

Registrant Survey 2016

Volume One: The future of the optical professions

The General Optical Council

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Executive Summary

Introduction

Enventure Research, an independent research agency, was commissioned by the General Optical Council (GOC) to undertake a registrant survey as part of its commitment to gain an up-to-date understanding of the views of its registrants in order to continue to support them in protecting patients and the public.

The survey which was carried out in the summer of 2016 focused on registrants' perceptions of the GOC - in terms of the services that they deliver and the role that they play in regulating the optical professions - as well as the experience of registrants in the workplace, looking at the challenges that they face and their views on the future of the optical professions.

In total, **4,139 survey responses** were received from 25,929 registrants who were invited to take part, representing a 16% response rate. The returned data was weighted to be representative of the GOC registrant population.

Following the survey, five focus groups and 23 in depth interviews were conducted as part of the qualitative research in order to explore some topics and issues in greater depth. The qualitative research was stratified across the UK to ensure representation, including both urban and rural locations. In total 57 participants took part in the qualitative research.

This report (Volume One) covers the future of the optical profession and enhanced services, looking at questions related to these topics asked in the survey and the related feedback from the focus groups and in depth interviews. The other two volumes cover challenges in the workplace (Volume Two) and the GOC's role and regulatory performance (Volume Three). These three volumes also make up a full report which is also available.

The future of the optical professions

The GOC wanted to explore registrants' views on the future of the profession and how they see their role evolving over the next five years.

Overall six in ten (61%) respondents were optimistic about the future of the profession. Survey respondents from Scotland (75%), Northern Ireland (67%) and Wales (66%) were more optimistic about the future than those from England (60%), as were those who worked for a chain (65%) compared to an independent business (53%).

Almost nine in ten respondents (87%) thought their role would change significantly in the next five years. A larger proportion of optometrists thought their role would change (89%) compared to dispensing opticians (83%). Larger proportions of respondents from Northern Ireland (93%), Wales (91%) and Scotland (89%) thought their role would change compared to England (87%).

When asked why their role would change in the next five years, seven in ten respondents (69%) thought it would be due to technological changes in the industry and six in ten (62%)

felt it would change due to a higher expectation from the government and regulators. Over half also felt that an ageing population (55%) and changes in consumer behaviour (54%) would lead to changes in their role.

I'm quite pessimistic. The growth of technology is worrying. (Dispensing Optician from High Wycombe)

Registrants' views on providing NHS "enhanced services"

The survey found that the majority of respondents (90%) were aware of NHS plans for more enhanced optical services to be delivered in the community rather than in hospitals and 40% said they were currently involved in providing these services. A particularly large proportion of respondents from Wales (75%) said they were involved. By contrast, only 38% of respondents from England, 42% from Scotland, and 42% from Northern Ireland said they were involved.

The majority of survey respondents (87%) said they were supportive of the plans for enhanced optical services to be provided in the community. Respondents from England showed lower levels of support (86%) than respondents from Scotland (93%), Wales (94%) and Northern Ireland (93%).

Focus group and interview participants were also supportive of these plans, particularly optometrists who thought that this could lead to more interesting and varied work. However, participants did have a few concerns and reservations. For example, there was a consensus that there is fragmentation across the United Kingdom with different regions doing different things and that communication between optical professionals and hospitals could sometimes be difficult.

It's all a bit mismatched. There are some people doing one thing and some people doing something else. It's a bit of a mess I think, clinically it's a mess. We over here do different stuff to England, Scotland do something different and Wales do something different. (Optometrist from Lisburn, Northern Ireland)

Of those who said that they did not currently play a role in the provision of enhanced services, 61% of survey respondents said they thought they would in future. Of those who said that they did not, one in six (17%) said it was not cost effective to gain the necessary qualifications, 14% said it was difficult to access the right training and 12% said it was because their employer was not interested in providing these services.

Survey respondents practising as optometrists were asked whether they had considered gaining additional qualifications to prescribe medicines or assist in the management of patients' eye conditions – 64% said they had.

When this was discussed with focus group and interview participants, those who had gained extra qualifications to provide these services mostly said that they had done so because their employer was involved in the delivery of enhanced services or they wanted to be prepared for the future.

I have done a glaucoma referral refinement accreditation here for one of the glaucoma referral schemes and I am also about to start the independent prescribing one. That is to protect myself, to give myself as many skills as possible, to enhance my role in the future. (Optometrist from Coleraine)

Survey respondents who had not considered gaining additional qualifications were asked why this was. The most common response was because they did not have the time to study (37%), followed by a lack of opportunity to use it in practice (34%). A third (33%) said it was not part of their long-term career plan and 17% said it was because they could not afford the training. This was confirmed by focus group and interview participants, who said they had not gained additional qualifications mostly because of the expense of gaining these qualifications and the time involved to study for them.

