



THE COLLEGE
OF OPTOMETRISTS



Professionalism in optometry

Final project report

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Executive summary

I Introduction and methodology

The aim of the Professionalism in optometry project was to produce an analysis of the development of professionalism in clinical training. The research took place between March and October 2014. A key outcome is a set of recommendations about embedding professionalism in optometric training; undergraduate, pre-registration and continuing professional development, with a particular focus on undergraduate training.

The project explored a number of important questions:

- What is professionalism?
- Which issues have affected its introduction in other clinical areas?
- What will be the most effective ways to introduce it at all stages of optometric training?
- What are the barriers to its introduction?
- What is the scope for interprofessional training on professionalism?
- How is it possible to assess professionalism?

The main research methods included:

- carrying out a literature review with a focus on the health professions
- undertaking a survey of College members
- conducting interviews and discussions with a range of stakeholders such as universities, employers, regulatory and representative organisations
- holding focus groups to explore issues in-depth with students and patients
- consulting on initial findings through two consultative workshops to further refine the research outcomes
- reporting to the College of Optometrists' Education and Standards committee at intervals.

II Results

Literature review

A number of important issues were identified from the literature review (see box below).

Key literature review issues

- Professionalism is a complex concept which is context dependent – there is no agreed definition of professionalism.
- There is some consensus that professionalism includes individual, interpersonal and social levels or dimensions, though authors use varied terminology to describe these – the complexity, conflicts and tensions of professionalism arise from the interaction of these dimensions.
- There is agreement that teaching professionalism is difficult – the hidden curriculum needs challenging through role modelling.
- Small group learning methods provide a core approach to learning professionalism.
- Formative and summative assessment of professionalism needs a combination of tools to be effective.
- Learning professionalism is a long process – it can take many years to become a fully-fledged professional and continuing professional development is needed to maintain it.
- Reflective practice is important both for the development and maintenance of professionalism.
- Academic institutions, employers and peer groups all play a role in developing, fostering and maintaining professionalism.

The online survey identified six important qualities of professionalism in optometry:

- communication
- integrity
- ethics
- knowledge
- honesty
- trustworthiness.

Further research suggested that patient-centred should be added to this list.

Definitions

Survey respondents commented on three different definitions of professionalism in optometry:

Definition 1 An optometrist who is reflective and acts ethically.

Definition 2 The norms of the relationships in which optometrists engage in the care of their patients.

Definition 3 An optometrist works to the highest standards, through:

- extending knowledge and competence, reflecting on practice, identifying improvements and carrying them out
- building and maintaining quality relationships with patients, colleagues and other professionals to achieve positive outcomes for patients
- actively following professional guidance and contributing through research and other activities to the development of the profession.

Definition 3 was given the highest relevance rating, but there were also suggestions for how to improve it.

Patients were keen on a more inclusive definition of professionalism which was outward looking and included carers and wider services for people with low vision in the community. They also preferred definition 3.

Learning

Students discussed what they found helpful for learning about professionalism on optometry courses:

- talks by patients were good for telling you what not to do: "Don't treat us as just a pair of eyes"
- useful to fill in a reflective log after seeing a patient as it enables you to identify things you could do better
- working with a different group of health professionals and getting feedback from them
- working with voluntary organisations
- work placements and experience
- "it's about how you handle yourself outside of university as well."

By far the most frequently mentioned method of learning about professionalism was the use of scenarios, based on ethical or professional dilemmas. These formed a basis for guided discussion.

There was particular interest in the use of peer reviews or discussions as part of continuing education and training. These were thought to be an ideal vehicle for the development of professionalism skills and the discussion of complex professional dilemmas.

Assessment

Respondents identified a number of different assessment methods for professionalism, while also recognising that professionalism is difficult to assess:

- attendance
- analysis of record-keeping
- course work
- two-hour exam – half multiple choice, half discussing scenarios
- projects
- reflective self-assessment
- presentations
- short essays looking at clinical or ethical scenarios
- review of logbooks
- elevator talks – three minute poster presentations
- analysis of case management
- Objective Structured Clinical Examinations (OSCEs).

Barriers and encouragement for professionalism

The table below summarises factors thought to help or hinder the development of professionalism according to online survey respondents.

Factors helping the development of professionalism	Factors hindering the development of professionalism
<ul style="list-style-type: none">• Clearer focus on professionalism in the undergraduate curriculum.• Integrate professionalism within the continuing education and training (CET) scheme.• Support from employers.	<ul style="list-style-type: none">• No clear definition of professionalism.• Lack of understanding of what professionalism involves.• Lack of interest from employers.

The future

The future of professionalism was an important theme throughout the research. The issues are summarised in the box below.

Summary of the future of professionalism issues

- The optometry profession is going through significant change at the moment.
- Professionalism is seen as a key to the future – the cornerstone of optometry.
- There are concerns that tensions between professionalism and business demands will grow.
- Joint training with ophthalmologists provides a basis for better care of patients.
- Optometrists need greater opportunities to develop competencies to keep up with the pace of change.
- There is a need for additional training in business and management skills.



III Discussion

Definition

The working definition of professionalism in optometry was refined and simplified as the research progressed. The outcome is in the box below.

An optometrist who is honest and knowledgeable, acting ethically in the best interests of patients through:

- applying own knowledge and improving competence and critical judgement
- communicating effectively with patients, colleagues, other health professionals and the wider community
- actively following professional guidance.

It was not necessary to list all the key words in the definition. Overlap between concepts meant that honesty had elements of trustworthiness, integrity, responsibility and ethics, for example. Professional guidance includes the College of Optometrists' Guidance for professional practice and the General Optical Council (GOC) Code of Conduct for individual registrants.

Some key points about the definition are:

- Honesty and knowledge were consistently highly rated in feedback on the definitions.
- Effective communication is not just talking to patients and others, but listening to them as well – non-verbal communication is also important.
- Good communication is linked to developing quality relationships.

Remodelling the curriculum

Generally, the students thought that opportunities for learning about professionalism were too limited, particularly in the first two years of the courses. University representatives also noted a lack of consistency between degree courses.

There are a number of factors which could help universities remodel the curriculum to strengthen professionalism outcomes for students:

- Audit existing courses to identify which learning methods support the development of professionalism across the curriculum.
- Use the working definition of professionalism as a benchmark to develop professionalism as a theme running throughout the curriculum.
- Work through the Optometry Schools Council (OSC) to share best practice in learning and assessment methods for professionalism.
- Work with students to explore the implications and rationale for these changes with them.

Professionalism and the future

There was widespread agreement that professionalism was vital to the future of optometry. Indeed, a number of respondents thought that strengthening professionalism was essential to the future of the profession.

It may be helpful to think about professionalism in optometry across three arcs of development. Each arc represents a thematic approach to professionalism. It is important that each arc aligns with the others so that learning professionalism is consistent, starting with admission to university, and running throughout an optometrist's career. Each arc of learning lays the foundation for the next stage of professional development.

Arc 1: the optometry degree

Arc 2: the pre-registration phase

Arc 3: the registered optometrist

IV Recommendations

Recommendation 1

There will need to be agreement among the key stakeholders to a shared approach to strengthening professionalism training. This will include professional bodies, the regulator, employers and the universities. It is essential that this work is reflected in the revised GOC professionalism standards and aligns with the Quality Assurance Agency for Higher Education's benchmark statements for optometry degrees.

