

## **General Optical Council (GOC) response: Health Education England Strategic Framework Call for Evidence 2021**

### **Demographics and disease**

**1. Within this drivers of change category, what do you believe are the key factors that will impact on workforce demand and supply over the next 15 years? Please feel free to group factors together as you consider appropriate.**

**Please provide a brief description of the factor(s):**

- Demographic changes with an increasing elderly population requiring access to specialised optical health care
- Requirement to support people with learning disabilities and other complex needs
- Workforce availability to meet demand with the requisite skills needed

**2. What do you believe will be the impact of this factor(s) on workforce demand (numbers, need for new roles, need for new skills and need for new ways of working) and workforce supply? How and when may it impact? Where possible please be precise with regards to workforce groups/professions, services/pathways and place (geographic area). Please also note where you believe the greatest deal of uncertainty exists.**

*Demographic changes with an increasing elderly population requiring access to specialised optical health care*

This has resulted in greater pressure on optical health care systems as certain age-related optical health conditions increase such as glaucoma, cataracts and age-related macular degeneration. The optical health needs of the elderly population and availability of optical health professionals to service those varies in different areas of the UK. In some areas demand for these services outstrips supply which inevitably creates uncertainty for patients with optical health conditions. There is a need to enhance the provision of optical health services within the community so elderly people are within close proximity to them, rather than having to arrange transportation to a hospital which may be some distance away. Delivering primary health care within the community has the added benefit of reducing demand on hospital services which have been under enormous pressure because of the Covid-19 pandemic.

The Foresight Report produced by the Optical Confederation and the College of Optometrists in 2016 noted that: "Population changes will have a profound impact on the demand for optical services and products. An ageing population brings with it multiple forms of eye disease and related health concerns, while rising obesity levels will lead to more diabetes-related eye problems. Increasing myopia levels in children also need to be addressed." (Foresight Project Report (2016) The Optical Confederation/College of Optometrists, p14)

#### *Requirement to support people with learning disabilities and other complex needs*

As the complexity of optical health needs increases, the provision of services that address the needs of people with learning disabilities and other complex needs throughout the UK could be enhanced by upskilling optical professionals to provide appropriate care in community settings. Qualitative research conducted for the GOC (in the form of focus groups and in-depth interviews) indicated that "the profession needed to be prepared to deal with a much wider and more varied range of patients and services, particularly more complex needs which are more common amongst older patients and those who typically would have visited secondary care for diagnosis and treatment." ("Risk in the Optical Professions" (July 2019), Enventure Research commission by the GOC, p105.)

#### *Workforce availability to meet demand with the requisite skills needed*

The increase of age-related optical health conditions together with variable distribution of optical health professionals across the UK has enhanced pressure on the health system to provide adequate levels of care to meet community needs without unnecessarily burdening hospitals following the Covid-19 pandemic. Added to this is the effect of new arrangements for optical professionals from the EU wishing to register with the GOC. Following the UK's departure from the EU, reciprocal arrangements that recognise EU citizens' professional qualifications have ended and EU optical professionals must follow the same procedures as overseas optical professionals who wish to register with the GOC. The effect of the change has been to slow down the availability of optical health professionals to service community health needs in the UK.

### **Public, People who need care and support, Patient and Carer Expectations**

**3. Within this drivers of change category, what do you believe are the key factors that will impact on workforce demand and supply over the next 15 years? Please feel free to group factors together as you consider appropriate.**

**Please provide a brief description of the factor(s):**

- The separation between the current UK optical professions may in future be less distinguished with the extension of optical roles relieving pressure on workforce demand
- Attracting good quality staff within a professional landscape that matches their aspirations and delivers optical health care in a collaborative, technically advanced and well-funded system
- Optical health care is increasingly being delivered in community settings and in future the emphasis on patient self-care will be increasingly important
- The relationship between digital literacy and the management of personal data by individuals and organisations

**4. What do you believe will be the impact of this factor(s) on workforce demand (numbers, need for new roles, need for new skills and need for new ways of working) and workforce supply? How and when may it impact? Where possible please be precise with regards to workforce groups/professions, services/pathways and place (geographic area). Please also note where you believe the greatest deal of uncertainty exists.**

*The separation between the current UK optical professions may in future be less distinguished with the extension of optical roles relieving pressure on workforce demand*

The increasing number of interdisciplinary arrangements and range of optical conditions managed within existing roles will over time relieve pressure on workforce demand and reduce the need for patient referrals. This eventually will reflect on what new entrants to the profession will be expected to do. There is already demand for optometry students to graduate with an additional independent prescribing qualification and the GOC in its recent Education Strategic Review has enabled a pathway for this ending the two-year in practice requirement for registered optometrists. Optometrists graduating with this additional qualification will be able to deliver enhanced services for their patients related to independent prescribing in community settings reducing the need for patient referrals and bringing a greater focus on clinical decision making for patients with minor eye conditions. An appreciation of slightly different approaches to interdisciplinary working environments within each of the four UK nations is also of interest here.