1. Introduction: About This Research

The GOC commissioned Enventure Research to carry out the registrant survey in 2016. The research had two objectives. Firstly, to gain a better understanding of registrants' views and experiences of the GOC. This will help the GOC to assess its performance so that it can make improvements to how they operate and their customer service. Secondly, to understand the day to day experiences and challenges faced by GOC registrants working in clinical practice. This will enable the GOC to better engage with the profession and to gain more information about their needs for education and training and any pressures they may be under which may prevent them from meeting the standards set by the GOC.

This volume comprises the following topics covered in the survey, focus groups and in depth interviews:

- The future of the optical professions
- Registrant's views on providing NHS "enhanced services"

Volume Two covers challenges in the workplace and Volume Three covers the GOC's role and regulatory performance.

For information about the methodology, interpretation of the findings and the profile of survey respondents and qualitative research participants please refer to the full report.

2. The future of the optical professions

The GOC wanted to find out how optimistic registrants are about the future of the profession and how they see their roles evolving over the next five years. They also wanted to find out more about whether registrants are involved, or would like to be involved, in delivering enhanced services and any barriers against delivering these.

Key findings

- Six in ten (62%) survey respondents said they were optimistic about the future of their profession
- Survey respondents from Scotland were more optimistic (75%) than those from England (60%), as were those who worked for a chain of opticians (65%) compared to those working for an independent business (53%)
- Almost nine in ten (87%) survey respondents thought that their role would change significantly in the next five years
- Optometrists were more likely to say that they thought that their role would change significantly (89%) compared to dispensing opticians (83%), as were respondents from Northern Ireland (93%) compared to England (87%)
- Almost seven in ten respondents (69%) felt that technological changes would be a reason for a change in their role
- Six in ten (62%) felt that a higher expectation from the government and regulators would be the reason for the change in their role
- Over half felt that an ageing population (55%) and changes in consumer behaviour (54%) would be the reasons for changes in their role
- Optometrists were more likely to be involved in delivering enhanced NHS services (47%) than dispensing opticians (36%)
- Three-quarters of survey respondents from Wales (75%) said they were involved in the delivery of enhanced services, by contrast only 38% of respondents from England said they were
- Almost nine in ten (87%) survey respondents said they were supportive of the NHS plans for more enhanced services to be delivered in the community
- Respondents from England showed the lowest level of support, with 86% saying they were supportive compared to 93% from Scotland, 94% from Wales and 93% from Northern Ireland
- Amongst focus group and interview participants there was enthusiasm for these plans, particularly amongst optometrists who thought that they would lead to more challenging and varied work
- A fifth of respondents (19%) who said they did not see themselves playing a role in the provision of enhanced services in the future said it was not cost effective to gain these qualifications (17%), it was difficult to access the right training (14%) and because their employer was not interested (12%)
- Optometrists were asked if they had considered gaining additional qualifications to prescribe medicines or assist in the management of patients' eye conditions. Six in ten (64%) said that they had

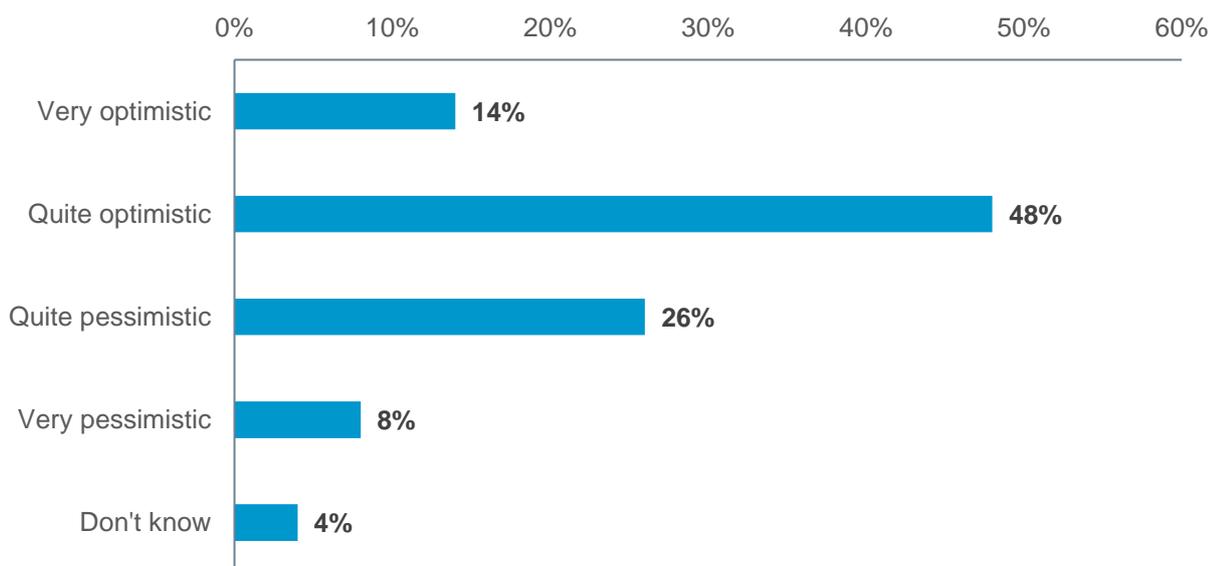
Key findings (continued)