Recommendation 2

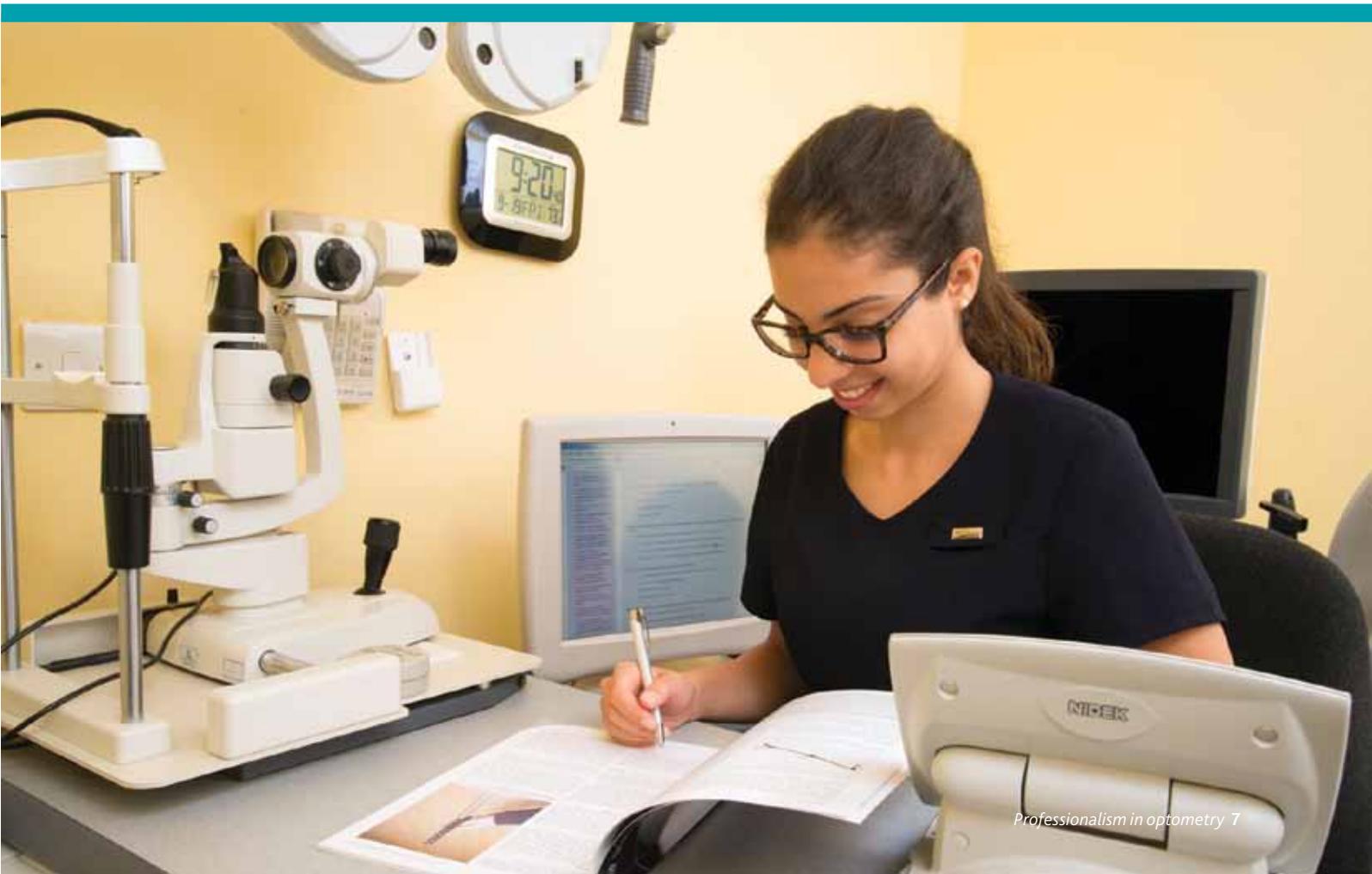
Universities should make use of the research outcomes to review how professionalism training could be strengthened within optometry degrees. The OSC could provide a focus for identifying good practice and improving consistency.

Recommendation 3

The College of Optometrists should continue to encourage discussion on professionalism through disseminating the research outcomes, making use of the forums and events at its disposal. The College should also continue to develop ethical scenarios, case studies and other learning resources which focus on professionalism and judgement, including pre-registration training. This work would also support the Guidance for professional practice.

Recommendation 4

The College should encourage further research into professionalism within pre-registration training, using the current research outcomes as a starting point. More widely, there would also be benefits to exploring the integration of professionalism training with CET, CPD and higher degrees. This research would help to identify gaps and pinpoint ways to strengthen training.



1.1 Overview

The aim of the Professionalism in optometry project was to produce an analysis of the development of professionalism in clinical training. A key outcome is a set of recommendations about embedding professionalism in optometric training; undergraduate, pre-registration and continuing professional development, with a particular focus on undergraduate training.

The project research relates to wider developments in regulating and strengthening professionalism and professional practice within the health sector. The report of the Mid Staffordshire NHS Foundation Trust Public Inquiry, chaired by Robert Francis QC has provided an important stimulus to the health professions to review their remit, professional practice codes and the way they interact with regulators and employers. The project has worked with the General Optical Council (GOC), Optometry Schools Council (OSC) and employers to work towards establishing a common understanding of key issues relating to development of teaching and assessing professionalism at all stages of optometric training.

The project explored a number of important questions:

- What is professionalism?
- Which issues have affected its introduction in other clinical areas?
- What will be the most effective ways to introduce it at all stages of optometric training?
- What are the barriers to its introduction?
- What is the scope for interprofessional training on professionalism?
- How is it possible to assess professionalism?

The main research methods included:

- carrying out a literature review
- undertaking a survey
- conducting interviews and discussions with a range of stakeholders, such as employers
- holding focus groups to explore issues in-depth
- consulting on initial findings to further refine them
- reporting to the College of Optometrists' Education and Standards committee at intervals.

1.2 Background

The project began in March 2014. A number of reports have been produced, detailing the outcomes of each stage of the action research:

Perspectives on professionalism: Key issues from a literature review (March 2014)

Professionalism in optometry: Online survey results (June 2014)

Professionalism in optometry: Focus group outcomes (July 2014)

Professionalism in optometry: Stakeholder outcomes (August 2014)

Two consultative workshops (September 2014).

The final report summarises the previous research as well as drawing out the key themes and refining the outcomes.

2.1 Literature review

The literature review has concentrated mainly on the health professions. The prime focus of the research material has been on medicine and doctors. However, some research articles have looked at other professions, including occupational therapy, paramedicine, podiatry and chiropody, nursing, dentistry and counselling, particularly in recent years. The current focus on doctors is not surprising since:

- Medicine is one of the world's older professions – the three professions taught at medieval European universities were: medicine, law and the clergy.
- Investment in training doctors is extensive and expensive.
- The report of the Mid Staffordshire NHS Foundation Trust Public Inquiry, chaired by Robert Francis QC has a particular focus on doctors and nurses.
- Other UK scandals have involved doctors, such as the Bristol Royal Infirmary paediatric cardiac surgery crisis and the Harold Shipman case.

Much of the literature reviewed is wide-ranging, not just covering the UK but other countries such as the USA, Canada, Australia and New Zealand. The education and training of professionals is a particular concern. A key issue is the extent to which learning about professionalism from medicine and other health professions will be applicable to optometrists and their training.

Articles were identified through a number of searches. Google Scholar and other sites were used to identify relevant material. A search was run through the Chartered Institute of Personnel and Development library to identify articles and books linked to professionalism in human resources, business and management. The Royal Society for the Encouragement of Arts, Manufactures and Commerce (RSA) library was visited and the RSA journal and other resources were searched for relevant articles. The College of Optometrists' Library and Information Service also provided useful advice, leads and copies of

hard-to-access articles. Important references were identified and these led to further key research being pinpointed. There has been an increase in literature on professionalism over the last 15 years or so. This has become more marked over the last five years, with over a third of the references dated to this later period.

A sample of professional body websites and related documentation was reviewed to identify other perspectives on professionalism issues.

2.2 Survey

The survey target group was generated through the College of Optometrists members' database, which includes both students and pre-registration optometrists. However, a recent unrelated College survey meant it was important to avoid overlap of members. As a result, duplicates with the previous survey were removed and additional randomly generated member contact details added. Those without an email address were also removed. A separate small database of members registering interest in the Professionalism in optometry project was checked for overlaps with the main survey. This was added into the main sample. The outcome was a survey group of 996 members.

The survey was sent out through Survey Monkey on 8 May. A single reminder was sent on 16 May and the survey links were closed on 2 June 2014. There was a positive response from the College membership with 133 replies, a 13.4 % response rate.

The survey covered a range of issues:

- qualities of professionalism
- feedback on three definitions
- factors which help or hinder the development of professionalism
- the importance of professionalism.

2.3 Focus groups

A series of focus groups was run in June 2014. The groups gave an opportunity to test and develop themes which had been identified from the literature review and the online members' survey. These included:

- the key qualities of professionalism
- professionalism content of optometry courses
- defining professionalism
- methods of learning
- the assessment of professionalism.

The aim was to explore the key themes with optometry students and patients. The student groups were:

- university A on 4 June 2014 with four mature students
- university B on 10 June with three students
- student focus group on 23 June at the College of Optometrists with 13 students from a variety of universities (the student reference group).

In addition, there was a patient focus group at the College of Optometrists on 16 June with four patients. Two more patients offered feedback on the materials sent to them.

All focus groups ran for one and a half hours, with the exception of the patient group which was two hours long. Each group was based on a series of semi-structured questions. Handouts included lists of key qualities and three sample definitions of professionalism. Each group identified up to six key words, which were then further prioritised. Two of the definitions were based on examples from the literature search. The third definition was based on a suggested framework from the literature survey. It was proposed that any definition needs three levels: individual, interpersonal and social. The researcher drafted a sample definition based on this framework.

All student focus groups were lively and informed, with a distribution across the different years and a total of 20 students attending. The student reference group had higher numbers than the university based groups. This allowed students to work in three sub-groups (two groups of four and one of five). In effect this meant that there were three mini focus groups, each generating their own ideas. Treating the student reference group as three mini-groups means that there were effectively five focus groups in total. This is an average of four students per group (see table 1 for attendance numbers).

Table 1: Student focus groups

Student focus group	1st year	2nd year	3rd year
University A	2	2	0
University B	1	0	2
Reference group	0	12	1
Totals	3	14	3

2.4 Stakeholders

Stakeholders were identified from a number of different types of organisations:

- academic – universities offering optometry degrees
- employers – covering both large and independent employers
- regulatory – the General Optical Council (GOC)
- representative – representing the profession.

Arrangements were made to interview key stakeholders from across the different types of organisation.

Interviews all took place between June and July 2014. Interviews were a mixture of telephone and face-to-face and made use of semi-structured interview schedules. The broad areas of questioning are summarised in table 2 below.

