General Optical Council

Professional boundaries and service needs in eye health services: the impact on future education requirements for UK trained optical practitioners

Discussion Paper, September 2017

Introduction

1. This paper explores the changing roles of optical professionals in the UK to inform the review of optical education and training - the Education Strategic Review – currently being undertaken by the General Optical Council (GOC).

2. The GOC is the UK professional regulator of optometrists, dispensing opticians, and optical businesses. We currently register around 29,000 optometrists, dispensing opticians, student opticians and optical businesses and have four core functions:

- Setting standards for optical education and training, performance and conduct.
- Approving qualifications leading to registration.
- Maintaining a register of individuals who are qualified and fit to practise, train or carry on business as optometrists and dispensing opticians.
- Investigating and acting where registrants' fitness to practise, train or carry on business is impaired.

3. Optometrists examine eyes, test sight and prescribe spectacles or contact lenses for those who need them. They also fit spectacles or contact lenses, give advice on visual problems and detect any ocular disease or abnormality, referring the patient to a medical practitioner if necessary. Training generally comprises a three year academic programme followed by a pre-registration year in practice, although there are some exceptions to this. Dispensing opticians advise on, fit and supply spectacles after taking account of each patient's visual, lifestyle and vocational needs. They also play an important role in advising and dispensing low vision aids to those who are partially sighted, as well as advising on and dispensing to children (where appropriate). A fully qualified dispensing optician can undertake additional specialist training to fit and supply contact lenses. Training generally comprises a two year academic programme followed by a one year pre-registration year although there are some exceptions to this. A detailed explanation of all our routes to registration can be found at our website at www.optical.org .

4. The GOC has identified the need to prioritise activity to ensure that the system of optical education prepares students for future roles. In November 2016 we launched an Education Strategic Review (ESR) process, in the context of developments, recognised sector-wide, in the ongoing and rapid development of technology in optometry and an anticipated increasing demand in the future for eye care services due to a growing older population in the UK. This was informed by internal discussion and wider external debates across the sector, including the Foresight Report on the impact of technology on the optical sector[1], undertaken by 2020Health, for The Optical Confederation and The College of Optometrists, in March 2016.

5. The starting point for our Review is recognition that optometrists and dispensing opticians can play an important role in helping to meet the increased demand for eye care services created by an ageing population and in doing so, relieve the capacity pressure on hospital eye departments. Our future education standards and requirements must equip new optical professionals to be fit and safe to practise in the roles they will be expected, and needed, to fulfil. The Review also anticipates that GOC registrants, as healthcare professionals, are likely to be asked to play an increasing role in promoting healthy living among their patients in the future, such as carrying out health checks and providing advice.

6. This paper discusses the themes emerging from our recent Education Strategic Review Call for Evidence and the questions it raises for our development of future education and training standards and requirements for optometrists and dispensing opticians. It goes on to describe the GOC's role and legislative framework within which our education standards and

[1] The Foresight Report 2016 http://www.opticalconfederation.org.uk/activities/foresight

requirements are set. It then explores how the provision of eye care services is changing across the UK and identifies the bodies that have a role to play in shaping these changes.

Education Strategic Review - Call for Evidence

7. Between December 2016 and March 2017 we launched our Education Strategic Review with an open call for evidence. We sought to understand stakeholder perceptions and knowledge about the future shape of the UK's optical sector and the roles of the professionals working within it. The responses are now forming a basis for designing, primarily, future undergraduate education requirements for optometrists and dispensing opticians that are fit for purpose and maintain patient and public protection. However, we recognise that any changes to the undergraduate educational requirements for registration for UK trained practitioners may have an impact on postgraduate education and inform our future requirements for 'Continuing Education and Training' (CET), which is our approach to professional development and revalidation.

8. The call for evidence revealed some level of anticipation from many of our stakeholders that more eye health services would need to be delivered in the community - shifting the increasing demand for enhanced eye health services and provision of extended professional roles, particularly regarding Minor Eye Conditions services, Glaucoma and Age-related Macular Degeneration monitoring and management, and Low Vision Services, out of NHS hospital settings. This was accompanied, for some, by an expectation and certainly an aspiration, that optometrists - and in some cases dispensing opticians - would deliver these services with increasing frequency in high street opticians' practices and domiciliary settings.