Also of note is the scope for interdisciplinary arrangements across regulatory spheres. Examples in the optical sector include the role of non-regulated staff supporting GOC regulated optical roles and GOC regulated optometrists and independent prescribing optometrists supporting the work of ophthalmologists.

*Attracting good quality staff within a professional landscape that matches their aspirations and delivers optical health care in a collaborative, technically advanced and well-funded system*

Attracting good quality students into the optical professions is vital if community health needs are adequately served. To attract a high skilled and talented workforce, the rewards for entering optical professions need to reflect

the nature of the responsibilities exercised. Opportunities to collaborate in multi-disciplined and technically advanced environments, exercise professional judgement and achieve career progression are required to retain employees. Sustainable funding models are of course a pre-requisite to achieving this.

*Optical health care is increasingly being delivered in community settings and in future the emphasis on patient self-care will be increasingly important*

In the future optical health care will increasingly be delivered in community settings and patients will be increasingly encouraged to support their own care where they have conditions which need to be managed on a day-by-day basis over a long period of time. It is not just about relieving pressure on wider health care services by reducing referrals but there is also a clear rationale for bringing optical health services as close to the patient as possible and meeting ever increasing public expectations. A recent report from the General Optical Council highlights the risk associated with this which may be mitigated if the profession is ready to take on “extended roles and responsibilities through updated and improved standards, education, training and development.” (“Risk in the Optical Professions” (July 2019), Enventure Research commission by the GOC, p104.)

*The relationship between digital literacy and the management of personal data by individuals and organisations*

The availability of digital technology in health care environments and in the home has transformed how confidential patient data is processed. With an increasing elderly population with complex health needs, it is important that digitalisation does not exclude vulnerable groups of people receiving care they need and that the collection of personal information is tailored to meet the needs of individual patients and requested from them in a proportionate way. It requires a multi-skilled workforce, adept at using digital systems and communicating in face-to-face situations with patients.

## **Socio-economic and Environmental Factors**

**5. Within this drivers of change category, what do you believe are the key factors that will impact on workforce demand and supply over the next 15 years? Please feel free to group factors together as you consider appropriate.**

**Please provide a brief description of the factor(s):**

- Sustainability of optical health funding and pressure on the NHS across the UK
- Increased burden of cost to students self-funding optical qualifications raising the barrier of entry to optical professions potentially affecting workforce supply
- Inequalities related to the supply of practical training placements for students

- The potential of the NHS to come to an agreement on how training in optical healthcare disciplines is organised and funded
- Addressing health inequalities in the provision of optical health and positive effects on greenhouse emissions

**6. What do you believe will be the impact of this factor(s) on workforce demand (numbers, need for new roles, need for new skills and need for new ways of working) and workforce supply? How and when may it impact? Where possible please be precise with regards to workforce groups/professions, services/pathways and place (geographic area). Please also note where you believe the greatest deal of uncertainty exists.**

*Sustainability of optical health funding and pressure on the NHS across the UK*

The GOC have feedback from stakeholders in the optical sector (particularly in England) that the General Ophthalmic Services (GOS) contract which provides a fee for an NHS sight test carried out by a contractor does not always cover the cost of carrying out a sight test and eye health check required by our legislation, thereby having implications for how these are cross-funded by commercial aspects of optical practice such as sale of spectacles and contact lenses and the potential implications this may have for care delivery in the future. Funding between different nations also causes a disparity of care, for example, for patients in Scotland the NHS sight test is free and optometrists deliver a more enhanced service to patients. If funding is not adequately addressed this will lead to more providers in the future opting to deliver private care services rather than NHS services reducing the accessibility of care for NHS patients. It may also see a split in the provision of eyecare services, with some businesses opting to focus on the commercial selling of glasses for profit and others developing the more in the clinical skills to support eye health, again with the potential to cause disparity in care.

