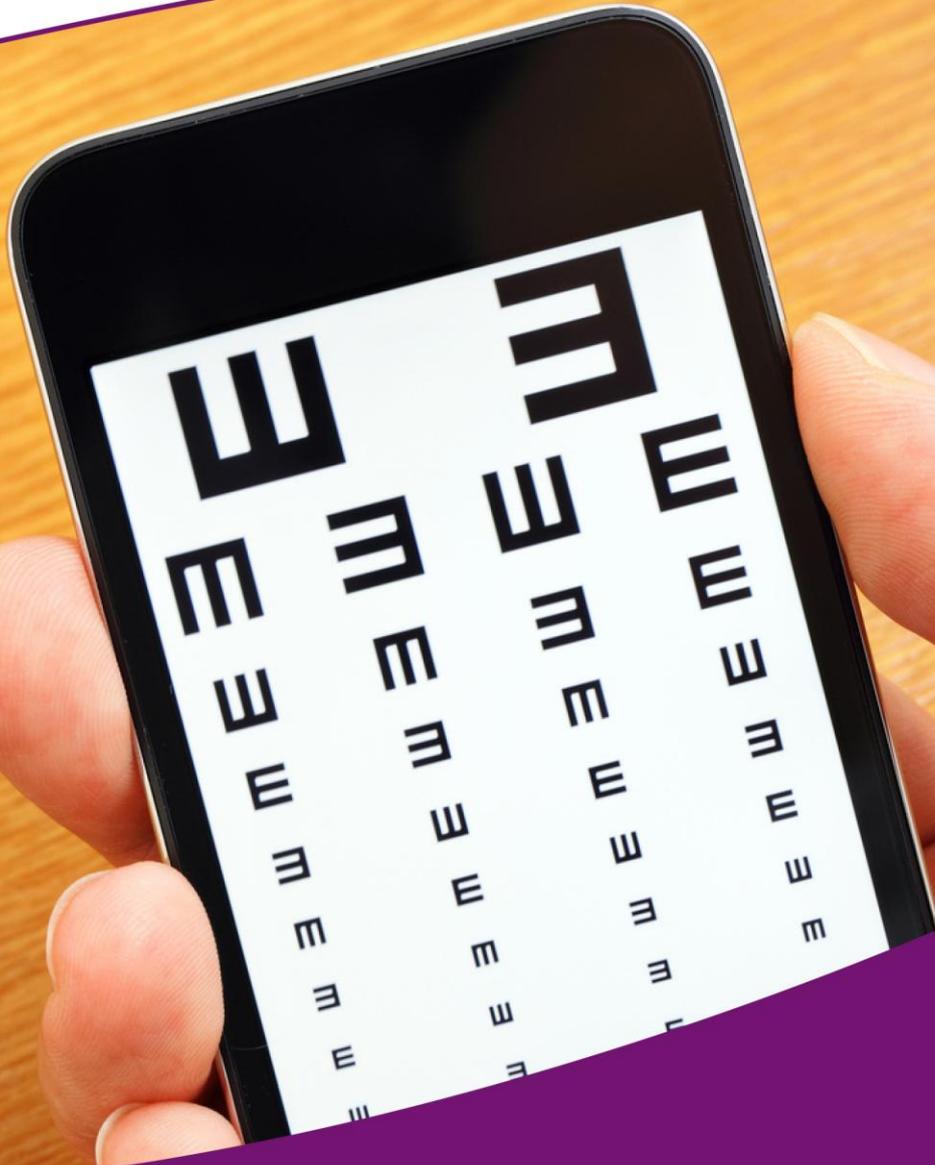




THE COLLEGE
OF OPTOMETRISTS



The optical professions: what does the future hold?

Roundtable 29 September 2016

November 2016

college-optometrists.org

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Roundtable 29 September 2016

Introduction

1. On 29 September 2016, the College of Optometrists held a roundtable meeting involving key sector organisations to begin the process of preparing the profession for the future developments highlighted in the recently published [Foresight](#) and [Optical Workforce Survey](#) (OWS) reports. Event participants included representatives from organisations involved in producing each report, as well as others with a significant part to play in the future of the optical professions. A full list of participants can be found at Annex A.
2. This report reflects the discussions held on the day and brings together possible next steps based on the views and ideas of the participants.

The reports

3. The [Foresight](#) and [OWS](#) reports examined the effects that technology advances, the ageing population, changing demographics of the professions, and ongoing capacity issues in secondary care might have on the delivery of eye health services over the coming years.