9. Some believe that care could be delivered in a more multi-disciplinary way with responsibility for patient care being shared with other health professionals, such as ophthalmologists (who are specialist medical professionals regulated by the General Medical Council), with orthoptists (who are regulated by the Health and Care Professions Council), with ophthalmic nurses (who are regulated by the Nursing and Midwifery Council), and with those who are not subject to statutory professional regulation, such as Optical Assistants.

10. The independent Summary Report of the responses to our Call for Evidence, highlighted that "*The ageing population is expected to lead to a generally increased demand for eye care over a longer period…*"[2]. The Summary Report went on to describe a clear expectation that "*the diagnosis and non-surgical treatments of all less complex conditions will be possible in primary settings in the future, as well as rehabilitation and ongoing*

[2] GOC Education Strategic Review Summary of responses to a call for evidence – June 2017, Collaborate Research p8

management of low risk and stable conditions following discharge from HES (Hospital Eye Service)"[3]. We know that already, in some parts of the UK, NHS funded eye health service provision has begun to be reconfigured to optimise the contribution of community based optometrists, such as in Scotland and Wales, and in some local areas of England (see below). A further factor to consider is the likely emergence of new treatments for eye conditions and how these might affect the roles, and demand for the services, of optical professionals.

11. Some of the responses to our Call for Evidence went on to highlight that optometrists and dispensing opticians were expected to develop more 'enhanced clinical roles' compared to those currently practised. For optometrists this was anticipated to expand into identification of disease, minor eye care services and follow-up after hospital discharge. While for dispensing opticians more involvement in Low Vision services and eye-health advice with a delegated role in refraction, was envisaged by some[4]. This was implied as impacting on the education of future GOC registrants by requiring some optometrists to practise more towards the limits of their existing training and would also require 'new or enhanced skills' in terms of "*clinical practice and in leadership and management to support patient care*".

12. It is worth particularly drawing out the Call for Evidence response received from the Royal College of Ophthalmologists. The Royal College supports the GOC's Education Review "*in light of the changing nature of eye care delivery, to ensure that registrants can safely and effectively carry out the extended roles that many have already taken on*"[5]. They go on to imply that, from the vantage point of medical practitioners, there is potential for community-based optometry services to respond to increasing pressure on hospital based services:

"We agree that, where feasible and safe, eye care should be provided closer to home and in ways that are more convenient to patients. By moving more care into the community, this can alleviate dangerous levels of pressure on hospital services and ensure patients are seen within clinically safe timeframes. Patients who need complex or specialised care, or with co-morbidities, are likely to still receive their care from hospital services. However, patients with minor eye conditions, stable disease and postoperative cases are the best candidates for receiving their care in the community. With more optometrists and dispensing opticians taking on extended roles, and an overstretched healthcare system that could benefit from their greater involvement, we support the direction of change, but there are several barriers to overcome…"[6]

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[3] As 2, p9

[4] As 2, p9

[5] Royal College of Ophthalmologists response to GOC Call for Evidence 2017

[6] As 5

13. A similar direction of travel was noticeable within our Call for Evidence responses more generally, as demonstrated here:

The Association of British Dispensing Opticians (ABDO) said: "*In order to deliver a more holistic approach to eye care, more emphasis will need to be placed on eye care professionals working within a multi-disciplinary team…Minor Eye Conditions should be dealt with at a practice level as it is more convenient and efficient for patients…"*[7]

The Association of Optometrists (AOP) said: "*Optometry as a profession is well placed to take on an extended role that will include clinical tasks in therapeutics, disease management and some aspects of survey. There should be greater involvement by registrants in all the components of primary eye care, especially services for minor eye conditions, glaucoma and cataract. This is already starting to take place.*"[8]

The Federation of Ophthalmic and Dispensing Opticians (FODO) said: "*Much of the care that is currently delivered in hospital settings is ambulatory and day case and, over the next 20 years, it is likely that increasing amounts of this care will be safely delivered in community settings…this means that community optical practices, optometrists and dispensing opticians will need to play a much greater role in delivering a far wider range of eye care spanning what is currently the primary and secondary care divide. This shift is already underway in Scotland, Wales and belatedly in Northern Ireland*".[9]

