



## THE COLLEGE OF OPTOMETRISTS

Dear Victoria

In addition to completing the survey on the Optometrist Apprenticeship Standard, we are writing to draw specific attention to the wider views of our members on the optometrist degree apprenticeship, which cannot be adequately represented in the survey format.

### **The College of Optometrists**

As you are aware, The College of Optometrists is the professional body for optometry. We qualify the profession and deliver guidance and training to ensure optometrists provide the best possible care. We promote excellence through the College's MCOptom and FCOptom affixes, by building the evidence base for optometry and raising awareness of the value and expertise of the profession.

The College runs the Scheme for Registration, which supports graduate trainee optometrists to qualify as fully-registered optometrists through a series of work-based assessments and a final practical examination. We also deliver the assessment for Independent Prescribing and develop and accredit a range of higher qualifications. The College supports its members by providing continuing professional development opportunities (including as one of the main continuing education and training providers under GOC requirements). We also provide advice and guidance on professional conduct and standards, to enable our members to serve their patients well and contribute to the wellbeing of local communities.

### **Our member consultation**

We invited our members to share their views on the optometrist degree apprenticeship between 21 November and 16 December 2019, to inform our response to the current Optometrist Apprenticeship Standard consultation. During this time, we received more comments from members than we have previously received for any other consultation or policy topic. This indicates the strength of our members' concern and depth of views on the apprenticeship proposal and its potential impact on optometry education and the optometric profession. The vast majority of respondents indicated that they were opposed to the proposed apprenticeship.

We have outlined these concerns below under themed headings. We urge that these be given full and proper consideration and response by the trailblazer group, before determining if and how an optometry degree apprenticeship might be progressed.

## **1. Standards of education and qualification**

The majority of our respondents were concerned that a degree apprenticeship would not form a safe and effective route to becoming a registered optometrist. Optometry is a highly skilled clinical profession. Most optometrists complete an undergraduate degree in Optometry before completing the College's Scheme for Registration. The Scheme provides work-based learning and assessments over one to two years, culminating in a final clinical examination. Our members value the rigorous scientific and clinical knowledge and research understanding that they gain from their degree before engaging in work-based learning. Respondents emphasised that this educational foundation is essential to support trainees to benefit from their experience and learning in practice. In turn, the current pre-registration education model underpins the profession's practice, the continued development of every optometrist and ensures patient safety.

There is significant concern that an optometry degree apprenticeship would not provide students with enough time and focus for the off-the-job learning and study that is vital to becoming a competent and autonomous optometrist who is able to work in a variety of settings. For example, apprentices might learn how to conduct specific techniques or use particular technologies on-the-job. However, this would not guarantee that they would be supported to develop the clinical reasoning and decision-making skills required to assess signs and symptoms, choose the most suitable tests, interpret results, diagnose, treat, refer and monitor conditions and evaluate their delivery of safe, effective and appropriate care to patients.

Optometrists work in both primary and secondary care. In all settings, their clinical role is expanding and they are taking on more traditionally 'ophthalmology' responsibilities and procedures. As in many health sectors, technology is also having a significant impact on optometric practice. Many optometrists also work within research or higher education, with more taking on varied "portfolio careers" to provide both personal job satisfaction and meet changing patient population needs. It is therefore vital that all registered optometrists have the broad scientific and clinical skills, knowledge and competencies to practise in different care settings, effectively use new and emerging technologies, and meet the needs of an ageing population with more complex eye care and health needs.

Members were also concerned about the level of on-the-job supervision implied in the apprenticeship standard. It was felt that the current optometry workforce would not be equipped or supported by sufficient time, resources and professional development opportunities themselves to mentor and supervise apprentices from level 4 onwards. Concern was raised about the significant difference between acting as a mentor or supervisor to apprentices who may have little or no knowledge, skills or experience and acting as a supervisor to trainees on the Scheme for Registration who have a level 6 qualification in optometry and key knowledge and skills gained from their degree. High quality, consistent supervision, mentoring and assessment would be vital within a degree apprenticeship. However, it is unclear how optometrists would be supported to develop the supervision and assessment skills needed, and allowed the time within their professional practice to ensure an effective learning experience for the apprentice for whom they had responsibility.

Related to these issues, members expressed concern that optometrists would come under undue pressure from their employer to supervise and mentor apprentices without receiving the time and support required to take on this role and without the recognition of the additional responsibilities or the impact on their own clinical time.

## **2. Undue commercial influence**

There is a tension between the primary care role of an optometrist and the high street-based retail environment where most primary care practices are based. Recent research on behalf of the General Optical Council (GOC) indicates that almost half (46%) of the public see “opticians” (including optometrists) as a combination of a healthcare service and a retailer and 20% see opticians as solely a retailer, with only 31% who see opticians as solely a healthcare provider [1]. Many of our members experience this tension in their professional practice and report feeling under pressure to meet their employers’ sales targets and sight testing time targets.

Respondents to our consultation raised significant concerns about apprentices spending the majority of their learning and training within a retail environment. Members felt that this could lead to an inappropriate weighting of commercial context and decisions within the apprenticeship, rather than a person-centred approach to delivering healthcare. Many respondents commented that the traditional optometry degree provides a clear focus on, and substantial background in, the clinical, scientific and patient-centred skills required for high-quality primary eye care. This model equips optometry graduates who work in high street optometric practices (from trainee through to registered optometrist) to make good clinical decisions, before they learn and manage the retail and commercial needs of the business in which they work.

