



THE COLLEGE OF  
OPTOMETRISTS

# Optometrist Apprenticeship Standard Survey DRAFT response of The College of Optometrists **[FULL VERSION]**

**This response relates to the duties, skills, knowledge and behaviours detailed in the standard.**

**[View the standard here.](#)**

## **Our draft response to question 13 of the consultation: 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 number, range and depth of concerns raised about the proposal by College members.

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 call 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 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, as 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 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; [www.optical.org/download.cfm?docid=6EEE7C6F-0F7D-4775-A5208B32E940731D](http://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 these are 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.

**Our draft response to question 14 of the consultation:**

**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

**Our draft response to question 15 of the consultation:**

**Does the Introduction fully reflect the Optometrist's role?**

No

**Our draft response to question 16 of the consultation:**

**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 leading, managing, supervising and delegating to others, including in line with legislative requirements, while also being clear that optometrists work collaboratively within inter-disciplinary teams and including with members of other professions (e.g. ophthalmologists, orthoptists and ophthalmic nurses). It needs to be made 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).
- 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 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 (either focused on optical care, or 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. These need to be made 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 should 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 is a key part of optometrists' professional practice and development of their patient care.
- 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.

### **Our draft response to question 17 of the consultation:**

#### **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.

**The following questions relate to the duties, skills, knowledge and behaviours detailed in the standard. Please open the standard and review each duty alongside our response.**

**[View the standard here.](#)**

**Our draft response to question 18 of the consultation:**  
**Do the Duties reflect the role of an Optometrist?**

No

**Our draft response to question 19 of the consultation:**  
**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.

### **Our draft response to question 20 of the consultation:**

#### **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.

### **Our draft response to question 21 of the consultation:**

#### **Do the KSBs listed reflect the requirements for an Optometrist to carry out Duty 1?**

No

### **Our draft response to question 22 of the consultation:**

#### **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.

**Our draft response to question 23 of the consultation:**

**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.

**Our draft response to question 24 of the consultation:**

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

No

**Our draft response to question 25 of the consultation:**

**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.

**Our draft response to question 26 of the consultation:**

**Do you have any further comments about Duty 2?**

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

**Our draft response to question 27 of the consultation:**

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

No

**Our draft response to question 28 of the consultation:**

**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 skills 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.

### **Our draft response to question 29 of the consultation:**

#### **Do you have any further comments about Duty 3?**

No further comment at this stage.

### **Our draft response to question 30 of the consultation:**

#### **Do the KSBs listed reflect the requirements for an Optometrist to carry out Duty 4?**

No

### **Our draft response to question 31 of the consultation:**

#### **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.

**Our draft response to question 32 of the consultation:**

**Do you have any further comments about Duty 4?**

No further comment at this stage.

**Our draft response to question 33 of the consultation:**

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

No.

**Our draft response to question 34 of the consultation:**

**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 assessment of individual patients.

**Our draft response to question 35 of the consultation:**

**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, while others inappropriately conflate reference to conditions and individuals who may have these conditions.

**Our draft response to question 36 of the consultation:**

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

No

### **Our draft response to question 37 of the consultation:**

#### **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.

### **Our draft response to question 38 of the consultation:**

#### **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. Others inappropriately conflate reference to conditions and individuals who may have these conditions.

### **Our draft response to question 39 of the consultation:**

#### **Do the KSBs listed reflect the requirements for an Optometrist to carry out Duty 7?**

No

### **Our draft response to question 40 of the consultation:**

#### **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 needing 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.

**Our draft response to question 41 of the consultation:**

**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, while others inappropriately conflate reference to conditions and individuals who may have these conditions.

**Our draft response to question 42 of the consultation:**

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

No

**Our draft response to question 43 of the consultation:**

**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.

**Our draft response to question 44 of the consultation:**

**Do you have any further comments about Duty 8?**

No further comment at this stage.

**Our draft response to question 45 of the consultation:**

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

No

### **Our draft response to question 46 of the consultation:**

#### **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 and how to apply the principles of safe supervision, including to supervise and delegate effectively and the responsibilities still held by an accountable practitioner for activity delivered under delegation
- Understand and adhere to legislative requirements relating to safeguarding
- Understand and engage in accurate record-keeping.

### **Our draft response to question 47 of the consultation:**

#### **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, while others inappropriately conflate reference to conditions and individuals who may have these conditions.

### **Our draft response to question 48 of the consultation:**

#### **Do the KSBs listed reflect the requirements for an Optometrist to carry out Duty 10?**

No

### **Our draft response to question 49 of the consultation:**

#### **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 skills to be able to seek and obtain valid consent in appropriate ways, or managing the implications of not securing valid 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".

**Our draft response to question 50 of the consultation:**

**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.

**Our draft response to question 51 of the consultation:**

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

No

**Our draft response to question 52 of the consultation:**

**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 makes it unclear as to the intended substance of the duty, including in terms of level. Given the 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.

**Our draft response to question 53 of the consultation:**

**Do you have any further comments about Duty 11?**

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

**Our draft response to question 54 of the consultation:**

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

No

**Our draft response to question 55 of the consultation:**

**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.

**Our draft response to question 56 of the consultation:**

**Do you have any further comments about Duty 12?**

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

**Our draft response to question 57 of the consultation:**

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

No

**Our draft response to question 58 of the consultation:**

**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.

**Our draft response to question 59 of the consultation:**

**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.

**Our draft response to question 60 of the consultation:**

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

No

**Our draft response to question 53 of the consultation:**

**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.

**Our draft response to question 62 of the consultation:**

**Do you have any further comments about Duty 14?**

No further comment at this stage.

**Our draft response to question 63 of the consultation:**

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

No

**Our draft response to question 64 of the consultation:**

**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

**Our draft response to question 65 of the consultation:**

**Do you have any further comments about Duty 15?**

No further comment at this stage.

**Our draft response to question 66 of the consultation:**

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

No

**Our draft response to question 67 of the consultation:**

**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.

**Our draft response to question 68 of the consultation:**

**Do you have any further comments about Duty 16?**

No further comment at this stage.

**Our draft response to question 69 of the consultation:**

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

No

**Our draft response to question 70 of the consultation:**

**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).

**Our draft response to question 71 of the consultation:**

**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, while others inappropriately conflate reference to conditions and individuals who may have these conditions.

**Our draft response to question 72 of the consultation:**  
**Do the KSBs listed reflect the requirements for an Optometrist to carry out Duty 18?**

No

**Our draft response to question 73 of the consultation:**  
**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.

**Our draft response to question 74 of the consultation:**  
**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, while others inappropriately conflate reference to conditions and individuals who may have these conditions.

**Our draft response to question 75 of the consultation:**  
**Do the KSBs listed reflect the requirements for an Optometrist to carry out Duty 19?**

No

**Our draft response to question 76 of the consultation:**  
**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.

**Our draft response to question 77 of the consultation:**  
**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, while others inappropriately conflate reference to conditions and individuals who may have these conditions.

## **Last thoughts**

### **Our draft response to question 78 of the consultation:**

#### **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 could not 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 stock has been taken of the nature 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.

As indicated in our response to question 13, we expand on these points in the letter that accompanies our completion of this consultation.