Table 2: Areas of questions

Stakeholder areas of questions	Additional university questions
<ul style="list-style-type: none"> • The effectiveness of professionalism training • gaps in current provision • embedding professionalism • the future of professionalism • changing stakeholder expectations. 	<ul style="list-style-type: none"> • The undergraduate curriculum • methods of teaching professionalism • assessment approaches.

Interviews took between 45 minutes and two hours. Table 3 summarises the number of interviews.

Table 3: Number of stakeholder interviews

Type of stakeholder	Academic	Employers	Regulatory	Representative
Number of interviews	University lecturers – 4 Optometry Schools Council (OSC) – 2	Federation of Ophthalmic & Dispensing Opticians – 1 Association for Independent Optometry – 1	General Optical Council – 1	Association of Optometrists – 1 College of Optometrists – 5
Totals	6	2	1	6

Fifteen interviews took place altogether. A number of informal interviews took place with staff at the College of Optometrists. These have also been included in the overall number of interviews.

Additional research information on the university curricula was kindly gathered by Jim Gilchrist, the chair of the Optometry Schools Council.

2.5 Consultative workshops

Two consultative workshops were arranged to provide an opportunity to give feedback on the outcomes of the project to date:

- definitions of professionalism in optometry
- key qualities of professionalism
- professionalism in optometrist training
- learning professionalism
- patient perspectives
- the future of professionalism.

The first workshop was in Nottingham on 17 September 2014 with eight participants. The second was in London on 24 September with five participants. Each workshop was two hours long. Participants had varied backgrounds, including large multiples, independent optometrists, universities and the regulator. Each workshop was structured around a presentation of the interim research findings, with ample opportunity for feedback and wider discussion.



3.1 Literature review themes

3.1.1 Definition

The definition of professionalism has proved to be a thorny issue for academics. Indeed, there is no single perspective or agreed definition of medical professionalism. There is some agreement among academics that professionalism needs to be defined across three dimensions: individual, interpersonal and social (for example, Hodges, 2011)¹. Thus professionalism is complex. The perception of professionalism is multi-factorial and draws on all three dimensions. There are elements of identity, status, attitudes, behaviour, patient expectations, clinical context, organisational context, and workplace culture that influence professionalism. Other authors emphasise the role of reflection, both as a core facet and an overarching theme of professionalism.

Two short definitions of professionalism were identified from Hilton, 2005². Each related to doctors:

A doctor who is reflective and who acts ethically.

The norms of the relationships in which physicians engage in the care of patients.

3.1.2 Context

Professional services which were previously provided on a limited basis are now offered more universally and this has required a level of standardisation that was not expected in the past. The report of the Mid Staffordshire NHS Foundation Trust Public Inquiry shows the difficulty that professional bodies have faced in serving both the public interest in quality of service and their members' interests.

The General Medical Council (GMC) started the rethink about the concept of medical professionalism in the 1990s with a new curriculum and a different approach to professional values and standards. At the same time, the multidisciplinary team in health care delivery means that professional education itself needs an interdisciplinary approach. A key theme of professionalism is the growing emphasis on clinical governance.

Much research has been focused on the development of professionalism in universities and other academic institutions. There has been far less research on the role of organisations, post-qualification and their impact on enabling or inhibiting further professional development. Indeed, there is little research on the effectiveness of continuing professional development in general. However, it is known that junior doctors are very influenced in their practice by consultants, who act as role models for them.

3.1.3 Teaching

It is important to stress the importance of the modelling of professional values and attitudes by teachers as key to enhancing professional practice. To teach professionalism, role modelling must be combined with reflection on practice. Within medical education there is a hidden curriculum that can have a more powerful influence on students than the explicit curriculum. The hidden curriculum can lead to cynicism and negative treatment of patients. The challenge is to use role modelling to make the hidden curriculum a positive force for professionalism. The value of learning in groups gives a sense of teamwork and a model for working in a healthcare team. In the past, there was a tendency for soft skills such as communication to be marginalised at the expense of basic science. Modern medical training emphasises a more balanced approach.

There is positive learning about how best to embed professionalism in learning content:

- It is important to integrate professionalism from day one of the curriculum.
- Small group and experiential learning makes more impact on professional practice than more traditional learning approaches such as lectures or seminars.
- The learning environment needs to mirror best professional practice if the negative effects of the hidden curriculum are to be overcome – caring for the learner and the patient are two sides of the same coin and the modelling of professional values and attitudes by teachers is key to enhancing professional practice.

3.1.4 Assessment

There is a consensus among authors that it is not straightforward to assess professionalism. There is no single assessment tool that will be accurate and reliable. Good practice suggests that the 360 degree assessments work well. However, the challenge is to develop an assessment plan which includes enough different formative assessments over time to give confidence to summative assessment. Assessments will need to vary depending on whether they focus on the individual, interpersonal, or social dimensions of professionalism. Interviews may help students to reflect on their performance and identify areas for improvement. With so many different assessment methods available, the challenge is to identify the right combination from these that will work over time, formatively and summatively, but not create too onerous an assessment burden.

3.1.5 Professional bodies

There was little explicit reference to definitions of professionalism. Most placed professionalism as a core component of codes of conduct or ethics. As with some academic authors, there is significant emphasis placed on the key role of reflection, both to identify improvements in practice and quality, then to act positively on them.

Key literature review issues

- Professionalism is a complex concept which is context dependent – there is no agreed definition of professionalism.
- There is some consensus that professionalism includes individual, interpersonal and social levels or dimensions, though authors use varied terminology to describe these – the complexity, conflicts and tensions of professionalism arise from the interaction of these dimensions.
- There is agreement that teaching professionalism is difficult – the hidden curriculum needs challenging through role modelling.
- Small group learning methods provide a core approach to learning professionalism.
- Formative and summative assessment of professionalism needs a combination of tools to be effective.
- Learning professionalism is a long process – it can take many years to become a fully-fledged professional and continuing professional development is needed to maintain it.
- Reflective practice is important both for the development and maintenance of professionalism.
- Academic institutions, employers and peer groups all play a role in developing, fostering and maintaining professionalism.



3.2 Values and qualities of professionalism

3.2.1 Online survey analysis

The literature review helped the research to concentrate on the key qualities of professionalism. The online survey allowed respondents a free choice of up to 24 qualities of professionalism that had been identified as important. Results were analysed by frequency of mention, as shown in table 4.

Table 4: Frequency of mention of key words

0 – 20%	Advocacy Altruism Innovation Reflection Resilience Flexibility
21 – 40%	Confidence Judgement Teamwork
41 – 60%	Accountability Compassion Consistency Empathy Excellence Reliability Respect
61 – 80%	Communication Confidentiality Ethics Integrity Responsibility Trustworthiness Honesty
81% plus	Knowledge

The six most important qualities chosen were:

- communication
- integrity
- ethics
- knowledge
- honesty
- trustworthiness.

Respondents also wrote in a number of additional qualities they thought were missing from the original list:

- standards
- patient-centred
- open-minded
- morals
- sincerity
- impartiality.

A surprising feature of the key words analysis is the relatively low rating accorded to 'judgement' at 38%.

3.2.2 Focus groups

Focus groups reviewed the original 24 key qualities plus the additional six generated by the online survey.

The key words are summarised in appendix 1. Groups were asked to choose up to six qualities they could all agree on. Then they tried to prioritise amongst these. Two groups preferred to give all their chosen words equal status. Two other groups clustered key words into levels of priority. The two remaining groups ordered all six qualities by priority.

One student group was only able to agree on four words in common. Patients agreed five key concepts, but thought that knowledge needed to be looked at more broadly, with a focus on competence, skills and the importance of keeping up-to-date. In addition, they thought that the ability to handle the latest technology was also a vital part of knowledge.

The most frequently mentioned key words were communication and knowledge and this applied to both students and patients (see table 5).

Table 5: Frequency of mention of key words

Frequency of mention	Keywords
5	Communication Knowledge
4	Responsibility Honesty Standards
3	Patient-centred Ethics/morals Confidentiality Integrity Respect
2	Excellence Accountability Empathy Trustworthiness Teamwork

3.2.3 Consultative workshops

Both workshops discussed the issue of judgement. All the participants thought that it was more important than the 38% rating it had been given in the online survey. One comment was that: "Professional judgement is a central quality – but it may operate at a different more overarching level than the other qualities." Others thought that the low rating was because it was taken for granted.

Other qualities that were mentioned were:

- good presentation of self
- approachable
- up-to-date knowledge
- critical thinking
- caring
- empathy
- understanding
- balanced critical thinking
- dignity
- patients' best interests.

There was also discussion of the NHS agenda, which includes care, compassion and dignity.

3.3 Definitions

3.3.1 Online survey results

Survey respondents reviewed the following three definitions, rating their relevance to optometrists.

Definition 1 An optometrist who is reflective and acts ethically.

Definition 2 The norms of the relationships in which optometrists engage in the care of their patients.

Definition 3 An optometrist works to the highest standards, through:

- extending knowledge and competence, reflecting on practice, identifying improvements and carrying them out
- building and maintaining quality relationships with patients, colleagues and other professionals to achieve positive outcomes for patients
- actively following professional guidance and contributing through research and other activities to the development of the profession.

