attached to contributing to service delivery and development and the efficient, effective and timely use of resources to meet patient care needs, including through engagement in risk management and the use of risk stratification approaches.

To support this exercise, the KSBs need to be reviewed against the indicative guidance document (currently in draft) that will underpin the new GOC outcomes. This includes to ensure that the knowledge and skills fully capture the demands of optometrists' profession-specific activity and to ensure clarity in how the KSBs articulate the knowledge and skills required of optometrists, as distinct from dispensing opticians.

Several of the knowledge and skills clauses are oddly phrased and/or conflate disparate elements. This makes their intended meaning difficult to understand and risks implying a superficial or tokenistic approach to key issues. The following require particular review:

- K6: it is not clear why coverage of EDI issues and the right to complain are included in the same clause.
- K10: the intended meaning of this is unclear.
- K15: as above.
- K17 should refer to "professional", rather than "personal".
- K21: "continuous quality improvement cycle" would be more appropriate than "reflective cycle".
- K22: the inclusion of raising and escalating concerns and workplace health and safety in the same clause appears to delimit the implied scope of each (while recognising they could be linked).
- S10: see K10.
- S11: this statement seems incomplete, with listening alone not ensuring that patients

sound understanding of the principles underpinning these arrangements and requirements and the aptitude to distil, transfer and apply their learning to different areas of practice, service delivery and patient care. This is fundamental to safe, effective professional practice and a key characteristic of level 7 learning.

The listed behaviours also insufficiently capture the expected attributes and conduct of optometrists as independent healthcare professionals. In line with the broad points above, the following should also be reflected in the behaviour statements:

- Put patients' needs and safety first.
- Take responsibility and be accountable for your decisions and actions.
- Engage in critical enquiry and problem-solving.
- Engage in critical reflection and continuous learning.

The order of the knowledge and skills statements should also be reviewed. While it is apparent that they broadly correlate with one another (and with the duties) in how they are listed, the logic of their order, and therefore their overall coherence, is not clear.

**Do you think the proposed duration of the standard is appropriate to the level of knowledge, skills and behaviours that need to be acquired?**

No

**Please provide any other comments, if you would like to do so.**

We have also provided additional comment on duration here as the text box does not permit them, and a numerical answer makes no sense as the overall course construction and learning time will alter the overall required length. We do not consider it feasible, safe or effective for the apprenticeship, underpinned by an integrated Master's degree, to be completed within 48 months. 'Standard' integrated Master's degree programmes, completed through full-time study, are completed over a similar period. Apprentices, undertaking part-time study (or 20% 'off the job' learning), could not reasonably be expected to meet the demands of a level 7 degree, or the required KSBs (with the required additions relating to depth and breadth of learning highlighted), within the proposed duration. This proposal risks patient safety and the credibility of the profession and its standard.

This can only be counter-productive in a context of significant change already in optometry education and service delivery (as presented by the implementation of the GOC's education strategic review and by Covid recovery).

Optometric education and training must remain of the highest quality, be patient-centred, delivered across the full range of settings in which optometry is practised, and responsive to the growing eye health needs of the population. The College of Optometrists is supportive of programmes to widen participation in higher education, but we will not support any initiatives that lower the quality of optometric education, undermine the profession's standing, or risk patient safety.