14. In fact, similar developments have been discussed within the optical sector for some time. In 2014, a paper was published in 'Optometry in Practice' that discussed the '*developing role of optometrists as part of the NHS primary care team*'[10]. This reflected that " *Particularly in the last 10 years, optometrists across the UK have been increasing their skills and investing in new technologies, so enabling them to take on more advanced roles and responsibilities*"[11]. It went on to consider the contribution optometrists could play in a range of health and well-being interventions where some wider conditions and diseases could present identifiable symptoms or discernible risk factors during a sight test or other optometric procedure. This includes in diabetes screening and management where the paper implies that out of medical practice settings, such as community optometry practices, are an underused resource in this regard[12]. Indeed, in 2015/16, NHS England designated diabetes as one of its six clinical priorities in the NHS Five Year Forward View, which was reaffirmed in its 2016 Planning Guidance. Clinical Commissioning Groups in England (see below)

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[7] ABDO response to GOC Call for Evidence 2017
[8] AOP response to GOC Call for Evidence 2017

[9] FODO response to GOC Call for Evidence 2017
[10] 'The developing role of optometrists as part of the NHS primary care team' Optometry in Practice 2014 Volume 15 Issue 4 . Note: The lead author D. Parkins is a member of the GOC's Council and Education Committee and is now a Council Champion for the GOC's Education Strategic Review. Furthermore, co-authors J Pooley and R Ryan are now members of the GOC's Expert Advisory Group for the Education Strategic Review and Curran represents a key GOC stakeholder.
[11] As 10 p177
[12] As 10 p180

are now performance managed across these six clinical areas[13].

15. In 2016 the General Optical Council's Registrant Survey[14], based on a representative sample survey of the GOC's professional register, found that 87% of respondents thought their role would change significantly in the next five years; 47% of optometrists and 36% of dispensing opticians thought they would be more involved in delivering enhanced services in the future; and 75% of registrants in Wales – compared to 38% in England, said they were already involved in delivering enhanced services[15]. Registrants who saw themselves more likely to play a role in delivering enhanced services in the future were more likely to have been on the GOC's professional register for less than five years than those who had been on it for over 21 years and more likely to work for a chain than an independent business[16]. The main reasons registrants did not see themselves playing a role in enhanced services were that it wasn't cost effective, difficult to access the right training, their employer wasn't interested, or they believed the NHS was unlikely to commission those services in their area[17].

16. Also in October 2016, we published our GOC Stakeholder Perceptions Survey conducted by Populus. The findings similarly reflected an expectation of sectoral change which would impact on professional roles: "*Stakeholders were also concerned that as the scope of practice for optometrists continued to increase, it was essential that this was reflected in curriculums* (sic) *and assessments so that courses could continue to produce graduates that were adequately trained and fit to practise"*[18].

Regulating optical education standards

17. The range and amount of input to the recent Call for Evidence in this vein, and our wider evidence, raises some immediate questions for the GOC's Education Strategic Review about the positioning and scope of future education and training for optometrists and dispensing opticians.

18. We are now seeking to understand the roles that optometrists and dispensing opticians can fulfil within eye health care in the UK in the future. This is in the context of the continued evolution of the optical sector in the UK and the predicted increased demand for services. Whatever the developments, our education standards and requirements must continue to accommodate the content, and achieve the outcomes, that are required to adequately and safely underpin all aspects of optometric practice however it evolves.

[13] Clinical Priority Areas, NHS England - https://www.england.nhs.uk/commissioning/ccg-assess/clinical-priority-areas/
[14] GOC Registrant Survey 2016, Enventure Research
[15] As 14 p72
[16] As 14 p80
[17] As 14 p80
[18] GOC Stakeholder Perceptions Report 2016 Populus p40

19. In order to make progress with our Education Strategic Review, we would like to ascertain the level of alignment and consensus across the health systems within the UK about the role optometrists and dispensing opticians will be expected to play into the future. This includes the extent to which 'enhanced services' and 'extended roles' (see below) are becoming normalised across the optical sector UK-wide. In this light, we now have some important questions to discuss with the optical and wider health sector about the services that optometrists and dispensing opticians are providing now and may provide in the future. These are:

a. to what extent are enhanced services expected to be embedded in standard practice for optometrists and dispensing opticians, within each of the four countries of the UK, from 2020 onwards?

b. to what extent, if at all, will extended roles, or aspects of them, become integral to standard practice for optometrists (and where relevant dispensing opticians) from 2020 onwards?

c. what modifications to optometrist and dispensing optician education and training, leading to registration with the GOC, must be made to ensure all newly qualified registrants are equipped to practise safely and deliver the services needed in each of the four countries of the UK?