- Of those survey respondents who said they had not considered additional qualifications, 37% said that it was because they did not have the time to study, 34% had no opportunity to use it in practice, 33% said it was not part of their long-term career plan and 17% said it was because they could not afford the training

2.1 Optimism about the future of the profession

All respondents were asked how optimistic they were about the future of their profession. Six in ten (62%) respondents said they were optimistic, either ‘very’ (14%) or ‘quite’ optimistic (48%). However, a third (34%) of respondents said that they were ‘quite’ (26%) or ‘very’ (8%) pessimistic about the future of their profession.

**Figure 1 – How optimistic would you say you are about the future of your profession?
Base: All respondents (4,139)**



Subgroups more likely to say that they were **optimistic about the future of their profession** (62% overall) included those who:

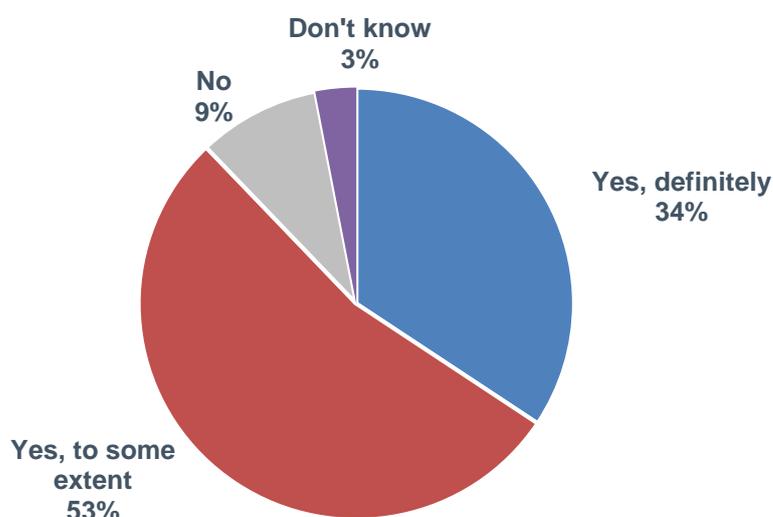
- Were from Scotland (75%), particularly compared to those from England (60%)
- Were student optometrists and student dispensing opticians (both 83%), compared to fully qualified dispensing opticians (65%) and optometrists (53%)
- Were aged 16-34 (69%), particularly compared to those aged 55 and above (53%)
- Had been on the GOC register for less than five years (77%), particularly compared to those who had been on the register for more than 21 years (53%)
- Worked for a chain (65%), particularly compared to those working for an independent business (53%)
- Worked full-time (63%) and part-time (62%) compared to those who worked as locums (45%)

2.2 Change in role over the next five years

The GOC was keen to understand whether registrants felt their role would change significantly over the next five years and what registrants felt the reasons would be for this change.

A third (34%) of respondents said they thought their role would ‘definitely’ change significantly and over half (53%) said they thought it would change ‘to some extent’. Only one in ten (9%) respondents felt that their role would not significantly change in the next five years.