Average ratings are given in table 6 below.

Table 6: Relevance of the three definitions

Rating	Definition 1	Definition 2	Definition 3
Average relevance rating, where 1 = very high, 10 = very low	3.49 n=118	4.93 n=113	2.34 n=116

The highest rated was definition 3 and the lowest definition 2. Respondents also made additional comments about improving definitions 1 and 3. Definition 2 was disliked by 26 respondents and there were few suggestions for improvement. Definition comments are summarised in table 7.

Table 7: Comments on definitions

Frequency of mention	Keywords
Definition 1	The written feedback focused on the term 'reflective'. Eleven respondents indicated that they thought this should be changed. Several suggested changing it to 'responsible'. Others suggested 'knowledgeable' or 'competent'. Several respondents thought the statement was too concise and needed a phrase like 'for the benefit of the patient' adding.
Definition 3	This definition received a more positive response and was liked by eight people. Several specifically referred to the second bullet point, which they thought was helpful. A number of others thought that it was too long. Several others thought that the reference to research was too specific. The phrase could just say 'contributing to the development of the profession'.

Some respondents provided more detailed feedback. See box below for an example for definition 3.

"Too wordy and repetitive. Omit reflective practice, identifying improvements etc as implicit in first statement. It is not always possible to achieve positive outcomes for patients so this raises unrealistic expectations about disease progression. Replace with something about acting in best interests of patient for example. Keep following professional guidance but remove contributing through research etc. Not everyone is willing or able to be involved in research."

Respondents were asked about what the most important professional issues are that are missing from all three definitions. There were 58 responses. Table 8 gives a word frequency analysis of the responses to this question.

Table 8: Order of qualities based on frequency of reference

Order based on frequency	Single mention words
Patient-centred (15)	Accountability Teamwork Realism Evidence Discretion Impartiality
Honesty (11)	
Confidentiality (8)	
Trustworthiness (5)	
Communication (5)	
Respect (4)	
Knowledge (4)	
Conscientiousness (3)	
Empathy (3)	
Responsibility (3)	
Integrity (3)	
Compassion (2)	
Reliability (2)	
Friendliness (2)	
Personal hygiene (2)	
Competence (2)	
Care (2)	

Honesty, trustworthiness, confidentiality and communication all came high on the list as they had in response to the question on qualities (see section 3.2.1).

One respondent suggested that respect was all important:

“You should have respect for everyone you work with:

- The patient – by being trustworthy and listening.
- The boss – by turning up on time and in a sound state of mind.
- Colleagues – taking opinions into account and offering opinions where relevant.”

Several respondents referred to the importance of clarifying the target audience for the definitions. If it was patients and the general public, the definitions needed to be made more specific.

3.3.2 Focus groups

Generally, the groups opted to use definition 3 to develop their own definition. One student group liked the brevity of definition 1 and adapted that instead (see appendix 2 for a summary of definition revisions). Generally, definitions 1 and 3 were thought to be on the right lines with some additional editing and refinement. Definition 2 was ruled out from the start.

Patients were keen on a more inclusive definition of professionalism which was outward looking and included carers and wider services for people with low vision in the community.

3.3.3 Consultative workshops

Definition 2 was eliminated at this stage as it had been poorly received both by the online survey and the focus groups. The two workshops were divided in their views on the remaining two definitions. One workshop preferred definition 1, as they thought definition 3 was too detailed and long-winded. However, they did want some elaboration of definition 1 to emphasise patient-centredness. The other workshop wanted definition 3 to be developed to:

- include the wider community
- tighten wording
- reduce duplication of patient references
- delete ‘development of the profession’.

Another suggestion was a hybrid definition with definition 1 replacing the initial sentence of definition 3.



3.4 Learning methods and the university curriculum

3.4.1 Focus groups

Students discussed what they found helpful for learning about professionalism on optometry courses:

- Talks by patients were good for telling you what not to do: "Don't treat us as just a pair of eyes".
- Useful to fill in a reflective log after seeing a patient as it enables you to identify things you could do better.
- Working with a different group of health professionals and getting feedback from them.
- Working with voluntary organisations.
- Work placements and experience.
- "It's about how you handle yourself outside of university as well".

A more detailed summary of this feedback is given in appendix 3.

Students also gave examples of what they found helpful (see table 9).

Table 9: Practical examples of professionalism

Focus group	Importance of professionalism	Comments
Students: University A	Talks in the first year at the start of the course were particularly important for this.	Students thought it was helpful to be given an introduction to professionalism at the start of the first year.
Students: University B	Practical case studies were mostly done as part of the Professional skills course in the third year. There were also separate tutorials, but there were 25 in each tutorial. Lecturer made use of small group work in the tutorials. First year – had to go for a compulsory sight test given by the third years. This gave you insights into professionalism.	Difficult to have good discussions on professionalism in such large groups.
Students: College focus group	"We tend to remember the 'what not to do' examples best. Sometimes it is about saying the right things but at the wrong time. We looked at the situation of an eye test for someone with dementia that had gone badly wrong." "I was on A&E and was there when a patient was told she had a terminal brain tumour. I thought that this news should not have been given in my presence and it was delivered without any real empathy." "Role of the supervisor is very important, you need to know that there are sanctions if you do not adhere to professional practice."	Generally, students did not feel there was a consistent emphasis on professionalism throughout their courses. There was usually a module or part of module which covered it in the second year or more usually in the third year. Apart from that, not so much emphasis in first and second years.

3.4.2 Courses

University optometry courses are typically three year BScs. However, some universities offer a four year masters. Mature students with relevant backgrounds, such as work as dispensing opticians, may also be able to access fast track degrees. There are nine universities in the UK offering optometry degrees and they work together through the Optometry Schools Council.

3.4.3 University stakeholder comments on learning professionalism

Universities vary considerably in their approach to professionalism in the optometry curriculum. Often there is initial work on professionalism in week one of the first year of the courses. This can include a lecture from the General Optical Council (GOC) covering professional conduct and other input from the university. There is usually a module, typically in the third year, which covers topics such as professionalism, law and ethics, though two universities have this type of module in the second year. Professionalism is seen as a topic which is most important in the third year. One university has work placements in the first and second years, but this was a small course. Others make use of visits to settings such as to hospitals, or voluntary organisations supporting people with low vision.

Universities with larger numbers of students (100 plus per year) indicated that it would be impractical to arrange work placements for such large numbers. Instead, there is encouragement for students to take up weekend or holiday work in optometrists' practices to gain work experience. Respondents thought that students with this additional experience also developed a better understanding of professionalism and the diversity of patients. Another respondent noted that students' understanding of professionalism varied at the start of the course. Masters courses with lower numbers of students included more extensive work placements at the end of the third or fourth year of the course. University C has a series of modules on personal and professional development run in each year of the programme. One approach has been to try to embed themes of communication and professional conduct in modules throughout the course.

Some respondents thought that the emphasis on professionalism at their universities tended to dip after the initial work, with a gap in the rest of the first and second year. Other providers thought of professionalism more as an overarching theme, being included in more than one module, often with an emphasis on communication. One respondent stressed the importance of a focus on professionalism from admission onwards.

Another university is reviewing its curriculum and looking at introducing a more thematic approach across the whole course, with professionalism as one of the themes. One university has introduced penalties for third year students involved in unprofessional behaviour such as lateness.

One respondent commented that for clinical skills, students work with each other – but this does not necessarily help them to learn to treat patients with courtesy and respect, as this is not always how they treat their fellow students.

Respondents cited a large range of methods that were actually used to teach professionalism:

- lectures
- large group work
- small group work
- reflective diaries
- tutorials
- analysis of cases
- discussing scenarios, including those based on fitness to practise issues
- critical analysis of record keeping
- reflection on work placements
- use of video clips
- peer feedback
- supervisor feedback
- role plays
- problem-based learning for clinical case management
- discussions
- clinical labs
- small group scenario review of GOC fitness to practise case study, followed by presentation to whole group for discussion.

Some respondents had concerns about their ability to teach professionalism effectively in the larger groups that were often the norm on courses. They tried ways to break down large lecture groups into smaller discussion groups to explore scenarios. Feedback from students was that they particularly enjoyed this work. It was important to use examples that really engage students. Respondents referred to the College of Optometrists' ethical scenarios as being particularly useful for this work. So a two hour lecture may be broken down into a one hour lecture followed by small group work. One university regularly split a large group of 30 into two smaller groups of 15. However, they were finding that even this group size was too large for more in-depth work on professionalism. Instead, there were plans to break the group of 30 into three groups of 10. Respondents recognised that simply giving a lecture on communication was not adequate. There needed to be opportunities to practise communication experientially through role plays, simulations or other approaches. The opportunity to speak to and listen to patients was regarded as crucial, but there were not enough opportunities for this to happen, particularly for first year students.

By far the most frequently mentioned method was the use of scenarios, based on ethical or professional dilemmas. These formed a basis for guided discussion. The scenarios were drawn from anonymous descriptions of fitness to practise hearings or those provided by the College of Optometrists.