*Increased burden of cost to students self-funding optical qualifications raising the barrier of entry to optical professions*

Where optical programmes are lengthened to introduce specialist skills to meet community optical health needs, the burden of cost on the student may increase. For example, a three-year degree course in optometry which is lengthened to four years to include enhanced practical experience with an additional independent prescribing qualification will require an extra year of self-funding by the student. Whilst it is uncertain what effect this may have on the supply of new optical professionals; it is possible that rising costs may act as a disincentive in the take-up of extended optical degree programmes. Moreover, where an education and training provider chooses to upgrade all optometry programmes from a three to four-year course, this could lead to some temporary workforce supply issues perhaps within close proximity of the course provider or within the optical speciality for which the programme leans towards, if there are no new optical professionals to fill the notional gap.

### *Inequalities related to the supply of practical training placements for students*

Students from disadvantaged backgrounds may not be able to afford additional travel and accommodation costs for placements outside their area of study resulting in a disincentive for course take-up amongst students from disadvantaged backgrounds or the accumulation of personal debt to fund these additional costs and the associated personal issues that arise from this. Placements which are some distance away may also disadvantage students with family or caring responsibilities.

### *The potential of the NHS to come to an agreement on how training in optical healthcare disciplines is organised and funded*

A 2020 independent financial impact assessment prepared by Hugh Jones Consulting in respect of the GOC's Education Strategic Review proposals suggested that there would be huge benefits in the sector engaging with the NHS to come to a better agreement about how training in optical healthcare disciplines is organised and funded. Jones notes "This is not a short process, and requires the engagement of all sector bodies – regulator, professional bodies, training and education providers, community and hospital practices, and individual practitioners. In the shorter term, there would be considerable benefits in discussing with the national health funders, and especially Health Education England, how funding for ophthalmic education could be developed to support improvements in education, standard and patient safety". (Jones, H. (2020) Financial Impact Assessment for the GOC's Education Strategic Review proposals, p27.)

### *Addressing health inequalities in the provision of optical health and positive effects on greenhouse emissions*

As optical health care is brought closer to patients in the community and the need for referrals into secondary care is reduced, the additional cost to patients of receiving care will decrease if for example they can walk into the high street, take a shorter journey than was previously necessary, or manage their own conditions at home. This will have positive effects on greenhouse emissions as the optical workforce focuses on bringing care closer to the patient.

## **Staff and Student/Trainee Expectations**

**7. Within this drivers of change category, what do you believe are the key factors that will impact on workforce demand and supply over the next 15 years? Please feel free to group factors together as you consider appropriate.**

**Please provide a brief description of the factor(s):**

- Expectations about the availability of high-quality practical placements to students

- The equality, diversity and inclusion implications linked to the education and training of optical students
- Increasing expectations of multi-disciplinary teams working to manage optical health conditions
- Ensuring optical services are provided as far as possible in the community alleviating pressure on the health system during the pandemic

**8. What do you believe will be the impact of this factor(s) on workforce demand (numbers, need for new roles, need for new skills and need for new ways of working) and workforce supply? How and when may it impact? Where possible please be precise with regards to workforce groups/professions, services/pathways and place (geographic area). Please also note where you believe the greatest deal of uncertainty exists.**

*Expectations about the availability of high-quality practical placements to students*

The breadth of practical experience gained by students is a critical element of integrated optical education and training. The expectation of high-quality placements by students, employers, patients and the public may assume exposure to a range of care settings including hospitals and community-based practices, a proficiency in the use and adaptation to new technologies in optical health care and an understanding and demonstrable appreciation of patients' diverse needs. Students may also have expectations as to the range of placement choice available to them and how close the placements will be to where they live. Qualitative research conducted for the GOC (in the form of focus groups and in-depth interviews) indicated that "it was the vocational and practical learning which students found most valuable and which most helped prepare them for real-life practice, and that therefore more of this should be included within education, alongside increased patient contact time and wider interaction with other professionals and multidisciplinary team learning". ("Risk in the Optical Professions" (July 2019), Enventure Research commission by the GOC, p106.)