Figure 2 – Do you think your role will change significantly in the next five years?
Base: All respondents (4,139)



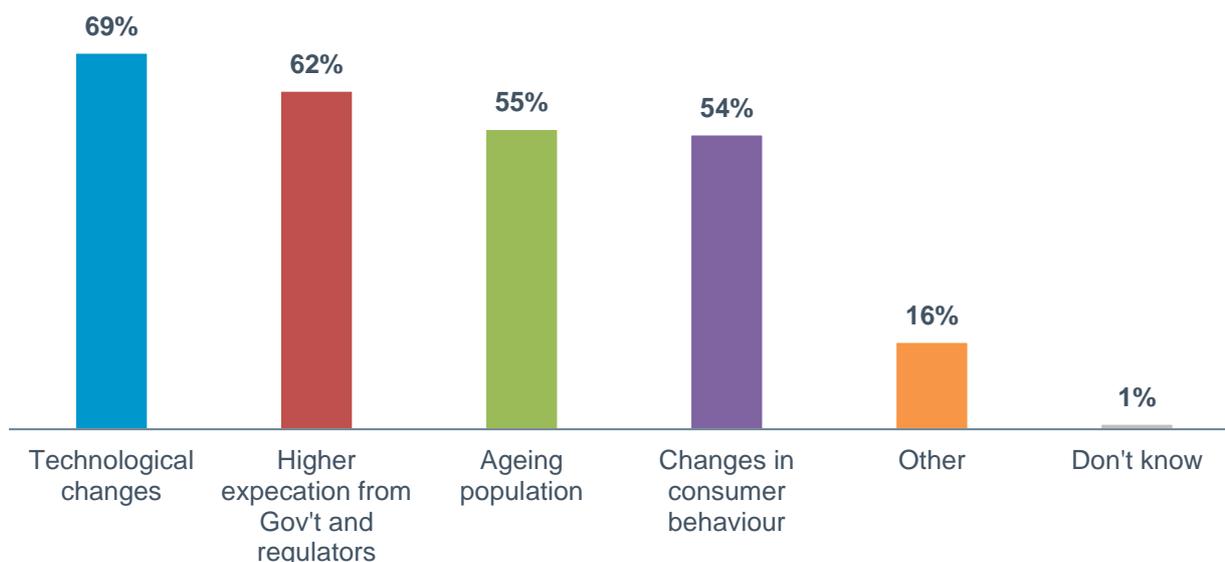
When asked about what they thought the reasons would be for the change, seven in ten (69%) respondents said it would be technological changes (such as auto-refraction for example) and six in ten (62%) thought there would be higher expectations from the Government and regulators about the type of care that optical professionals should deliver. Over half also felt that an ageing population (55%) and changes in consumer behaviour (54%) would lead to a significant change in their role.

One in six (16%) said there was another reason why they thought their role would change. Other reasons included:

- playing a wider role in providing enhanced services like diagnosing and treating patients
- completing training, changing career or retiring in the next five years
- more commercial pressure, with increased competition from online suppliers and alternative dispensers would mean more of a focus on more sales and profit
- too many new optometrists meaning there would be increased competition for jobs and reduced wages
- an increasing pressure from the NHS coupled with a lack of funding

Figure 3 – What are the reasons why you think it will change?

Base: Those who think their role will change in the next five years (3,620)



Subgroups more likely to say that they think **their role will 'definitely' or 'to some extent' change significantly in the next five years** (87% overall) included those who:

- Were optometrists (89%) compared to dispensing opticians (83%)
- Were from Northern Ireland (93%) and Wales (91%), particularly compared to those from England (87%)
- Worked for a chain (89%), particularly compared to those working for an independent business (87%)

Student optometrists (80%) and student dispensing opticians (76%) were more likely than optometrists (65%) and dispensing opticians (70%) to cite **technological changes as a reason for the change**, and those who worked for a chain (72%) compared to those who worked for an independent business (64%).

Optometrists (68%) were more likely than dispensing opticians (53%) to say that the **higher expectation from the Government and regulators** was the reason for the change, as were those who worked for a chain (66%) compared to those who worked for an independent business (58%).

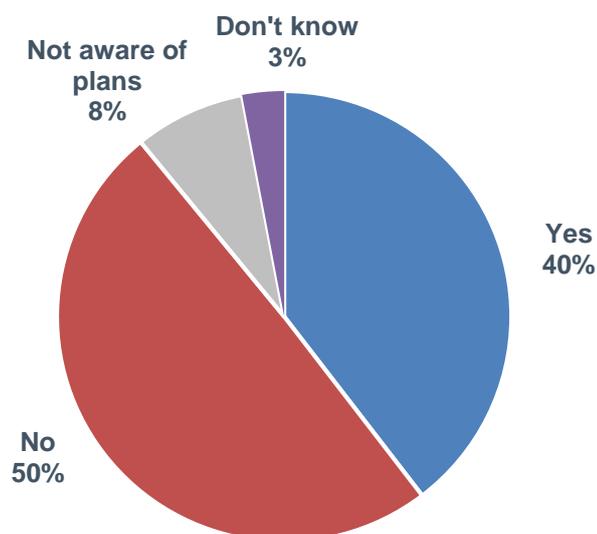
2.3 Providing enhanced eye care services in community settings

In the United Kingdom the NHS is planning for GOC registrants to provide eye care services in community settings, for example a 'Primary Eyecare Assessment and Referral Service' (PEARS) and a 'Minor Eye Conditions Service' (MECS), and in some areas these services are already being delivered. The GOC was keen to understand how many registrants were involved in providing enhanced eye care services in community settings and whether they were supportive of the NHS plans.