3.5 Assessment methods

3.5.1 University assessment perspectives

Respondents identified a number of different assessment methods for professionalism, while also recognising that professionalism is difficult to assess:

- attendance
- analysis of record-keeping
- course work
- two-hour exam – half multiple choice, half discussing scenarios
- projects
- reflective self-assessment
- presentations
- short essays looking at clinical or ethical scenarios
- review of logbooks
- elevator talks – three minute poster presentations
- analysis of case management
- Objective Structured Clinical Examinations (OSCEs).

One respondent noted that, "assessing a student's professionalism is a real challenge – where do you draw the line – 50%, 60%?" Assessment approaches tended to concentrate on one key module which covered professionalism, rather than looking in a more rounded way at a student's professional development over a whole year or course.



3.6 Developing the curriculum

3.6.1 University perspectives

One respondent stressed the importance of a focus on professionalism from admission onwards. Another university is reviewing its curriculum and looking at introducing a more thematic approach across the whole course, with professionalism as one of the themes.

Respondents were more circumspect when it came to looking at how their curricula could be developed to give professionalism a higher profile. One view was that further work was needed to establish how best to do this. One suggestion was that the focus on professionalism could start much earlier in the first year, but at a more basic level (see box for an example).

“One way to raise the profile is to look at what is relevant at each stage of the curriculum and input small amounts of information and then you need to revisit it. The danger is that students tend to forget what they learnt in the first year and you need to go over it all again.”

It was pointed out that students tend to look at course elements in isolation rather than steps on the road to becoming a professional. The modular curriculum may make it difficult for students to grasp professionalism as an overarching theme, running throughout the course.

There were a number of ideas and comments about developing the university curriculum:

- One university has made use of methods of developing professionalism in optometry from approaches that have been used successfully on other health profession programmes.
- If the focus is on professionalism as a theme, students will need a clearer map of the whole course, including overarching requirements and what you get at the end of the programme.
- There is a need to start professionalism learning at a basic level in the first year and carry it right through the whole degree.
- Patient feedback will be important to the development of professionalism.
- The whole process of change needs to include the student perspective.
- There is a need to audit the whole university course to see what is being done already.
- One of the challenges is how you assess professionalism as a theme – if you do not assess it, students do not take it seriously; if you do assess it, what methods do you use across all the years?
- There was some concern expressed about the lack of consistency in the approach to professionalism across the nine universities.
- It is important that students learn how to reflect on their own practice as with doctors – there is not enough coverage of this on courses.
- There was a perception from some respondents that it might not be possible to make more far-reaching changes to integrate professionalism better without extending the curriculum length to four years.

3.6.2 Other stakeholder views

One respondent suggested that increasing the focus on professionalism is about integrating it better with what is happening already in the curriculum. For example, students are required to fill in a clinical logbook, which provides an audit trail for numbers of patients seen and so on. This could equally be used to capture wider reflection on professionalism issues, linking through to clinical decision-making. Similar issues can be revisited with more depth and understanding in each of the three years.

It is crucial to involve patients in understanding professionalism. Hearing feedback from patients and being patient-centred is vital. One respondent thought that optometrists did not really understand the patient perspective fully yet.

Some respondents were concerned about the lack of focus on business development and entrepreneurial skills. They also thought that supervisory and management skills were important, yet these were not reflected in GOC requirements and the university curriculum.

3.7 Pre-registration

3.7.1 Stakeholder views

Generally, there was far less feedback on professionalism within the pre-registration phase than there was about university degrees. Employers were worried about too narrow a focus on clinical skills at the expense of wider skills in professionalism (see below).

Wider professional skills are vital from the employer perspective, such as building and maintaining relationships with patients. Professionalism skills are essential for sales as well. It is also crucial to be able to handle difficult situations where a patient says that you have done it wrong.

There was a concern that pre-registration may have too narrow a focus, not giving trainees experience of the full range of settings in which optometry is practised. There were also conflicting views of the extent of professionalism within pre-registration. Some respondents thought that the focus on professionalism had improved through

supervisor feedback and the role of the OSCEs. Others thought that professionalism had a lower profile than in the past. However, respondents were clear that the supervisor's role in modelling good practice in professionalism is vital. This role modelling is a key part of the hidden curriculum and will continue on from university.

3.8 Continuing education, training and professional development

3.8.1 Stakeholder views

Generally, respondents thought that professionalism had a relatively low profile within continuing education and training (CET) and continuing professional development (CPD). The Directorate of Optometric Continuing Education and Training (DOCET) offers CET resources and has an archive which includes resources on communication skills and the fitness to practise hearings. Other resources have elements of professionalism within them³. One resource that was particularly commended was *On the record*, which is part of the DOCET archive⁴. This is a 33 minute dramatisation of a GOC fitness to practise hearing, giving both patient and optometrist perspectives and covering important issues such as communication and record-keeping. DOCET resources are classified on a number of dimensions including communication and professional conduct. The October 2014 CET programme has five resources which include professional conduct.

There was particular interest in the use of peer reviews or discussions. These were thought to be an ideal vehicle for the development of professionalism skills and the discussion of complex professional dilemmas.

The value of CET was recognised, but there was a concern from an employer representative that it may be pitched at too basic a level.

3.8.2 Ethical scenarios

The College of Optometrists has a set of 24 ethical scenarios, presented with multiple choice answers. There is positive feedback that these are helpful learning resources for the development of professionalism⁵.

3.9 Barriers and encouragement for professionalism

3.9.1 Online survey

Respondents were asked about what was important in the development of professionalism and what hindered it. There were 116 responses to this question.

Four factors were identified as being most important in helping the development of professionalism, scoring over 50%:

- clearer focus on professionalism in the undergraduate curriculum
- integrate professionalism within the continuing education and training (CET) scheme
- support from employers
- provide events and peer forums at which professional issues can be discussed and reflected on.

15 people identified other factors. Most of these were factors which hinder the development of professionalism and these have been added below. One suggestion to help the development of professionalism was to understand methods of reflection better.

Three factors were identified as being most important in hindering the development of professionalism, scoring over 46%:

- no clear definition of professionalism
- lack of understanding of what professionalism involves
- lack of interest from employers.

There were 116 responses to this question. Of these, 23 identified other factors. One was a concern about undergraduates (see box on the right).

“Undergraduates in particular start the course from sixth form with little, if any, idea of professionalism and come the end of the second or third year they are let loose on the public. They have little understanding of the term professionalism and before they know it, they are in the pre-registration year...all this time, focusing on passing exams on optics, ocular anatomy and trying to maintain competency with an aim to pass an exam or appease an assessor.”

Ten respondents referred to the tensions between professionalism and the business environment as being a particular concern. For example, see the box below.

“Isn’t the aim for many employers to maximise profits? This is often achieved with optometrists at the helm, leaving little time for anything else. What more would be expected of the so called modern optometrist but sell, sell and convert sight tests into spectacle sales. In my opinion, only the patient remembers/remains grateful for a timely referral. It’s sad that how good an optometrist you are is largely, if not solely, based on how many sight tests you converted to spectacles sales at the end of the day, week or month.”

“Optometry has been hijacked by the sales and retail aspect, and so professionalism is not what employers look for when hiring. Their interests lie in conversion rates and KPIs.”

Respondents rated the importance of professionalism on a 1 to 10 scale where 1 = very important and 10 = not important. Professionalism was generally rated as a very important issue, both now (average 2.62) and in the next three years (average 2.53). Thus, by a small margin, respondents thought that the importance would grow in the future.

3.10 The future of professionalism

3.10.1 Online survey

Many respondents thought that professionalism was a key to the future of optometry. Some comments are included in the box below.

- I take professionalism as a pre-requisite of everything that I do every day of my life.
- Professionalism should remain at the top of the agenda, regardless of time.
- Professionalism is the foundation of our profession.
- It improves relationships with patients, colleagues and other professions.
- I take very seriously giving the best I can and take satisfaction from getting it right.

However, respondents also expressed concerns about the future of professionalism – see box below.

- I am aware of the need for it, but nothing is really enforced in my practice.
- Sadly, I see a dropping of professional standards in optometry, in particular in dispensing/commercial ethics.
- The rating would be higher but time constraints reduce ability to do further tests or explain issues to patients.
- Increasing tick box culture.
- Optometry risks reverting to pre-nineteenth century market place of non-regulated spectacle sellers.

3.10.2 Stakeholder views

The GOC is consulting on the revision of its standards. This could provide an opportunity to look at professionalism more widely.

There were concerns about a lack of training in business skills. In the future, optometrists will need these skills even more for setting up their own businesses. There is a lack of opportunity for optometrists to take on supervisory responsibilities. This may affect their ability to progress in their careers.

There were other concerns about the future:

- Employers are concerned about falling standards – bringing pre-registrants up-to-date on clinical skills means less time to focus on professional skills.
- Independent prescribing and an increase in clinical judgements may be important.
- There will need to be greater continuity of care, not just a referral, but accepting the patient afterwards and continuing care.

“The potential for optometrists is very great, but they are not being given the opportunities and experience to develop their skills – they need time and opportunity”.