20. We intend to hold a round table meeting of optical and health sector leaders in autumn 2017 to discuss these questions. This is with the aim of realising an alignment of views about the contribution that optometrists and dispensing opticians can play within the health systems across the UK into the future. This will enable us to continue our Education Strategic Review with assurance that we are taking into account what the health systems across the UK will need from the eye health professionals that we regulate. Failure to do this could mean our review under estimates future needs and demands or that we over-anticipate what might be needed. We must avoid this by entering into a system-wide discussion at the outset of our review.

Professional roles and boundaries

21. The Opticians Act 1989 (the Act) gives the GOC powers to establish the standards and competencies for the UK education and training of optometrists and dispensing opticians, whilst fulfilling the general function of promoting high standards of professional education, conduct and performance amongst its registrants. This can arguably be both an enabler and a constraint upon the services these same professional groups are equipped to go on to deliver throughout their professional lives. The GOC has no legal power to engage in health service design, resourcing, delivery, funding or planning.

22. At present there is a number of sources from which the scope of practice of optometrists and dispensing opticians is determined and informed. By 'scope of practice' we mean the range of tasks, functions and interventions which optometrists and dispensing opticians have been educated and trained for, are legally entitled to undertake, by history and convention have come to carry out, and around which some eye health services have been designed and are delivered.

UK Legislative Framework

23. All optometrists and dispensing opticians must be registered with the GOC in order to practise in the UK. Under Part 4 Section 24(1) of the Act, the testing of sight is currently restricted in law and must not be undertaken by those who are not a registered or student medical practitioner or optometrist. The GOC has the power to make legal rules to exempt individuals training as an optometrist from this restriction, which we do through our 1993 rules on 'Testing of Sight by Persons Training as Optometrists'. A similar legal restriction applies to the fitting of contact lenses. Section 26 of the Act sets out the duties to be performed on sight testing for the purposes of "*detecting injury, disease or abnormality in the eye or elsewhere…*" (1989).

24. Other statutory rules made in 1989[19] set out the duties of an optometrist in testing sight, comprising an examination of the external surface of the eye and its immediate vicinity; an intra-ocular examination; and additional examinations as clinically necessary. In addition, rules made in 1999 set out that an optometrist or dispensing optician will refer a person "*suffering from an injury or disease of the eye*" to a medical practitioner[20].

25. Although this legislation sets the broad parameters of who is recognised as an optometrist and dispensing optician, and what they are qualified to do in law, we set out specific core competencies for the education and training of optometrists and dispensing opticians in our Education Handbooks[21]. These Handbooks can be modified and replaced much more easily than legislation can be amended[22]. Education providers must demonstrate they can fulfil the competencies and other requirements, as set out in the Handbooks, to obtain accreditation and deliver qualifications that led to registration with the GOC. In addition, the Quality Assurance Agency for Higher Education (QAA) sets out its own expectations for undergraduate and post graduate degrees in optometry, through its 'subject benchmarking' statements, as part of its own quality assurance framework for higher education.

[19] The Sight Testing (examination and Prescription) (No 2) Regulations 1989 http://www.legislation.gov.uk/uksi/1989/1230/made
[20] The Rules Relating to Injury or Disease of the Eye Order of Council 1999 http://www.legislation.gov.uk/uksi/1999/3267/contents/made
[21] And also for Contact Lens Opticians and Independent Prescribers.
[22] GOC Education Handbooks - https://www.optical.org/en/Education/Approving_courses/

Educational provider standards

26. The GOC's current 'Core Competencies' for optometrists, dispensing opticians, and specialist practitioners were published in 2011. These currently directly inform the content of education and training to enter the register as an optometrist or dispensing optician. They set out a mix of performance criteria and indicators across multiple role-related competency themes, such as communication, professional conduct, ocular examination, optical appliances etc, and significantly prescribe the content and nature of delivery of initial training and education for optical professionals. Only education programmes that conform to this are accredited by and recognised as qualifications leading to registration with the GOC.