The GOC wanted to find out how supportive registrants are of NHS plans for the optical profession to deliver enhanced eye care services in community settings. The GOC was keen to find out how many are already delivering these services and why some registrants were not.

The majority of respondents (90%) were aware of the NHS plans to provide these services. Four in ten (40%) respondents said they were currently involved in the delivery of these services.

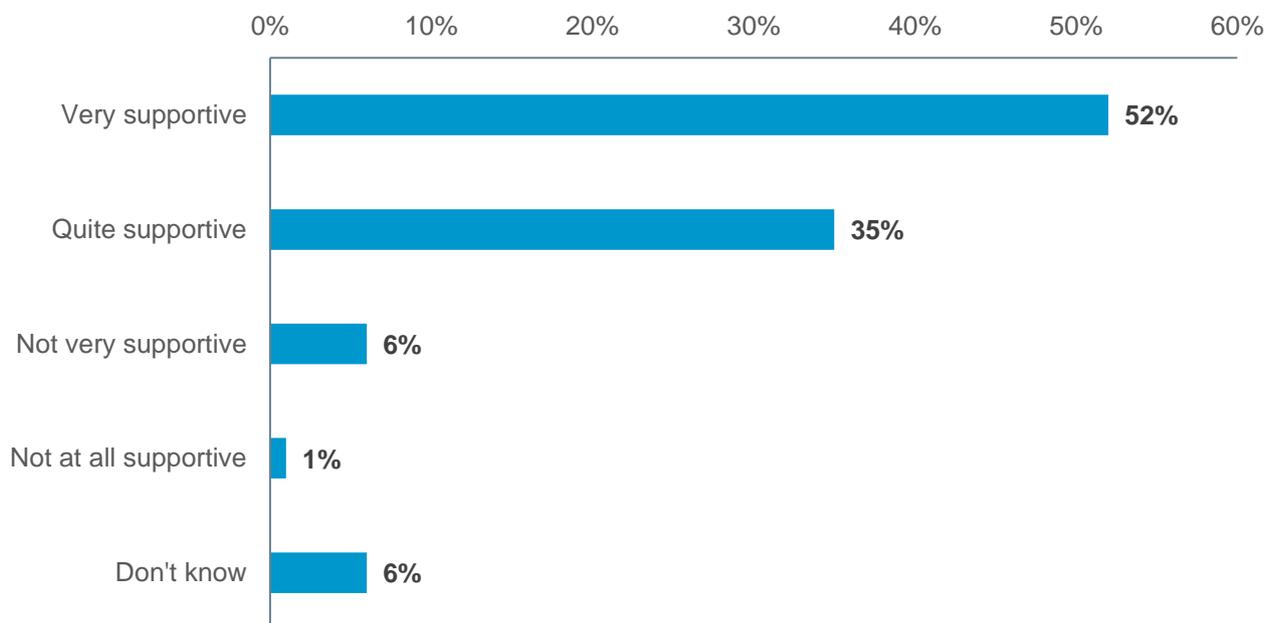
Figure 4 – Are you currently involved in delivering enhanced eye care services?
Base: All respondents (4,139)



More than half (52%) of respondents said they were ‘very’ supportive of the plans to provide enhanced eye care services in community settings and a further third (35%) said they were ‘quite’ supportive. Only 7% of respondents said they were ‘not very’ or ‘not at all’ supportive.

Figure 5 – How supportive are you of providing enhanced eye care services in community settings?

Base: Those who were aware of the plans (3,825)



Subgroups more likely to say that they were **involved in delivering enhanced eye care services** (40% overall) included those who:

- Were optometrists (47%) compared to dispensing opticians (36%)
- Were aged 35-44 (43%) and 55+ (42%), compared to those aged 16-34 (36%)
- Were from a White ethnic background (42%) compared to those from a non-White ethnic background (34%)
- Were from Wales (75%), particularly compared to those from England (38%)
- Worked full-time (44%) compared to those who worked part-time (35%)