Respondent comment

3.10.3 Consultative workshops

Discussions in both workshops suggested that the profession of optometry is undergoing very significant change at the moment. Issues identified included:

- the role of local eye health networks
- the role of clinical commissioning groups
- contract compliance can create the need to go through hoops, such as the any qualified provider and information guidance 2 NHS requirements
- GOC expectations are increasing and will be reflected in new standards
- there was disagreement about whether too many new optometrists are being trained – some participants held this view while others noted that there were shortages in some parts of the UK
- there were tensions between professional demands and what businesses expect of their employees – an example is how much time can be devoted to an eye test
- the pressures of new commissioning environments could come into conflict with the commitment to a professional service
- the NHS is changing expectations of its employees
- there are new opportunities for co-training with ophthalmologists – this can lead to more effective joint care of patients
- patient expectations are growing
- optometrist roles are expanding and diversifying.

There was a perception from some participants that the College of Optometrists and the GOC were 'falling behind the curve', in relation to the pace and depth of change. One person commented that "we are always playing catch-up". There was recognition that optometrists needed additional training and support for their enhanced roles.

Some respondents thought that the profession had reached something of a crossroads, with the emergence of two different types of clinical practice:

- a standard basic service.
- enhanced community services, requiring a range of additional competencies.

One consultative workshop tested the definition of professionalism in this changed context and thought that it would still make sense, without the need for further revision.

One participant stressed the value of joint training with ophthalmologists he had experienced. He thought this led to a better approach to co-care of patients and more of a partnership to deliver a patient-centred service.

Summary of the future of professionalism issues

- The optometry profession is going through significant change at the moment.
- Professionalism is seen as a key to the future – the cornerstone of optometry.
- There are concerns that tensions between professionalism and business demands will grow.
- Joint training with ophthalmologists provides a basis for better care of patients.
- Optometrists need greater opportunities to develop competencies to keep up with the pace of change.
- There is a need for additional training in business and management skills.

4.1 Defining professionalism

4.1.1 Developing a definition

Most respondents were positive about the idea of developing a definition of professionalism that was fit for purpose for optometrists. They recognised that it could provide a benchmark to encourage curriculum development and a wider shared understanding of what professionalism in optometry is. There are known difficulties in trying to reach a universal definition of professionalism, which gains comprehensive approval, now and in the future. The literature review shows what a challenge this is. Instead, it is more realistic to develop and agree a working definition, which makes sense of the research to date. This could be reviewed at intervals and revised accordingly.

Most of the focus groups discarded definitions 1 and 2. Instead, they used definition 3 as a starting point and adapted and amended it. One student focus group thought that there was merit in a short, sharp definition and they started from definition 1 and adapted it accordingly. Two examples of adapted definitions of professionalism are in the box below.

Adapted definition 1

An optometrist who is trustworthy, knowledgeable and acts ethically in the best interests of patients.

Adapted definition 3

An optometrist who gives patient-centred care to the highest standards, through:

- extending knowledge and competence, reflecting on practice, identifying improvements and carrying them out
- communicating effectively with patients, colleagues and other professionals to achieve positive outcomes for patients
- following professional guidance actively.

Several College members pointed out through the online survey that it may be more accurate to use the idea of 'best outcomes' rather than 'positive outcomes' as for some patients there may not be a positive outcome possible.

The patients wanted a more outward looking definition, including wider community services and carers. Combining definitions 1 and 3 gives the following working definition, with some refining and simplifying of the wording (see box).

New working definition

An optometrist who is honest and knowledgeable, acting ethically in the best interests of patients through:

- applying own knowledge and improving competence and critical judgement
- communicating effectively with patients, colleagues, other health professionals and the wider community
- actively following professional guidance.

There was a clear view that it was not necessary to list all the key words in the definition. Overlap between concepts meant that honesty had elements of trustworthiness, integrity, responsibility and ethics, for example. Professional guidance includes the College of Optometrists' Guidance for professional practice and the GOC Code of Conduct for individual registrants.

Some respondents noted that the new definition was generic enough to be adapted to apply to other professions as well.

4.1.2 Qualities of professionalism

Initially, the six most important qualities chosen through the online survey were: communication, ethics, honesty, integrity, knowledge and trustworthiness. Subsequent research suggested that these were indeed key qualities. However, other feedback suggested that exercising professional judgement, being patient-centred and responsible should be added to the list. There was no clear view on reflection, which gained a low rating from members through the online survey, but was rated as important by stakeholders, the literature search and some of the feedback from the consultative workshops. It was also referred to on the websites of other health professions. Those who thought it important argued that reflection is a key to professional development and improving practice.

One student focus group identified two new qualities which had not been mentioned previously: efficiency and planning. Communication and knowledge were mentioned the most frequently. Ethical and related qualities were very much to the fore (ethics, integrity, honesty, trustworthiness) and it is important to ensure that this theme is adequately integrated into the definition. Compassion and empathy were both mentioned by 52% of online respondents. These qualities reflect the NHS agenda for how patients should be treated.



4.2 Learning and assessment approaches

4.2.1 Student views

Students noted that there were a number of different ways of learning about professionalism that they found helpful. Important methods they referred to included:

- making use of scenarios
- role plays with challenging scenarios
- discussing examples of poor professional practice
- reviewing professionalism issues after a work placement
- opportunities to practise communication
- work placements
- opportunities to meet patients throughout the course
- discussing fitness to practise issues
- small group discussions about professionalism
- working at an optical retailers or independent optometrist at the weekends or in the holidays helps to understand professionalism and the patients.

Generally, the students thought that opportunities for learning about professionalism were too limited, particularly in the first two years of the courses. Some students felt strongly that contact with patients should start in the first year. There was recognition of the value of small group and experiential learning (such as role plays) focusing on key scenarios to developing professionalism. These were precisely the methods identified through the literature survey as essential to learning professionalism. Students indicated that they found it easier to learn from and retain examples of poor practice as a basis for looking at best practice. So for example, it was helpful to look at real examples of poor recording practice to understand and retain what good recording practice is.

A critical element of the student feedback was a perception that professionalism tended to be covered in fits and starts. Generally, there was a lack of a more overarching thematic approach to professionalism, starting at the beginning of the first year and running to the end of the course.

One group of students had the chance to work with students from another health profession (physiotherapy). This provided opportunities to receive feedback on professionalism and was thought to have been very useful.

4.2.2 University perspectives

For universities, it is clear that there is a range of different approaches to developing professionalism which are not always consistent. They do not doubt the importance of professionalism, but note that there is a lack of emphasis on professionalism in the GOC competencies. There are concerns about a range of professionalism issues including the lack of definition, the best learning methods and the most effective assessment approaches. There are many interesting ideas for learning in use across the universities and these have been mentioned both by university stakeholders and students from the focus groups. Sharing good practice across the nine universities could help to engage more widely with these ideas and enable more universities to try them out. Not all stakeholders were clear about everything that was covered on their own university programmes which contributed to professional development. A professionalism programme audit for each university would help to map what was in place already. This could give clearer indications of what is still needed. There is further learning possible from universities which have already adopted, or are beginning to adopt a more thematic approach to professionalism. This approach presents significant challenges, including maintaining student motivation and interest and how to assess professionalism across a whole curriculum – formatively and summatively.

4.2.3 Assessment of professionalism

The whole area of the assessment of professionalism is challenging for optometry courses. This may need further research to establish:

- which methods are already in use by universities that are effective
- which formative methods give the clearest indicators of the development of professionalism by students
- which summative methods, perhaps at the end of each student year, give the most reliable evidence of professional development outcomes.

These assessment methods are predicated on learning methods that provide a good basis for learning professionalism. There is perceived to be a certain vagueness about the concept of professionalism and this may contribute to difficulties about assessment processes and outcomes. There was positive feedback on the use of scenarios as a method to develop professionalism. This approach could be helped by:

- increasing the number and range of scenarios
- grading them so that simpler ones could be used in the first year and more complex ones in the third year.

This may also help to contribute to a more consistent approach to professionalism across all the universities.

“We are only reacting to what the GOC requires of us. It is up to the GOC to bring professionalism to the fore.”

University respondent comment

The universities also raised issues about the admissions process for students. There was a concern that some professional courses were required to use the same admissions process as for academic courses. This meant that it was difficult to make any judgements about the potential of students to develop professionally on admission. It was important that students understood the nature of the courses from the outset, or there might be a higher drop-out rate.

One issue is the exercise of professional judgement. The importance of this was mentioned a number of times by stakeholders. The College of Optometrists' Guidance for professional practice also makes repeated reference to this. Yet some stakeholders also recognised that there is a certain timidity and reluctance by optometrists to exercise this judgement. They would rather follow a set procedure instead. Interestingly, the online survey of College members gave the quality of judgement a rather low rating of 38% (compare this with 71% for communication). The reasons for this may be complex, including the training of students, workplace expectations and links with other health professionals. The extent to which pre-registration, continuing education and training and continuing professional development emphasise professional judgement may also be factors in this. Employers expected that the need for exercising professional judgement could only grow as optometrists took on wider responsibilities in areas such as independent prescribing.

Respondents were at one in saying that professionalism was vital to optometrists. The real challenge was to overcome the current inconsistencies; how to get from present arrangements to a situation where students have a greater understanding and skills of professionalism. This is not only about reaching a certain standard of professionalism, but also having learnt self-reflection and the ability to continue improving throughout their careers.