As set out in theme 1 above, optometrists work in both primary and secondary care and their clinical role is expanding. Our respondents highlighted that the trailblazer group developing this optometry degree apprenticeship is made up of many of the large optometric employers. Members are concerned that employers would exert undue influence over how apprentices would be prepared to enter the profession, and would skew optometry practice towards fulfilling commercial interests, rather than meeting individual patient needs.

Our members also expressed concern that the apprenticeship would not provide enough experience within secondary and community care settings. This risks apprentices having exposure to a very narrow area of optometric practice that would not give them the breadth of skills, knowledge and experience they would need to practise across a wide range of settings.

## **3. Patient safety and quality of care**

A common theme throughout the comments we received from members was whether a degree apprenticeship could ensure sufficient patient safety. By its nature, a degree apprenticeship would mean that apprentices would be interacting with patients and conducting some tests and examinations from a very early stage in their training. On a practical level, if apprentices were not given sufficient supervision, close support and appropriate skills and knowledge, there would be a significant risk of harm to patients. Furthermore, respondents to our consultation were fundamentally concerned that the

proposed degree apprenticeship compromised the current high standards of optometric education, which would lead to under-qualified optometrists, lower quality of care and risk to patient safety.

#### **4. The reputation of the profession**

In 2018-19, optometrists carried out over 13 million NHS-funded sight tests in England alone [2]. With an ageing population, there are growing numbers of people diagnosed with eye conditions that could lead to sight loss or illnesses, such as diabetes, that can increase the risk of sight loss. In England in 2018-19, ophthalmology recorded the highest level of outpatient attendances (7.8 million) [3]. Many of these patients would have been referred to secondary care by an optometrist and/or would have been treated or managed by a secondary care or community optometrist.

Optometrists play a vital role in maintaining good eye health and it is essential that the millions of people who visit an optometrist each year are confident in their practitioner's clinical abilities. Many of our respondents felt that the public, and other health professionals, would not trust a degree apprenticeship as a safe and effective route to the qualification of the profession. There was broad concern that an apprenticeship would be seen as lower quality than conventional optometric education routes and that this would lead to a reduction of trust in and credibility of the profession.

Qualitative and quantitative research published in July 2019 indicated that a large majority of school students and their parents in England view apprenticeships and degree apprenticeships as a 'second-class' option that are inferior to conventional university degrees [4]. Some students believed that degree apprenticeships required fewer academic skills than a traditional undergraduate degree. Parents were concerned about the quality of the learning provision and skills gained through apprenticeships, with some believing that these would be narrowly focused on the needs of the employer.

Although this research is based on the views of two specific groups within society, it suggests that some members of the public will have low confidence in the quality of learning associated with degree apprenticeships. This research should be analysed within the context that a significant number of people view opticians/optometrists as having a solely or substantial retail role, rather than as key healthcare professionals [1]. This supports the concerns of our members that a degree apprenticeship could contribute to a lower quality of clinical education, professional standards and patient care, and that these factors will diminish the status of the profession in the eyes of the public and other clinicians.

#### **5. Workforce needs**

Although many of our members recognised that there is a shortage of optometrists in some areas of the country, there was little agreement that an apprenticeship is either required or the best solution to meeting these workforce needs. There is also little robust evidence of current workforce gaps. The College of Optometrists conducted a survey of the optical workforce in 2015, the results of which indicated that it was not possible to ascertain whether there was an overall under- or oversupply of the optical workforce, although variations in regional supply relative to the population throughout the UK were evident [5]. Many respondents related their experiences of a current over-supply of optometrists in some

metropolitan locations and shared a belief that the new conventional pre-registration education optometry degree courses planned or recently started would help to fill gaps in certain regions.

Respondents were also concerned that optometry apprentices would be paid low salaries while training and that this could lead to some being exploited by their employers, and to the salaries of all trainee and newly-qualified optometrists being reduced. This could affect recruitment and retention within the profession, reduce its attractiveness as a career option, and ultimately mean fewer practising optometrists. At a time when the patient population is growing, patient needs are becoming more complex, and optometrists are taking on greater clinical responsibilities, these changes risk reducing the capacity of the eye healthcare professional workforce and may negatively affect patient outcomes.

### **Recommendations**

The concerns raised by respondents to our consultation, all members of the optometric community, are significant. They need to be fully considered and addressed before a proposal for an optometry degree apprenticeship is further progressed.

We call on the trailblazer group to pause activity on the development of the draft apprenticeship standard, and take the time to engage with and understand the reasons for our members' feedback, as well as the feedback we know has been shared directly from other optometric organisations and individuals. We believe it is particularly important for the trailblazer group and the Institute for Apprenticeships and Technical Education 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 as part of the regulator's Education Strategic Review [6].

An optometry degree apprenticeship should not be progressed until full consideration has been made of the concerns raised about its development, particularly regarding the quality of education and resulting patient care, undue commercial pressures on workforce development, changing workforce needs and the impact on perceptions of optometric education and professional standards. 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. Our response to the Optometrist Apprenticeship Standard Survey details our specific comments and concerns about the content of the draft standard. We look forward to your responses to these and the views shared in this letter.

Yours sincerely,

**Professor Edward Mallen MCOptom**

President

The College of Optometrists

## References

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