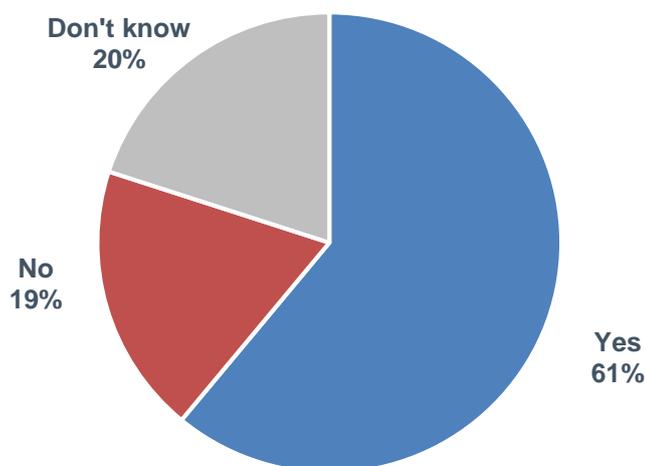
Subgroups more likely to say that they were **‘very’ or ‘quite’ supportive of plans to provide enhanced eye care services in community settings** (86% overall) included those who:

- Were optometrists (88%) compared to dispensing opticians (84%)
- Were aged 16-34 (87%) and 35-44 (88%), compared to those aged 55 and above (83%)
- Were from Scotland (93%), Wales (94%) and Northern Ireland (93%) compared to those from England (86%)
- Worked full-time (88%) compared to those worked part-time (85%)

2.4 Barriers in delivering enhanced eye care services

Respondents who said they do not currently play a role in delivering enhanced eye care services were asked whether they saw themselves doing so in the future. Six in ten (61%) registrants said they could see themselves playing a role and a fifth could not (19%). A substantial proportion of respondents also said that they did not know (20%).

Figure 6 – Do you see yourself playing a role in delivering these services?
Base: Those who do not currently play a role in delivery (2,063)

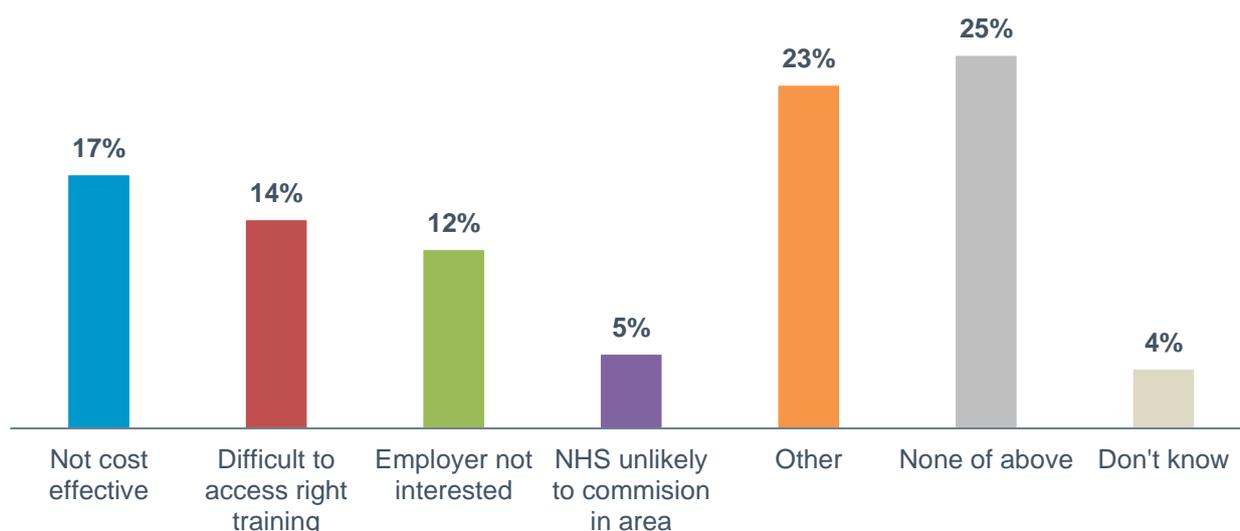


Respondents who said they did not see themselves playing a role in delivering enhanced eye care services were asked the main reason why this was. Almost a fifth (17%) said the main reason was that it was not cost effective for them to deliver the services, a further 14% said it was because it was difficult for them to access the appropriate training and 12% said the main reason was because the organisation they work for was not interested in providing the services. However, a quarter (25%) of respondents said that none of the reasons listed applied to them.

A quarter of respondents (23%) also provided another reason for why they did not see themselves playing a role in enhanced services. These included not working in the community or in a hospital (28%), followed by retiring or leaving the profession in the near future (23%) and respondents saying that delivering these services was not relevant to their role or their qualifications (17%).