4.3 Remodelling the university curriculum

4.3.1 Remodelling the curriculum

There are a number of factors which could help universities remodel the curriculum to strengthen professionalism outcomes for students:

- Audit existing courses to identify which learning methods support the development of professionalism across the curriculum.
- Use the working definition of professionalism as a benchmark to develop professionalism as a theme running throughout the curriculum.
- Work through the OSC to share best practice in learning and assessment methods for professionalism.
- Work with students to explore the implications and rationale for these changes with them.

At the same time, it should be recognised that there may be significant implications to making such changes:

- Experiential methods have been shown to be effective in learning professionalism, but these may be more labour-intensive than large group lectures.
- Assessment methods present their own challenges and may run counter to an approach which is based on outcome assessment of each module of the course separately.
- Changes will need to be reflected in the Quality Assurance Agency for Higher Education's benchmark statements for optometry degrees.

4.3.2 The spiral curriculum

The spiral curriculum may provide a template for a more thematic approach to teaching professionalism, integrated fully into university degree courses⁶. Jerome Bruner recommended that the teaching of any subject should emphasise grasping the key ideas. He believed that the curriculum should then revisit these fundamental ideas repeatedly, building cumulatively upon them and making links and connections between them until the student has grasped a fuller understanding. He called this cycle the spiral curriculum. While he developed this idea particularly with school-age children in mind, many medical training institutions have adapted this concept and use it in their teaching⁷. A spiral curriculum is not simply about repeating a topic. It requires the deepening of it, with each successive encounter building on the previous one. As levels of complexity are increased, new learning is related to previous learning, and the students' competency is increased. The spiral curriculum recognises that courses are components of a larger whole and that they build up progressively, adding to student learning by building upon previously acquired knowledge. This spiral thematic approach seems well suited to teaching professionalism.

Developing this more thematic approach to teaching professionalism presents challenges:

- How to develop a thematic approach to curricula which usually have a modular structure.
- How to assess student competence in professionalism across the whole curriculum – which methods and approach will be most effective?

4.4 Pre-registration training

Stakeholders expressed different and sometimes contradictory views about the effectiveness of pre-registration training from the point of view of professionalism. Some thought that pre-registration training needed a broader focus and wider exposure to different types of optometry practice. This could lead to a better understanding of professionalism. Others suggested that professionalism was well integrated into trainee learning, both through the pivotal role of the supervisor and in the OSCEs themselves. However, some employer representatives thought that more could be done to integrate professionalism within pre-registration learning. Employers were looking for trainees to complete their training with:

- good clinical practice skills
- the professionalism to build effective relationships with patients.

Developing a working definition of professionalism may help to provide a benchmark of good practice against which current approaches to professionalism can be judged. There may be opportunities for further research in this area, focusing directly on trainees themselves and their supervisors.

4.5 Developing CET and CPD

There is little academic research into either the impact of continuing professional development (CPD) or the link between CPD and professionalism. There is scope to increase the coverage of professionalism within CET and CPD. One example of a professionalism dilemma emerged from the London consultative workshop. This touches on many of the key qualities of professionalism, such as honesty, communication, compassion, trustworthiness and integrity (see box below). This issue arose in the context of a discussion of the concept of honesty and what were the limits to it.

Professionalism dilemma: Giving bad news

There was an important discussion in a consultative group about honesty in relation to giving bad news. While the honest approach is to tell the patient the whole truth, the optometrist may need to temper this with compassion, taking into account the circumstances of the patient. A frail elderly person may need a more limited version, so they do not need to be overburdened with the whole picture straight away. There was disagreement in the group about how far you could go in telling the whole truth.



4.6 Shaping the future of professionalism

4.6.1 Opportunities and threats

Respondents identified a number of opportunities and threats to optometry as a profession. These are summarised in table 10 below.

Table 10: Opportunities and threats

Opportunities	Threats
<ul style="list-style-type: none">• There is scope for optometrists to take on new areas of responsibility.• Improving training in professionalism could help to forge a stronger identity for optometry as a profession.• There is increased scope to work as part of community teams with other health professionals.• Accessing leadership, management and business training could help to support new career pathways for optometrists.• There may be more scope for a patient-centred approach if optometrists take on increased responsibilities for the continuing care of their patients.• Four year courses may increase the scope for in-depth training in professionalism.• Increased supervisory responsibility for optometrists could improve career opportunities.• Joint training could improve working with ophthalmology and other health professions.	<ul style="list-style-type: none">• The status of the profession is under threat.• Other professions, such as nursing, have raised their status through training requirements – optometry is seen as staying in the same place or even going backwards relative to these.• The profession is not assertive about its role and contribution.• Other health professions may be encroaching on areas of work previously undertaken by optometrists.• Offers of free sight tests may appear to devalue the professional role of the optometrist.• Lack of access to business skills training may make it harder for optometrists to set up their own practices or take over existing ones.• Increased emphasis on professionalism may be difficult to implement because of resource constraints.• Tensions between professional practice and business expectations may grow.

4.6.2 Professionalism and the future

There was widespread agreement that professionalism was vital to the future of optometry. Indeed, a number of respondents thought that strengthening professionalism was essential to the future of the profession.

It may be helpful to think about professionalism in optometry across three arcs of development (see diagram 1). Each arc represents a thematic approach to professionalism. It is important that each arc aligns with the others so that learning professionalism is consistent, starting with admission to university and running throughout an optometrist's career. Each arc of learning lays the foundation for the next stage of professional development.

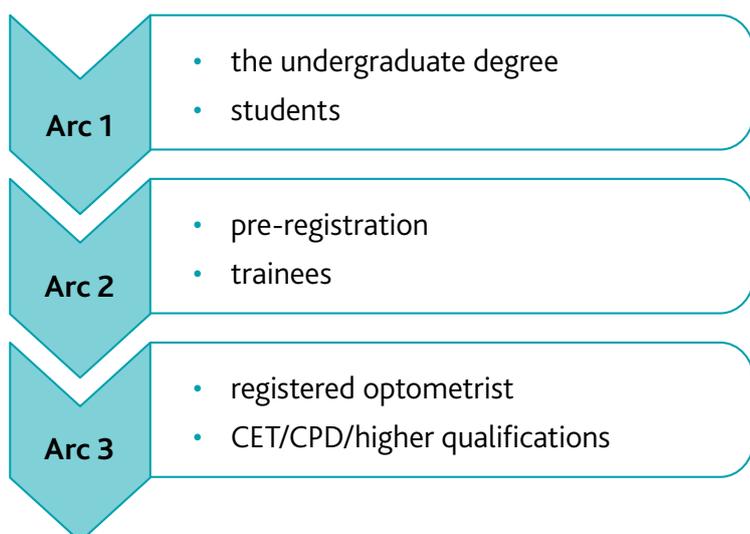
Arc 1: the optometry degree

Arc 2: the pre-registration phase

Arc 3: the registered optometrist

Embedding professionalism more systematically at degree level can make use of the key qualities of professionalism and the working definition identified through this research. However, this will not just affect degree level learning. It will also have implications for the other arcs of professional development at pre-registration and post-registration levels. Further research would be needed to clarify the integration of professionalism for arcs 2 and 3, making use of the key qualities and working definition as a starting point for this review.

Diagram 1: The three arcs of professionalism



Conclusions and recommendations 5

5.1 Conclusions

5.1.1 Strengthening professionalism training

Optometry is a profession operating in many settings including hospitals, small independent practices, large multiples, domiciliary locations. Optometrists may, for example, be business owners, employees or self-employed locums. Professionalism provides a unifying theme across the diversity of work contexts in the profession. There is widespread consensus that the profession is going through major changes. Professionalism has begun to fall behind this rate of change. Hence the broad agreement that a renewed emphasis on professionalism training will be key to supporting the profession in the challenges it faces in the next few years.

There will need to be agreement among the key stakeholders to a shared approach to strengthening professionalism training. This will include professional bodies, the regulator, employers and the universities. The outcomes of the Professionalism in optometry project will provide a starting point for this shared approach. It is also important that the project outcomes are considered as part of the GOC review of standards.

The cornerstone to strengthening professionalism training begins with the university curricula. Universities can work together through the OSC to develop more consistent approaches to professionalism training. Making use of the project outcomes could provide a way to review existing training, share best practice in learning and assessment and plan for improvements.

The idea of the spiral curriculum, which is already in use in medical training, may provide a framework for implementing change (see 4.3.2).

Clarity about professionalism as a learning theme could help to review in more detail how professionalism training is built on through pre-registration, CET, CPD and higher qualifications. This may in turn highlight further gaps which may need addressing.

Professionalism in optometry can be reviewed across three arcs of development. The first focus of the current research has been on stage 1, which is the optometry degree. Professionalism training at university could benefit from a thematic approach, based on a spiral curriculum.

5.1.2 Qualities

There was broad agreement that professionalism in optometry was based on seven key qualities:

- communication
- ethics
- honesty
- being patient-centred
- integrity
- knowledge
- trustworthiness.