27. In addition, the QAA has prepared a 'subject benchmarking statement'[23] for Bachelors and Masters Optometry degree programmes, which the GOC was involved in developing, together with others. This statement sets out the expectations that higher education providers are "*required to meet*"[24]. The Statement sets out four broad areas as defining the nature of optometry. These are:

- Visual system functions and their correction
- Ocular health assessment and management
- Professionalism and leadership
- Application and translation of experience (including evidence based clinical decision-making)

Furthermore, specific subject and generic knowledge, understanding and skills are set out, ranging from basic sciences, human biology, optics and instrumentation, disease and abnormality to communication, time-management and problem-solving skills[25].

Professional and clinical guidance

28. All student optometrists and dispensing opticians must be registered on the GOC's Student Register and maintain our 'Standards for Optical Students'[26]. Once qualified to practise, students may apply to join the GOC's professional register and, once registered as such, are expected to practise in accordance with 'Standards of Practice for Optometrists and Dispensing Opticians'[27]. Our student and professional standards are broadly the same in content, although the student standards recognise that students are in the process of developing their skills and knowledge. It is against these standards that any allegations made to the GOC of impaired fitness to practise are adjudicated.

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[23] QAA Subject Benchmarking for Optometry 2015 - http://www.qaa.ac.uk/publications/information-and-guidance/publication?PubID=2981#.WXtaBML6ucw

[24] As 20

[25] AS 20

[26] Standards for Optical Students - https://www.optical.org/en/Standards/standards-for-optical-students.cfm

[27] Standards of Practice for Optometrists and Dispensing Opticians - https://www.optical.org/en/Standards/Standards_for_optometrists_dispensing_opticians.cfm

There are currently 19 standards and they came into force in April 2016.

29. It is reasonable to expect that our education and training requirements should support and equip optometrists and dispensing opticians to practise in accordance with the GOC's professional standards[28].

30. All GOC registrants must also maintain their post-registration learning and development, in accordance with our CET scheme in order to maintain their registration. The scheme's requirements are currently 'pegged' to our education and training competencies for students rather than, for example, our professional standards.

31. Our Education Strategic Review Call for Evidence indicated a perception, held by some, that CET might impede the developmental horizons of practitioners beyond the level of pre-registration training because of the link to the education competencies for initial training. Were this to be borne out, it could have an impact on professional aspirations and motivations across the sector, and limit the breadth and depth of their ongoing professional development. We are also about to review our current requirements for CET, in parallel with the Education Strategic Review, which will consider these issues.

32. Certain areas of clinical practice are additionally subject to guidance produced by professional associations and other bodies, in order to standardise approaches to safe and high quality care based on current best practice in knowledge, techniques and data. In eye health care, the Royal College of Ophthalmologists has produced tailored guidance associated with the commissioning and practice of certain services which also refer to optometry practice. The College of Optometrists has published a series of condition-specific Clinical Management Guidelines. While in Scotland the Scottish Intercollegiate Guidelines Network (SIGN) has produced evidence based recommendations and best-practice guidance, including on primary-care assessment and referral of patients with suspected glaucoma and safe discharge[29]. In England, NICE has developed a range of eye conditions guidance, including relating to refractive errors, cataracts, glaucoma and Age-related Macular Degeneration.

33. In November 2016, the Royal College of Ophthalmologists together with the College of Optometrists and others developed the 'Ophthalmology Common Clinical Competency Framework'. The Framework out standards and guidance for the knowledge and skills required for, what are described as, non-medical eye healthcare professionals to deliver patient care. It applies in a hospital setting where there is an ophthalmologist overseeing the care of the

[28] The GOC also maintains a mandatory student register and has separate 'Standards for Optical Students' which are a modified version of the 'Standards of Practice'.
[29] SIGN Guidelines on Glaucoma referral and safe discharge - http://www.sign.ac.uk/sign-144-glaucoma-referral-and-safe-discharge.html

patient and recognises an increasing professional inter-face between ophthalmologists, optometrists, nurses and other eye health professionals. The Royal College describes this emergence as a "*new team of qualified optometrists, orthoptists, ophthalmic nurses and ophthalmic clinical scientists (that) have taken on expanded roles, which release ophthalmologists to make more complex clinical decisions and to deal with the more complex cases"*[30].