The programme

4. When we decided to hold an event to start discussions about the implications of the two reports, we felt it was important to begin the day with a more focused set of areas and issues to discuss. To support this we used a modified Delphi consensus process to ask members of the sector what they considered the most significant opportunities and challenges arising from the reports. An explanation of the process can be found at Annex B. From this exercise, we identified three main themes and four sub-topics for each theme.
5. We structured the programme around these themes. Participants were split into four groups and each group explored a sub-topic for each theme. Following feedback from each group, the other groups joined in a discussion. The programme can be found at Annex C.

The event

Setting the scene

6. Alan Tinger, Chairman of the Foresight Project and Mary-Ann Sherratt, President of the College opened the event; then three presenters set the scene. Jon Paxman, principal researcher for the Foresight report, and Michael Bowen, the College's Director of Research, who led the Optical Workforce Survey project, gave

overviews of the two reports. This was followed by a thought-provoking presentation from Professor David Thomson titled: *Will there be optometrists in 2050?*

Discussion workshops

7. The groups used the questions *What will change? What needs to change?* and *What can we do about it?* to focus their discussions. As the discussions advanced, it became clear that *What will change?*, as a question, required a greater confidence than was perhaps possible in participants' ability to predict the future; therefore much of what was agreed under this heading is more tentative than the title suggests.

8. Similar points were made in the different discussions and these have been repeated for completeness.

9. The conclusions drawn in these workshops reflect the views of the participants on the day. They may or may not be correct and are intended as a starting point for further discussion rather than a statement of the sector's definitive view. They should be read in this context.

Workshop 1: Technology (facilitated by David Thomson)

The effect of core automation over the next five years

10. Participants agreed that automation was helping practitioners improve their services. However, commercial pressures were also increasing. Over the next five years, change was likely to occur only at practice level so this was the time to prepare for more extensive change by looking at business models, regulation and education.

What will change?

- There will be more online testing services.
- Advances in OCT technology will mean that optometrists will need further training in interpreting the results as diagnostic equipment will pick up more subtle signs.
- Booths for refractive error in shopping centres could soon become common, and dispensing will increasingly be done online. This will mean a change in scope of practice for optometrists and dispensing opticians.
- Intelligent contact lenses will be increasingly commonplace.

What needs to change?

- Optical professionals must embrace new technology and practices must invest more heavily in it.
- Training of the workforce will need to reflect the evolving scope of practice, for example, training on how to interpret data from new technology.
- Exchange of data needs to be more straightforward. Easy flow of referrals and patient records need secure IT inter-connectivity urgently.

What can we do about it?

- Identify and explain to the professions the barriers to and opportunities for evolving roles.
- Encourage the professions to embrace the opportunities that new technology will bring.
- Press for secure NHS IT connectivity, collectively as a sector, as an urgent priority.
- Shift the educational emphasis so that some of the topics in current training programmes make way for skills that will be needed in the light of change.
- Plan how to change business models.

The effect of core automation over the next 15 years

11. Participants discussed the likely impact of core automation over the next 15 years and agreed that the main challenges to business would be 3D printing and online sales, together with the potential automation of some core clinical skills.

12. They agreed that business models would change and considered how to design systems where technology would complement professional skills and training systems would enable practitioners to adapt to change.

13. Everyone agreed that it was difficult to predict how much change would occur over the next 15 years and thought that the amount of automation patients would be willing to accept would be important in determining this.

What will change?

- Technology will mean new roles for optical professionals, giving them more of a decision making and advisory role.

- A large proportion of glasses and contact lens sales will move online, although some patients will still want a personal service, particularly for complex issues.
- 3D printing could be the biggest shift away from traditional practice, especially if contact lenses can be made in this way.
- In addition to the automation of tests, artificial intelligence might take over some clinical skills by detecting abnormalities; however, we do not know if the public will accept this.
- One potential business model might involve a smaller number of optometrists in a central location taking decisions based on the work of a larger number of technicians or automated data collection sites around the UK.
- There might be roles for optometrists in developing and supporting the technology of the future.
- Optometrists might work alongside other primary healthcare professionals in a multi-professional setting. On the other hand, GPs might take over some functions by using technology such as auto-refractors and referring directly to secondary care.
- If machines replace some optometric functions, the high initial cost would be prohibitive for most practices, paving the way for large practices based near hospitals to take a significant amount of business.
- A gap in service provision could develop between the early adopters of technology and those who resist such changes until they become more mainstream.
- New technology will generate a lot more data, which will need to be managed.