There was also discussion which emphasised the importance of exercising professional judgement as an overarching quality in relation to the other seven.

5.1.3 Definition

The working definition of professionalism in optometry is in the box below.

An optometrist who is honest and knowledgeable, acting ethically in the best interests of patients through:

- applying own knowledge and improving competence and critical judgement
- communicating effectively with patients, colleagues, other health professionals and the wider community
- actively following professional guidance.

Some key points about the definition are:

- Honesty and knowledge were consistently highly rated in feedback on the definitions.
- Effective communication is not just talking to patients and others, but listening to them as well: non-verbal communication is also important.
- Good communication is linked to developing quality relationships.
- A short version of the definition can also be used, taking the first sentence of the definition and excluding the bullet points – this will meet the needs of those respondents who were keen on brevity.
- The definition reflects patient concerns about including the community and the importance of developing knowledge and keeping up-to-date.
- Professional guidance includes the College of Optometrists' Guidance for professional practice and the GOC Code of Conduct for individual registrants.

5.1.4 The future of professionalism

Respondents emphasised that there were a number of opportunities and threats to the future of the profession (see 4.6.1). At the same time, they thought that strengthening professionalism training was vital to support the change process. There was a concern about lack of career progression. The need to take on more challenging roles would require developing new skills in areas such as supervision, management and business as well as access to higher qualifications. There was recognition that professionalism needed to be integral to this new learning. Some universities thought that four year degrees may be necessary in the future to ensure adequate coverage of professionalism issues and other new developments.

5.1.5 The research project impact

The Professionalism in optometry project has run for eight months and progressed through a number of stages. At each stage there has been a positive response, both from College members and others with an interest in professionalism. This process has encouraged discussion and helped to make more specific the parameters of professionalism, which at the outset appeared less clear to many. The outcome has been to encourage a wider debate about professionalism and its importance.

The College of Optometrists will continue to encourage such dialogue, using the research outcomes and the forums and events at its disposal.

5.2 Recommendations

5.2.1 Recommendation 1

Shared agreement

There will need to be agreement among the key stakeholders to a shared approach to strengthening professionalism training. This will include professional bodies, the regulator, employers and the universities. It is essential that this work is reflected in the revised GOC professionalism standards and aligns with the Quality Assurance Agency for Higher Education's benchmark statements for optometry degrees.

5.2.2 Recommendation 2

Universities

Universities should make use of the research outcomes to review how professionalism training could be strengthened within optometry degrees. The OSC could provide a focus for identifying good practice and improving consistency.

5.2.3 Recommendation 3

College of Optometrists

The College of Optometrists should continue to encourage discussion on professionalism through disseminating the research outcomes, making use of the forums and events at its disposal. The College should also continue to develop ethical scenarios, case studies and other learning resources which focus on professionalism and judgement, including pre-registration training. This work would also support the College's Guidance for professional practice.

5.2.4 Recommendation 4

Further research

The College should encourage further research into professionalism within pre-registration training using the current research outcomes as a starting point. More widely, there would also be benefits to exploring the integration of professionalism training with CET, CPD and higher degrees. This research would help to identify gaps and pinpoint ways to strengthen training.

Appendices

Appendix 1 Focus group key words for students and patients (see section 3.2.2)

Focus group	Key words	Other key words not agreed by everyone
Patients	Communication Accountability Knowledge, competence, skills update process Patient-centred Teamwork (all equally important)	Trustworthiness Consistency
Students: University A	Ethics/morals Integrity Honesty Reliability (all equally important)	Advocacy Communication Trustworthiness Standards Knowledge Planning (new quality)
Students: University B	Priority 1: Knowledge and efficiency (new quality) Priority 2: Reliability and communication Priority 3: Confidentiality	Empathy Consistency Respect Responsibility Teamwork Honesty
Students: College focus group, subgroup A	Priority 1: Patient-centred and ethics/morals Priority 2: Knowledge Priority 3: Responsibility and communication Priority 4: Confidentiality	Accountability Empathy Excellence Integrity Impartiality Standards
Students: College focus group, subgroup B	Communication Knowledge Standards Respect Responsibility Confidence (in order of priority)	Excellence Honesty Integrity Patient-centred Teamwork Trustworthiness
Students: College focus group, subgroup C	Standards Communication Ethics/morals Knowledge Accountability Respect (in order of priority)	Patient-centred Confidentiality Honesty Compassion Responsibility Trustworthiness

Appendix 2 Definition feedback from the focus groups (see section 3.3.2)

Focus group	Revised definitions	Comments
Patients	<p>Definition 3: An optometrist works to the highest professional standards, through:</p> <ul style="list-style-type: none"> • extending knowledge and competence, reflecting on practice and identifying improvements, and carrying them out • building and maintaining quality relationships with patients, carers, other professionals and services to achieve positive outcomes for patients • actively following professional guidance and contributing to the development of the profession. 	<p>Ignored definitions 1 and 2. Wanted 'services' to be added to bullet point two. Thought the reference to research was too specific.</p>
Students: University A	<p>Definition 1: An optometrist who is trustworthy, knowledgeable and acts ethically.</p> <p>Definition 3: The third bullet made specific reference to research, which not everyone may be involved in – this could be shortened to: "Actively following professional guidance and contributing to the development of the profession."</p>	<p>The purpose of the definition – is it to be used as a heading, in which case it needs to be short, or for a university prospectus, in which case something more elaborate is required, like definition 3?</p> <p>There was general agreement that definition 3 was also useful, but there may be too many words.</p>
Students: University B	<p>An optometrist who works to the best of their ability, through:</p> <ul style="list-style-type: none"> • exercising their knowledge and competence • communicating efficiently • actively following professional guidance. 	<p>All the students thought that the third definition was too long and wordy. "It goes off on one, more like a job specification." They were keen to include more of the key words they had identified in the first activity.</p>
Students: College focus group, subgroup 1	<p>An optometrist gives patient-centred care to the highest standards, through:</p> <ul style="list-style-type: none"> • extending knowledge and competence, reflecting on practice, identifying improvements and carrying them out • communicates effectively with patients, colleagues and other professionals to achieve positive outcomes for patients • actively following professional guidance. 	<p>Definition issues:</p> <ul style="list-style-type: none"> • Are there two issues in the third bullet point which need to be made into two separate bullets? • Useful to add teamwork and communication to the definition • Second bullet point, add active communications • Important to reference patient-centred care.

Focus group	Revised definitions	Comments
Students: College focus group, subgroup 2	<p>An optometrist works to the highest standards, through:</p> <ul style="list-style-type: none"> • extending knowledge and competence, reflecting on practice, identifying improvements and carrying them out • actively communicating with patients, colleagues and other professionals to achieve positive outcomes for patients in a respectful, responsible and confident manner • actively following professional guidance and contributing through research and other activities to the development of the profession. 	All three sub-groups started from definition 3.
Students: College focus group, subgroup 3	<p>An optometrist works to the highest standards, through:</p> <ul style="list-style-type: none"> • applying knowledge and competence, reflecting on practice, identifying and implementing improvements • building and maintaining respectful relationships with patients of other health care professionals via teamwork and good communication to achieve positive outcomes • actively following professional guidance and being held accountable • contributing to the profession through research and other activities. 	

Appendix 3 Learning professionalism (see section 3.4.1)

Focus group	Learning professionalism	Comments
Students: University A	<ul style="list-style-type: none"> Thought that the second year module on law, ethics and business management had been very useful. This was focused on case study dilemmas and also legal scenarios. One week placement in the first year. Talks in first week on professionalism. "It's about how you handle yourself outside of university as well." 	They were shocked that even a caution when you were under-18 could affect you.
Students: University B	<ul style="list-style-type: none"> Thought that the module on Professional skills had been very useful in the third year. Did not feel that too much was covered about professionalism in the first and second years. Do practical work in a local clinic, but professionalism issues not really brought out in the analysis of this – tends to look more at clinical practice. 	Students are encouraged to take up work at weekends and holidays in optometry practices.
Students: College focus group	<ul style="list-style-type: none"> Communication and clinical skills module in the second year very useful for looking at professionalism issues (University C). Filling in reflective logs after seeing patients – identify things that you could do better. Talks by patients: good for telling you want not to do: "Don't treat us as just a pair of eyes." We were given guidance about how to dress professionally. We started seeing patients in the second year – but University C started in the first year. Two out of our year got a chance to work with a voluntary organisation, Action for Blind People– found this very valuable. At another university they were working at RNIB and got input from UCAN, a theatre group with visually impaired performers. Work placements in the first and second years important (University A). Get key points about professionalism from AOP/GOC/university inputs at start of the first year. Had a swap with physiotherapists – tested their eyes and they gave feedback to us on how we did. I observed a patient being told by an ophthalmologist why their sight had not improved after a cataract operation, due to AMD. The session lasted 40 minutes and you could see how it helped the patient to understand what had happened. Very helpful to observe this good practice. Thought that in terms of assessment the course was 80% clinical and 20% professional. Useful that we have third years come in and observe our practice, giving us peer feedback. 	<p>Found it valuable to be engaged with voluntary and community organisations operating in the sector.</p> <p>Working with other student professionals offers opportunities for learning about professionalism through feedback.</p>

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