Figure 7 – What is the main reason why you don’t see yourself playing a role in delivering these services in the near future?

Base: Those who do not see themselves playing a role in delivering services (391)



Subgroups more likely to see themselves **playing a role in delivering enhanced eye care services** (61% overall) included those who:

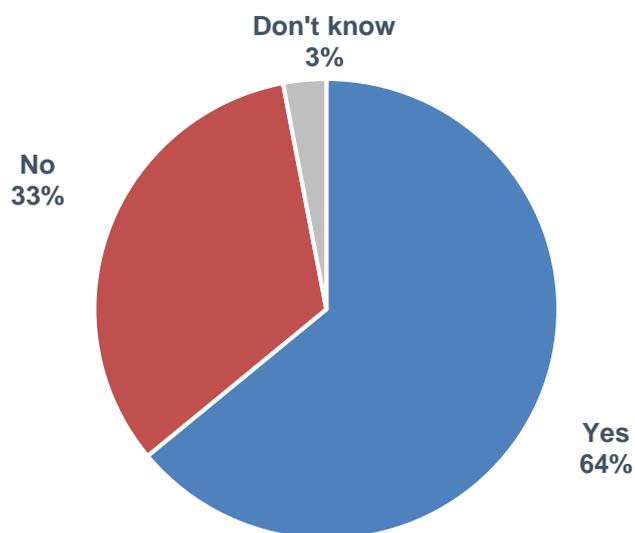
- Were optometrists (65%) compared to dispensing opticians (41%)
- Were from Northern Ireland (78%), particularly compared to those from England (61%), Scotland (66%) and Wales (71%)
- Were aged 16-34 (74%) and 35-44 (56%), particularly compared to those aged 55+ (39%)
- Had been on the GOC register for less than five years (75%), particularly compared to those who had been on it for over 21 years (46%)
- Were from a non-White ethnic background (78%) compared to those from a White ethnic background (55%)
- Worked for a chain (66%) compared to those who worked for an independent business (56%)

2.5 Qualifications to prescribe medicines or assist in management of eye conditions

Optometrist respondents were asked whether they would consider gaining another qualification to allow them to prescribe medicines or to assist in the management of eye conditions. Almost two-thirds (64%) said that they had considered gaining an additional qualification and a third (33%) said they had not.

Figure 8 – Have you considered gaining another qualification to allow you to prescribe medicines to patients or to assist in the management of their eye conditions?

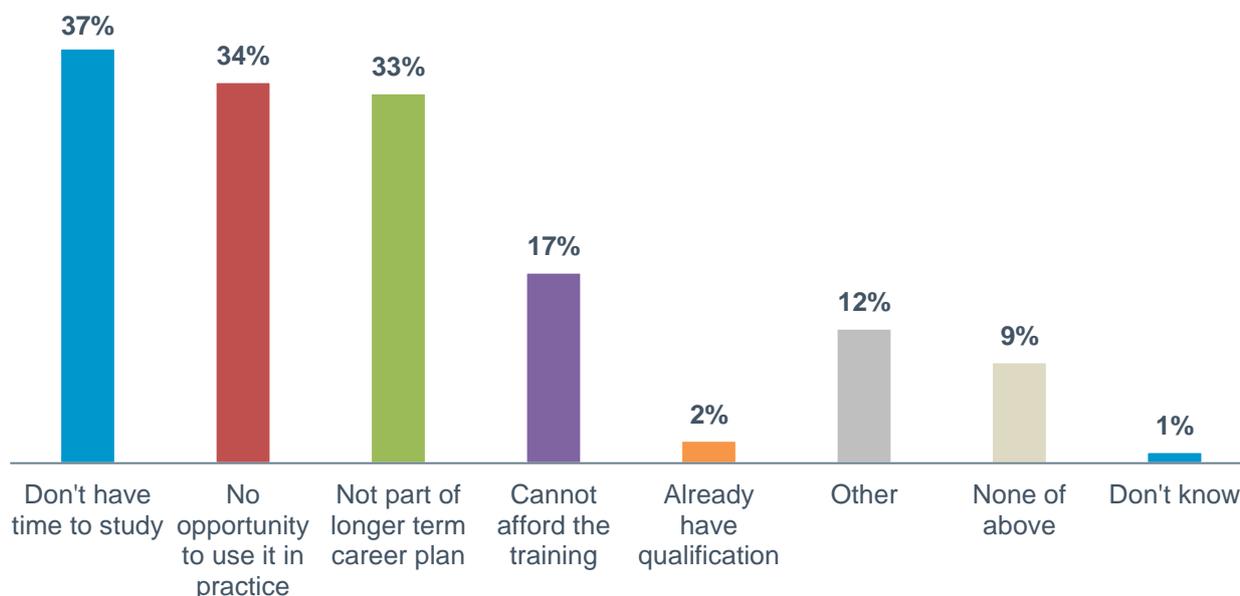
Base: Those who said they were optometrists (2,314)