34. The Framework covers acute and emergency eye care, cataract assessment, glaucoma and medical retina. Education and training providers are encouraged to voluntarily take account of the Framework within their programmes in order to equip professionals to safely and competently deliver care in such a multi-disciplinary context.

35. The 'Clinical Council for Eye Health Commissioning' provides evidence-based clinical advice and guidance to those commissioning and delivering eye health services in England on issues where national leadership is needed. The Royal College of Ophthalmologists has published commissioning guides into glaucoma (published in 2016) and cataract surgery (published in 2015)[31]. Both guides take account of the contribution of optometrists and wider multi-disciplinary service provision and are NICE accredited. For Glaucoma patients, the guidelines indicate that optometrists may participate in repeat measures based on their existing initial training, and in enhanced case finding if they hold the College of Optometrists Professional Certificate in Glaucoma (or equivalent). Optometrists may participate in referral refinement with diagnosis of suspected Ocular Hypertension/Glaucoma in the community if they hold the College Professional Higher Certificate in Glaucoma, (or equivalent) and in a hospital setting if they hold the Royal College Professional Diploma in Glaucoma (or equivalent).

36. The recent development and nature of these clinical guidelines indicates the evolving nature of multi-disciplinary working in eye health services and the range of contributions optometrists in particular may increasingly be making.

Service delivery across the UK

37. In addition to initial education and training, some registrants may undertake post-registration training in certain specialist practice which the GOC regulates. This currently only applies to the 'contact lens' specialty for dispensing opticians, and 'independent prescribing', 'supplementary prescribing' and 'additional supply' for optometrists. There is also a range of other available post-graduate courses that enable the further development of

[30] Ophthalmology Common Clinical Competency Framework, 2016

[31] College of Optometry Guidance for Professional Practice - http://guidance.college-optometrists.org/home/

skills and knowledge in specific areas.

38. Additional qualifications and accreditation in some areas of practice, to reinforce existing competencies and also beyond those aspects of practice the GOC directly regulates, may be required by other bodies, such as employers and commissioners, in order to deliver certain services. In broad terms, these relate to 'enhanced services' that go beyond standard service provision relating to sight testing funded by the NHS, and 'extended roles', that are deemed to go beyond standard practice and may require new and additional knowledge and skill from that contained in our education competencies. However, the definition and composition of such services, and relationship between them, is currently believed to be somewhat loosely defined and subject to some variation across the UK.

39. This introduces a question for the GOC's Education Strategic Review, as to the extent to which the need for 'enhanced' and 'extended' services is increasing, or likely to increase. This is a need most reasonably driven by patient demand and associated with an increasingly discernible range of health determinants and demographic factors, and about which we heard much in our Call for Evidence.

40. Furthermore, a study into the effectiveness of 'UK optometric enhanced eye care services'[32] was published in the 'Ophthalmic and Physiological Optics' journal of the College of Optometrists in 2016. This drew upon published reviews and evaluations of some of the existing schemes (see below), although excluded Scotland due to the significantly different NHS contracting arrangements in place. The study explored the extent to which community optometrists providing enhanced services instead of medical practitioners could maintain care quality and outcomes; whether partnerships between community and hospital providers could improve accessibility and choice for patients; and if with further training and accreditation optometrists could provide a standardised high-quality service. It concluded that there was *"consistent evidence for the effectiveness of enhanced optical services in reducing unnecessary referrals for suspect glaucoma to secondary care*"[33]. It went on to recognise a limited evidence-base but nevertheless to identify some consistent evidence "*that UK optometrists are able to work as substitutes for physicians in defined areas of ophthalmic care to maintain or improve the quality of care and outcomes for patients*"[34].

41. Below is a summary of the variety of arrangements for the commissioning and delivery of NHS funded optometric services across the UK.

