



THE COLLEGE OF
OPTOMETRISTS

Optometrist Apprenticeship Standard Survey DRAFT response of The College of Optometrists **[SUMMARY 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

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 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.

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 78 of the consultation (last thoughts):

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.