What needs to change?

- Barriers must be broken down between professions and new structures put in place to make the best use of technology alongside the skills of the professionals.
- IT infrastructures will be essential so that data can be sent securely between practitioners.

- Training must change with an emphasis on interpreting results and making clinical decisions, and preparing professionals for new roles and areas of work.
- Students should be taught how to direct their own learning from the beginning of their undergraduate course, as they will have to keep up-to-date with fast moving change throughout their careers.

What can we do about it?

- Develop links with medical health care partners and collaborate more within the eye care sector to move things forward.
- Identify ways to break down barriers to ensure that professionals are able to change the scope of their practice as technological changes occur.
- Encourage training in skills such as clinical decision making and communication.
- Instil early an understanding that CPD will be essential throughout the careers of professionals so they can adapt to change. Teach students how to direct their own learning.
- Continue to press for secure IT connectivity and full integration of primary eye health services into NHS data systems.

Myopia Control

14. Participants agreed that an increasing number of people would have myopia and practitioners needed to be prepared. As myopia was linked to eye disease, increasing cost of treatment would also be an issue.

15. There was a lot of research about different causes and about different treatments. It was important to encourage practitioners to build their confidence and expertise in working with children, as well as understanding advances in adult treatment, so they could be part of professional teams using these innovations.

What will change?

- Treatments to slow progression will improve and it might be possible to intervene to prevent the onset of myopia.
- As the prevalence of myopia increases, the prevalence of associated eye disease will also increase, meaning greater health costs.

What needs to change?

- Optometrists must keep up to speed with new evidence in this area.
- As some treatments may involve contact lenses, practitioners need to build their confidence and expertise in fitting children with contact lenses.
- Practitioners need to spend more time explaining to parents that the benefits of myopia control treatments are long-term rather than immediate.
- There needs to be more structured training on diagnosing and treating children's eye conditions. Myopia control is part of the wider area of practice of children's eye health.
- Practitioners might be able to train in refractive surgery if they want to.

What can we do about it?

- Encourage more research in this area.
- Ensure students get more structured training in children's eye health.
- Encourage practitioners to build up their skills and confidence through CPD in this area so they are ready to work with new treatments.

Telehealth

16. Telehealth was thought by many participants to be potentially more disruptive than online sales. This area is not solely about optics, but signals a change in approach to healthcare generally. Certain key advancements, such as home monitoring, should help keep people out of hospital for routine check-ups, but could eventually evolve to keep people out of primary care settings too.

17. Some patients will be more comfortable than others with the concept of telehealth and it may be attractive to those who have to return to hospital multiple times for monitoring. It is also likely to attract younger people. Others may continue to prefer face-to-face interactions and not everyone has access to technology. It will be helpful to those who live in remote areas.

What will change?

- There could be various models. Will telehealth mean remote testing, triage or remote monitoring? Where will the patient be?: in a pod in a shopping centre? at home using an app? Will it disaggregate the retail aspects of services from the clinical aspects?

- Geographical boundaries will break down further and national regulatory models might not work; for example, what is to stop an optometrist in Bangladesh assessing someone in the UK through a telehealth system?
- Eye health might become part of a wider, holistic package of remote care.

What needs to change?

- Regulation will be needed on how and where telehealth is used.
- Design better integration with ophthalmology services to enable effective team working.
- Good governance rules need to be drawn up to protect data and identify who is accountable.

What can we do about it?

- Identify, develop and promote ways in which optometry can play a significant role into the new telehealth care models, to encourage involvement in the monitoring and management of conditions.
- Ensure training encompasses the skills optometrists will need to work in telehealth in a variety of roles.
- Ensure good governance systems are put in place.

Workshop 2: Regulation, training, scope of practice (facilitated by Mary-Ann Sherratt)

The possibility and effect of deregulation on the scope of practice over the next 15 years

18. Regulation needs to be proportionate but it is important that the public is protected.

19. Regulation needs to be more flexible than it is now so it can alter to reflect changes in practice. There is likely to be a review which will consider whether any professionals, products and can be deregulated. And thought has to be given to international activity that could affect the UK through online sales and telehealth, over which UK regulators have no jurisdiction.

What will change?

- How the decisions currently for regulators will be made.

- The GOC may be incorporated be into a larger regulatory body covering all, or some other, healthcare professions.
- Some professions, products and services that are currently regulated may no longer be so.
- Delivery of regulation will be affected by the fact that services are delivered differently in the four nations and markets are evolving, especially with more on line.