In Hugh Jones Consulting's financial impact assessment on the GOC's Education Strategic Review, Jones discusses the employer incentive for high-quality student placements, "Many practices use the pre-reg student placements as a recruitment tool for post-graduation. It is therefore within their interest to host good quality placements to attract good graduates to form part of their fully-qualified workforce." (Jones, H. (2020) Financial Impact Assessment for the GOC's Education Strategic Review proposals, p19)

*The equality, diversity and inclusion implications linked to the education and training of optical students*

Education and training providers need to ensure that implications for equality, diversity and inclusion linked to placement allocations are managed. For those facing financial difficulties, Hugh Jones Consulting's financial impact assessment on the GOC's Education Strategic Review suggests that it is

likely that universities “would wish to provide grants/hardship funds in cases of genuine financial difficulty, or make arrangements for those with specific needs (for example childcare). There are, however, too many uncertainties to enable realistic modelling of this position.” (Jones, H. (2020) Financial Impact Assessment for the GOC’s Education Strategic Review proposals, p19)

*Increasing expectations of multi-disciplinary teams working to manage optical health conditions*

Opportunities to collaborate with mixed teams comprising of different optical health roles may lead to new pathways to treat optical conditions, innovation, and reduced referral rates. Expectations about the team’s capability will inevitably increase as care is provided for more specialist optical conditions and at the same time students and professionals working in multi-disciplinary teams may appreciate and respect more the variety of distinct roles that are contained within the optical health care team.

*Ensuring optical services are provided as far as possible in the community alleviating pressure on the health system during the pandemic*

As previously mentioned, community optical services have played a role reducing demand on hospital services which have been under enormous pressure because of the Covid-19 pandemic. The optical sector continues to develop health care services within the community and to encourage the self-management of long-term optical conditions which will help the wider health workforce to recover by reducing referral rates.

## **Science, Digital, Data and Technology (Including Genomics)**

**9. Within this drivers of change category, what do you believe are the key factors that will impact on workforce demand and supply over the next 15 years? Please feel free to group factors together as you consider appropriate.**

**Please provide a brief description of the factor(s):**

- The use of artificial intelligence and digital technology to enhance education and training placements
- The management and security of data in optical health care

**10. What do you believe will be the impact of this factor(s) on workforce demand (numbers, need for new roles, need for new skills and need for new ways of working) and workforce supply? How and when may it impact? Where possible please be precise with regards to workforce groups/professions, services/pathways and place (geographic area). Please also note where you believe the greatest deal of uncertainty exists.**

### *The use of artificial intelligence and digital technology to enhance education and training placements*

Artificial intelligence may be used in developing simulation techniques for use on training placements to assist optical students dealing with real life situations. This may be particularly useful where a real-life case is not available, and the simulation will enable the student to recognise and diagnose optical conditions and to acquire the necessary experience and learning. Digital technology is being incorporated within learning resources more generally with the effect of enhancing the engagement of students and to encourage the responsiveness and adaptation to new technology. As digital technologies are used more and more in practice, education providers will need to prepare students for different methods of working in clinic, particularly triaging of patients or and remote delivery of consultations and care.

Qualitative research conducted for the GOC (in the form of focus groups and in-depth interviews) suggested that the increased use of artificial intelligence and digital technologies was not risk-free as the potential removal of an optical practitioner from the process could put patients at increased risk “as this would remove the ability to conduct a thorough eye health check, meaning that issues could go undetected and important advice could not be provided”. (“Risk in the Optical Professions” (July 2019), Enventure Research commission by the GOC, p111.)

### *The management and security of data in optical health care*

Confidence relating to the security and confidentiality of personal information is an important aspect of determining the extent to which patients wish to interact with digital systems, along with digital literacy, rather than speak to an individual over the telephone or in person. The 2016 Foresight Report noted that “The public need to be confident in the security of their information, which requires robust clinical governance and a clear understanding among professionals and technicians as to who the data belongs to”. (Foresight Report (2016), The Optical Confederation/College of Optometrists, p96)

## **Service Models and Pandemic Recovery**

**11. Within this drivers of change category, what do you believe are the key factors that will impact on workforce demand and supply over the next 15 years? Please feel free to group factors together as you consider appropriate.**

**Please provide a brief description of the factor(s):**

- The effect of the Covid-19 pandemic has been to deliver optical health care in more flexible ways, and this is likely to continue well into the future
- The use of digital applications to manage personal health care
- Optical health service models will continue to evolve to respond to people who need care and support

**12. What do you believe will be the impact of this factor(s) on workforce demand (numbers, need for new roles, need for new skills and need for new ways of working) and workforce supply? How and when may it impact? Where possible please be precise with regards to workforce groups/professions, services/pathways and place (geographic area). Please also note where you believe the greatest deal of uncertainty exists.**

*The effect of the Covid-19 pandemic has been to deliver optical health care in more flexible ways, and this is likely to continue well into the future*