[32] 'Effectiveness of UK optometric enhanced eye care services: a realist review of the literature', Ophthalmic and Physiological Optics, Baker et al 2016

[33] As 29 p554

[34] As 29 p555

Scotland

42. In its 2017 report on the 'Community eye care services review', the Scottish Government said "*Optometry is in a prime position to play a key role in…supporting more patients within the community, and reducing the burden on hospitals*"[35]. This review reflected on the last decade since the introduction of new General Ophthalmic Services (GOS) regulations in Scotland, which led to a free sight test for all patients and the provision of NHS-funded supplementary examinations. This means optometrists in Scotland are generally contracted to deliver the publicly funded sight test work within the NHS and are subject to NHS requirements for its contractors. In addition, some regional Health Boards have developed 'enhanced optometrist-led services' based on local population need. This includes Low Vision Services, care for patients with learning disabilities, and Glaucoma care[36]. The RNIB states that 180,000 in Scotland are living with sight loss[37].

43. The NHS in Scotland has instituted a national programme of upskilling for all optometrists, funded by NHS Education for Scotland (NES), before they can deliver GOS services, which may be supplemented by other training based on the needs of Health Boards. NES has also funded a network of Teach and Treat Clinics to enable community optometrists to manage and treat patients under the close personal supervision of an ophthalmologist[38] The Scottish Government describes this as being necessary "*to more appropriately manage acute ocular conditions"*[39]. It is explicit in stating that *"…if an optometrist wishes to move to practice in Scotland, they need to attend training*"[40]. This could suggest an actual or perceived lack of sufficiency of our education competencies, in terms of the practice of optometry in Scotland, and/or the need for refresher training in some areas of practice.

44. For the purposes of the Education Strategic Review, we need to understand more about the reasons for any NHS-required additional training in order to practise optometry in Scotland where NHS-funded services are almost, if not entirely, universal. This is because we must ensure that our education requirements accommodate all forms of practice across the UK, however they are funded.

Wales

45. The Welsh Government identifies that around 100,000 people in Wales have sight loss, and this is expected to increase by 2020 by 22%. They also

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[35] Community Eyecare Services Review (Scotland), 2017, p4 - http://www.gov.scot/Publications/2017/04/7983
[36] As 32 p16-17
[37] https://www.rnib.org.uk/scotland
[38] NES Optometry - http://www.nes.scot.nhs.uk/education-and-training/by-discipline/optometry/teach-and-treat-clinics.aspx
[39] As 32 p16
[40] As 32 p19

believe over 50% of sight loss can be prevented "*through early identification and intervention*" and aim for more people to have 'regular sight tests' and 'more optometry practices providing the full range of extended eye care services in the community' by 2018 [41].

46. Some patients in Wales are entitled to a publicly funded 'free' sight test although, similar to in England, this is not a universal benefit. In addition, those with particular concerns about their vision may be entitled to a free eye examination by Eye Health Examination Wales (EHEW) service, part of Wales Eye Care Services. Any optometric practice that wishes to deliver this service must be registered, and its optometrists accredited by undertaking additional training and assessment with the Wales Optometric Postgraduate Centre (WOPEC). The Welsh Government, as set out in 'Together for Health: Eye Health Care', is committed to "*encouraging 100% uptake of optometrists accredited to provide EHEW by 2018*" [42].

47. Furthermore, optometrists and dispensing opticians may be contracted, also as part of the Wales Eye Care Service, to deliver the publicly funded Low Vision Service Wales (LVSW). Similar to EHEW, they must undergo additional training and be accredited by the School of Optometry and Vision Sciences, Cardiff University. The additional training and accreditation requirements for optometrists and dispensing opticians in Wales are currently focused on provision of enhanced or 'supplementary services', delivered in addition to the standard sight test and for patients meeting specific eligibility criteria.

Northern Ireland

48. The 'Developing Eyecare Partnerships' strategy from the Department of Health, Social Services and Public Safety in Northern Ireland (DHSSPSNI), published in 2012, sets out how "*eyecare services (in Northern Ireland) will need to change to be able to cope with increased pressure … to provide the population with a modern eye care service (drawing on) best practice, technological advances, enhanced practitioner roles and partnership working*"[43]. That includes the contributions of optometrists and dispensing opticians who provide publicly funded services under the General Ophthalmic Services Regulations (Northern Ireland) where applicable.