What needs to change?

- Regulation needs to be fit for purpose and flexible as the environment changes rapidly.
- The scope of regulation needs to change as it can hinder modern practice. Where are the risks? What does the public want? For example, should refractive correction be deregulated? It is not a medical procedure.

What can we do about it?

- Agree among ourselves which professionals, processes and products should be regulated - now and in a future with potentially different needs. There may currently be differences of opinion about this.
- Discuss how to influence what is happening outside the UK as UK regulators have no power outside the UK but international activity can affect what happens in the UK.

The effect of change on the need for IT and different clinical governance arrangements

20. It was agreed that secure IT connections were essential for successful future practice. Freer exchange of information was also very important, provided data was protected and confidentiality maintained effectively.

What will change?

- Practices will become connected to the NHS IT systems and most will become paperless.
- Data sharing will improve. Some hospitals do not allow it, although the Royal College of Ophthalmologists has told its members they should share data with optometrists and give feedback on referrals as long as the patient consents and the local arrangements permit it.

What needs to change?

- There needs to be more investment in IT infrastructure and training. Practices will need secure lines to send data and images to other professionals and a way of receiving feedback.
- The governance arrangements for data sharing need to be relaxed locally, although security and confidentiality must not be compromised. It would be helpful if these arrangements were standardised.
- All institutions need to make records electronic.

What can we do about it?

- Identify the best way for getting all practices connected to NHS IT secure systems, and keep pushing for the funding to do so.
- Lead the professions by recognising the importance of effective governance that protects patient information and facilitates good practice.
- Continue fostering an environment of open communication between optometry and ophthalmology.

Community service pathways

21. Participants agreed that community services were necessary to release capacity in hospitals and improve access for patients. Finance was an issue but a number of suggestions were made in terms of funds that could be released for this purpose, including raising the age for NHS funded sight tests and kiosk based testing.

22. Attention needed to be given to the training and development needed to deliver services and CCGs needed to be convinced of their merit.

What will change?

- Community service pathways will increase in number. All practices in England and Northern Ireland will have extended primary care services to mirror the services available in Scotland and Wales, and some will also have step down services, ie post hospital monitoring.

What needs to change?

- Contracts in England need to change to allow optometrists to retain and manage patients on a significant scale.

- Those delivering extended primary care services need appropriate qualifications including a prescribing qualification that is less onerous than independent prescribing – a modified Additional Supply qualification, perhaps.
- The Additional Supply exemptions and qualification should be reviewed.
- General exemptions should be reviewed.
- CPD and gaining experience with patients with different conditions are crucial in terms of developing the service.
- Clinical governance, including audit, should be an essential part of delivering community services so that service delivery improves with experience.
- The public needs to think of optometrists first for eye problems.

What can we do about it?

- Convince CCGs and hospital trusts that this service model will deliver better quality services for patients.
- Review the training model, including CPD requirements.
- Review general and additional supply exemptions
- Review clinical governance requirements.
- Conduct public awareness campaigns to promote optometry as the first port of call for eye problems, unrelated to spectacles.

Scope of practice and what this means for training, CPD and clinical governance

23. Participants agreed that training needed to change radically to reflect changes in scope of practice and the fact that the rate of change could only increase. The education system would have to be reviewed as a whole from undergraduate level to higher qualifications and CPD, to ensure that knowledge and skills were developed appropriately over the years. More emphasis needed to be given to clinical and professional skills, although it was unclear what could be dropped from the curriculum.

What will change?

- The scope of practice for optical professions will change and diversify.

- Education and training will change to reflect this.
- Employers will expect employees to have the necessary qualifications for extended scope of practice.
- CPD will become more important to reflect the fact that optometrists will need to learn new skills and gain experience if they want to extend their scope of practice.

What needs to change?

- Clear career paths need to be in place to attract good calibre optometrists in the future.
- Education and training systems need to allow for more flexibility, and allow students to be able to direct their own learning as they progress in their careers.
- As well as a solid basis of knowledge and clinical skills, the education and training of the future needs to include more emphasis on data interpretation, clinical decision making, professionalism, communication and clinical governance. Is it possible to stop teaching some things?
- Employers need to allow time for and emphasise the importance of CPD and clinical governance.

What can we do about it?

- Design career pathways for practitioners.
- Review education and training.

Workshop 3: Changing Demographics of Profession (facilitated by David Parkins)

Equality

24. The main concern was the apparent gender pay gap revealed in the Optical Workforce Survey. It was agreed that this should be examined more closely to see if it was a real issue or whether there were factors relating to the sample that could explain this. Otherwise, discussions concerned the need to give appropriate opportunities to those with different needs.