The 2016 Foresight Report noted that to meet patient need, optical care and treatment should be provided “in the right place, at the right time and in the right manner.” (Foresight Report (2016), The Optical Confederation/College of Optometrists, p29) Although optical health care is increasingly delivered in community settings, the covid-19 pandemic demanded more urgent and flexible ways of working. Writing in an article for the Journal of the College of Optometrists, P.M. Allen et al. noted that “the COVID-19 pandemic has led to a substantial increase in optometrists embracing remote consultations; the majority appear to be comfortable with the concept. Further reassurance and guidance may be required to navigate the medico-legal implications that are associated with remote consultations. Other adaptations have included changes in face-to-face consultations and increased use of infection control methods.” (Allen P.M. et al (February 2021) ‘The effect of the Covid-19 pandemic on working practices of UK primary care optometrists’, Journal of the College of Optometrists) As the effects of Covid-19 continue to evolve, adaptations to meeting patient need, optical care and treatment are likely to continue.

A report by the Professional Standards Authority in 2021 discusses the actions of UK health regulators and constructive achievements resulting from the Covid-19 pandemic which include improvements to the way regulators work with each other to agree priorities, share information, and arrive at joint positions and shared guidance. This, the report notes have led to an improvement in mutual understanding between regulators and their stakeholders. (Professional Standards Authority (April 2021) ‘Learning from Covid-19: A case-study review of the initial crisis response of the 10 UK health and social care professional regulators in 2020’, p7)

The effects arising from the Covid-19 pandemic have resulted in some redundancies for trainees on pre-registration years. Universities have reported difficulties in securing practical placements for their students, due to the impact of Covid-19 on practices. (Jones, H. (2020) Financial Impact Assessment for the GOC’s Education Strategic Review proposals, p25)

*The use of digital applications to manage personal health care*

The Covid-19 pandemic has greatly enhanced the role of digital applications to manage and monitor personal health information. The NHS already has a general personalised digital health application in England and so it seems

likely that the trend to self-manage personal health information through the use of a laptop or mobile phone will increase and widen in scope and the importance of digital is and will continue to be reflected in the general health workforce in the UK. In 2021, NHS England and NHS Digital has embarked on a project with the eyecare sector which looks to embed digital change in the future, including remote care provision, use of apps by patients to monitor care and use of digital means to share high quality diagnostic reports and imaging. In Scotland the use of a digital platform to share healthcare information is being trialled with optometrists and Wales is looking to introduce something similar.

*Optical health service models will continue to evolve to respond to people who need care and support*

The 2016 Foresight Report noted that “Various models of community eye care pathways have evolved. In Scotland, Wales, and – to a much smaller extent – Northern Ireland (NI) there are for the most part centrally-commissioned community eye care pathways. In Scotland and Wales it is standard to find community practices delivering enhanced eye care services and Minor Eye Conditions (MECs).” (Foresight Report (2016), The Optical Confederation/College of Optometrists, p32)

## **Demand and supply gaps over the next 15 years**

**13. Please provide details of where you feel the greatest workforce demand and supply gaps will be over the next 15 years. Where possible please be precise with regards to workforce groups/professions, services/pathways and place (geographic area), as well as timescales.**

With an increasing elderly population, demand on mobile and community optical health services will increase, as will demand on specialist hospital services managing more complex health needs. The optical workforce will need to meet this demand, increasingly in primary care community settings to alleviate pressure on the NHS, and issues such as adequate financial resourcing are critical. The optical sector needs to keep up with the pace of technological change to detect ocular disease and enable patients to manage their own care using digital technology. Although the gap between those who have access to this technology and those that don't may reduce over time, optical health care must remain accessible to all patients. On the role of independent prescribing optometrists, the 2016 Foresight Report noted, “With options in new diagnostic technologies, growing demand for low vision services and opportunities in the delivery of NHS eye care pathways, independents are well placed to cultivate a patient relationship not unlike that of a GP and patient.” (Foresight Report (2016), The Optical Confederation/College of Optometrists, p120)

The relaxation of lockdown restrictions has placed pressure on optical services as patients seek treatment for their optical conditions. As the Covid-19 pandemic continues patient demand for optical services may continue to be higher than normal for some time.

## **Ambitions for the health and social care system**

**14. In 15 years' time, what one key thing do you hope to be able to say the social care and health system has achieved for people who need care and support, patients and the population served?**

That the social care and health system has the capacity to deliver excellent health care services that meet the needs of people at a time and place that suits their needs.

**15. In 15 years' time, what one key thing do you hope to be able to say the health and social care system has achieved for its workforce, including students and trainees?**

That the health and social care workforce offer excellent, rewarding and stimulating careers that inspire long-term commitment to the service of meeting patient health care needs.