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[41] Together for Health: Eye Health Care, Wales Government 2013, pp. 1, 5 http://www.wales.nhs.uk/documents/Eye-Health-Care-Delivery-Plan-Wales-e.pdf

[42] As 38 p15

[43] Developing Eyecare Partnerships (Northern Ireland), 2012, p31 http://www.hscbusiness.hscni.net/pdf/DEVELOPING_EYECARE_PARTNERSHIPS_2012(1).pdf

England

49. NHS England directly commissions primary care eye services for all individuals in England who are exempt from charges for the standard sight test[44], under the NHS General Ophthalmic Services (GOS) contract. Additionally and separately, Clinical Commissioning Groups (CCGs), which have a statutory duty or delegated power to commission most primary and secondary care health services to meet local needs within a defined geographic area, may commission enhanced eye care services through the NHS Standard Contract. Due to the emphasis in England on local commissioning, there is no single model of enhanced service provision in England.

50. The Local Optical Committee Support Unit (LOCSU) has a coordination role between Local Optical Committees[45] and national professional bodies in England in support of effective optical services commissioning. LOCSU has published a 'map of optical variation' for England which shows the range of community eye services (i.e. enhanced or extended services) being commissioned under the Standard Contract by CCGs[46]. Although this does not show the number of individual practices or practitioners involved in delivering such services, it does reveal a significant level of geographic variation of NHS commissioned services in this field. The range of services being contracted for by CCGs include: Minor Eye Conditions Services, Low Vision, Stable Glaucoma Monitoring, Cataract Post-Op services, Learning Disabilities, and more. Some CCGs are shown on LOCSU's map as not commissioning any such services, while others are contracting for a range.

51. This means optometrists practising in the community in England may currently have different experiences and levels of exposure to enhanced services delivery, and consequentially the volume and range of conditions related to this service delivery. This could arguably have an impact over time on the ability of practitioners to maintain their skills in these areas day to day without the need for refresher training as part of their CET. Some Local Optical Committees indicate that certain CCGs require additional training by optometrists before any contract to provide enhanced eye services can be entered into.

52. Also, across England there are 44 'Sustainability and Transformation Partnerships currently being established. These are now bringing *"together GPs, hospitals, mental health services and social care to keep people healthier for longer and integrate services around the patients who need it most*"[47]. They operate within larger geographic footprints to support more integrated planning and delivery within and between primary and secondary

[44] Free NHS sight tests in England and optical vouchers
[45] LOC's represent the interests of local optometric practices, optometrists and dispensing opticians across England.
[46] http://www.locsu.co.uk/community-services-pathways/community-services-map
[47] Next Steps of the NHS Five Year Forward View, NHS England 2017 p32 - https://www.england.nhs.uk/wp-content/uploads/2017/03/NEXT-STEPS-ON-THE-NHS-FIVE-YEAR-FORWARD-VIEW.pdf

care. In due course, this may provide a new geographic context within which NHS funded eye health services may be planned and delivered within England.

53. In parallel, there is also an increasing emergence of new models of health care provision in the NHS in England – such as Accountable Care Organisations and Multi-specialty Community Providers. These aim to more closely design, align and integrate NHS service provision along care path way lines – which may traverse primary and secondary care - rather than within defined organisational boundaries. This may also give rise to new ways of configuring eye health services in the years to come.

Conclusion

54. The changing and growing demand for eye care, the pressure on hospital eye services, developments in the commissioning of primary eye care services, with divergence across the four nations of the UK, create an urgent need for the GOC to review the system of optical education and training. This is in order to ensure that our education standards and requirements continue to equip future professionals to meet service needs and patient demand as they evolve and, wherever they practise in the UK, continue to protect the public.

55. To provide a secure platform for our Education Strategic Review, it is necessary to establish, through dialogue with all relevant stakeholders, the extent to which enhanced services are becoming standard practice across the UK for optometrists and dispensing opticians; the extent to which extended roles, or aspects of them, are becoming integral to standard optometric practice; and what modifications to optometrist and dispensing optician education and training should be made to ensure all newly qualified registrants are equipped to practise safely across the UK in accordance with our professional standards.

This paper is for discussion purposes only and is not intended to be exhaustive. It is not a statement of GOC policy and does not imply any particular recommendations of the Education Strategic Review.

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