What will change?

- The apparent gender pay gap and the increase in part-time working trends may continue, although, this will very much depend on both employers' flexibility and employees' choices.
- There are potential implications for business models.

What needs to change?

- We need clearer career paths to accommodate different aspirations. Opportunities already exist, and need to be better communicated to practitioners.

What can we do about it?

- Examine the apparent gender pay gap to see if there is really a gap or whether other factors related to the sample could explain this.
- Clarify the different opportunities for practitioners, and explain what they need to do for each career path.
- Support those that want to continue with standard tasks.

Over-supply

25. Participants noted that university students tended to remain in the area where they studied. However, an attempt to attract more optometrists to the South West of England by opening an optometry department had not worked. This was because many of the students had come from elsewhere and returned home. Concern was expressed that the increase in the number of students in optometry schools would result in lower standards, as there would not be enough good candidates to choose from.

What will change?

- The number of optometry graduates will continue to rise as current optometry schools are increasing numbers and new schools are opening. That might not last, however, if unemployment becomes an issue.

What needs to change?

- The fact that there is over-supply in some places and under-supply in others.
- The ratio of applicants to places must be at a point where universities can pick good candidates.

What can we do about it?

- Investigate whether employers could offer financial incentives to encourage professionals to go to areas where there are fewer optometrists.
- Encourage further attempts by multiples and university departments to work together to find solutions to the problem.

Increase in part-time working

26. The increase in part-time working was considered by some participants to be entirely expected. The point was raised that people often entered the profession because of the potential for a good work/life balance. However, there were disadvantages as part-time working affected continuity of care and, potentially, the ability of practitioners to maintain and improve standards because they did not see enough patients.

What will change?

- The high proportion of women currently entering the profession may result in a further increase in part-time practitioners over the coming years.
- An increasing wish for a good work/life balance may also mean an increase in practitioners working part-time.
- Clinical continuity may be reduced as patients will be less likely to see the same optometrist on a regular basis.
- Practitioners working part-time from an earlier point in their careers will obtain less practical experience to consolidate their knowledge and skills.

What needs to change?

- Employers will need to adapt to more part-time working arrangements.
- Systems will need to be set up to ensure that part-time workers have the CPD opportunities and patient exposure they need to develop and improve their practice.

What can we do about it?

- Encourage employers to put flexible working arrangements in place; for example, older workers may be happy to work part-time to fill the gaps left by younger workers who wish to concentrate on their families.
- Continue to develop and offer refresher courses for optometrists who wish to return to work.

Increase in locums

27. Participants noted that the number of locums had risen sharply, although the reason was not entirely clear. They agreed that employers found it difficult to take on locums as some companies excluded them from in-house training. It was important that systems were set up to ensure that locums could practise safely.

What will change?

- Numbers may continue to rise as flexible working is becoming more popular generally, and locum work pays well.

What needs to change?

- Systems need to be set up to ensure that locums have opportunities to undertake CPD and clinical audit, have appraisals and see enough patients to keep their knowledge and skills up-to-date.
- Employers should set up systems to ensure that locums are familiar with the practice and local protocols.

What can we do about it?

- Encourage employers to set up systems that will support locums and ensure safe practice.
- Consider whether regulations should be put in place that would prevent practitioners from working as locums until they had obtained enough experience to consolidate their knowledge and skills.

Conclusion

28. After much discussion, one thing was certain - there would be change but exactly what and when was less sure.

29. Changes would include:

- Self-administered testing
- More sophisticated equipment for practitioners
- More online sales and telehealth
- Intelligent treatments, for example through contact lenses
- New regulatory structures
- Greater numbers of community service pathways
- Diversification of scope of practice
- Increase in part-time and flexible working.

30. So what needs to happen? It is clear that the optical professions must embrace change and that training needs to be very different to prepare practitioners for new ways of working and to cope with further, as yet unknown, changes.

31. Other systems changes are also crucial, however. Businesses must look closely at how they work to ensure that they are not left behind, as new service models are put in place. In particular, practices must be connected to secure NHS IT systems so that multi-professional and multi-site working can be effective.

32. Detailed action points are set out under each discussion point and we would encourage everyone to look at these in detail and see how they can take them forward.

33. Essential areas for action are:

- Continuing to press for IT connectivity in England, already begun by the Optical Confederation and the College.
- Plan for changes to business models
- Review education and training as a whole from university through to CPD, which is beginning and being led by the GOC
- Prepare practitioners for change
- Look at the requirements for future regulation and governance
- Examine in more detail the data that suggested a gender pay gap, which the College has begun working on with the AOP.

34. We would like to thank the participants for being so thoughtful in their discussions. The roundtable was, however, only a beginning. We need to widen the debate and include other professions, Government advisers, industry and business leaders.

35. We must shape the future. It must not shape us.

ROUNDTABLE PARTICIPANTS

NAME	ORGANISATION
Ahalya Subramanian	Optometry Schools Council
Alan Tinger	Local Optical Committee Support Unit
Andrew Riley	Optometry Wales
Ann Blackmore	Federation of (Ophthalmic and Dispensing) Opticians
Anthony Garrett CBE	The Association of British Dispensing Opticians
Chris Hunt	Optical Confederation
David Parkins	College Of Optometrists
David Thomson	Speaker
Fiona Anderson	The Association of British Dispensing Opticians
Henrietta Alderman	The Association Of Optometrists
Ian Humphreys	College Of Optometrists
James Gilchrist	Optometry Schools Council
Jo Underwood	The Association of British Dispensing Opticians
Jon Paxman	Speaker
Katrina Venerus	Local Optical Committee Support Unit
Kevin Thompson	The Association Of Optometrists
Lynda Oliver	Federation of (Ophthalmic and Dispensing) Opticians
Mark Draper	The Association of Contact Lens Manufacturers
Mary-Ann Sherratt	College Of Optometrists
Nicola McElvanney	Optometry Scotland
Richard Knight	Local Optical Committee Support Unit
Samantha Peters	General Optical Council
Simon Rodwell	The Association of Contact Lens Manufacturers
Trevor Warburton	The Association Of Optometrists
Paul Alexander	College of Optometrists (staff)
Mike Bowen	College of Optometrists (speaker/staff)
Martin Cordiner	College of Optometrists (staff)
Jo Mullin	College of Optometrists (staff)
Thomas Wilson	College of Optometrists (staff)

To develop a list of themes for discussion at a Roundtable on 29 September 2016 that have resonance for both professionals and patients involved in eye care, we propose to use modified Delphi methodology.

The Delphi Method is an established qualitative research methodology that has been used in many settings and critically analysed over a number of decades, since its invention / introduction in Project RAND in the late 1950s (Helmer, O. Dalkey, N and Rescher, N).

It is a structured communication technique, which was developed as a systematic way of forecasting. It relies on a panel of experts who respond to questions in two or more rounds. After each round, a facilitator summarises the anonymous views of the experts from the previous round along with any reasons they may have given.

Subsequent rounds are used to invite the experts to review and revise their answers (and those of the group). In theory, with each round the range of the responses will decrease and the group will converge toward consensus.

It is widely used in business forecasting and qualitative research, but also in policy making.

Key features are:

- Structuring the flow of information
- Regular feedback
- The Role of the facilitator
- Anonymity of participants

We are proposing to use a modified Delphi technique, which preserves the key features. In the first round, we will set out a list of types of issues that we believe would be appropriate for discussion. We will send these out to the leaders of the eye care sector, asking them to share what they feel are the most significant themes and questions in terms of the opportunities and challenges that arise from the Foresight Report and Optical Workforce Survey and that would benefit from wider discussion.

For the second round, we will process the results and send the refined list of themes to patients and professionals, asking them to rank them in order of importance.

The programme for the event will be set using the results.

Optical Professions: what does the future hold?

Small Meeting House, Friends House, 173-177 Euston Road, London, NW1 2BJ

29 September 2016, 10.15am – 4.00pm

Chaired by Ian Humphreys

10.15 **Registration and coffee**

10.45 **Introduction and welcome**

Mary Ann Sherratt and Alan Tinger

11.00 **Overview of Foresight and the Optometric Workforce Survey**

Jon Paxman/Michael Bowen

11.15 **Will There Be Optometrists in 2050?**

Presentation by David Thomson

11.30 **Workshops explained**

Michael Bowen

11.45 **Workshop 1 - Technology**

Facilitated by David Thomson

12.45 **Lunch**

1.15 **Workshop 2 - Regulation, training, scope of practice**

Facilitated by Mary-Ann Sherratt

2.15 **Tea and biscuits**

2.35 **Workshop 3 - Changing Demographics of Profession**

Facilitated by David Parkins

3.35 **Wrap up and next steps**

Mary Ann Sherratt

4.00 **END**

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