Respondents who said they had not considered gaining an additional qualification were asked the main reason why this was. The most common reason was that respondents did not have the time to study for a qualification, with 37% providing this reason. A third (33%) said that they did not see it as part of their longer term career plan and a further third (34%) said that they did not think there would be the opportunity to use the qualification in practice. Just under a fifth (17%) said they could not afford the training and only 2% of respondents said that they had the qualification already.

One in eight (12%) respondents provided another reason. The most popular ‘other’ reason was that respondents did not work in the community or in a hospital (28%), followed by respondents retiring or leaving the profession soon (23%) and respondents saying that this would not be relevant to their role or qualifications (17%).

Figure 9 – Why have you not considered an additional qualification to allow you to prescribe medicines to patients or to assist in the management of eye conditions?
Base: Those who have not considered an additional qualification (769)



Subgroups more likely to have considered **gaining another qualification** (64% overall) included those who:

- Were aged 16-34 (69%), particularly compared to those aged 55+ (45%)
- Had been on the GOC register for less than five years (77%), particularly compared to those who had been on it for over 21 years (52%)
- Were from a non-White ethnic background (69%) compared to those from a White ethnic background (62%)
- Were from Scotland (74%), particularly compared to those from England (62%)
- Worked full-time (67%) compared to those who worked part-time (61%) or as a locum (62%)

Focus group and in depth interview feedback

Opinions about the future of the profession

Like survey respondents, focus group participants had mixed views about how optimistic or pessimistic they were about the future of their profession. Optimism generally focused on the provision of more eye care services in the community (enhanced services), particularly amongst optometrists. However, there was also pessimism about the future of the industry with a particular focus on the rise of online sales and the overcrowded market place pushing down prices and having a negative impact, particularly for independent businesses.

For about 10-20% of the profession it is very positive. It is going down a healthcare route. They are doing a lot more of the MECs and the schemes that are looking at people with eye healthcare problems. For the other 80% it will get more and industrial. (Optometrist from Ipswich)

I feel sorry for the independents with people like Asda and their prices. Now is not the time to set up business as an independent. (Dispensing Optician from Nottingham)

Pessimism about the future focused on new technology in the industry and some worried that technological advances would lead to roles becoming redundant, job losses and the loss of interaction with patients. However, some were optimistic when talking about technological advances when it came to eye tests as this would enable them to spend more time focusing on the medical side of the profession.

I'm quite pessimistic. The growth of technology is worrying. (Dispensing Optician from High Wycombe)

I like to think it would make it more efficient. (Dispensing Optician from Darlington)

Some optometrist participants mentioned that they were pessimistic about their profession as there was an ever increasing number of optometrists qualifying from university and not enough jobs in the market. Participants worried that this will lead to a further reduction in optometrists' wages as the larger chains will want to take on optometrists on lower salaries. Participants felt that the GOC could do more to support them in this regard by regulating the number of qualified optometrists in order to maintain quality in the industry.

There are too many optoms on the market. (Optometrist from London)

The GOC should have some sort of control over how many people the universities are taking in to maintain quality. (Optometrist from Glasgow)

Preparation for the future

Most participants said they felt prepared for future changes in the profession, but a few mentioned having colleagues who were not or did not feel ready for changes. A few knew of some older registrants who had struggled to adhere to standards and who had been struck off the register or were under investigation by the GOC after failing to adapt to changes.

Every person I know who is in my age group and is still practising is actually either suspended or is under investigation by the GOC because their standards of performance have fallen short. (Optometrist from Glasgow)

One of the older optoms in the practice is a bit frightened as she feels her skill level is not up to scratch, but I keep telling her it's something we do every day. (Optometrist from Ballymena)

When asked about how the GOC could support registrants and the sector to deal with future changes, most participants said they did not know as they had very little knowledge of the GOC. However, a few mentioned that the GOC could do more to regulate internet sales so patients are not put at risk, ensure that large chains adhere to GOC standards rather than set their own, and proactively do more to help those who have been on a career break to get back to work.

I think online needs to be more regulated, more laws put in place. I had just yesterday a patient wearing lenses they hadn't been fitted with. It just shouldn't be possible to buy lenses that they haven't been fitted for. (Optometrist from Ballymena)

They need to think about the number of women coming through as optometrists. It's 55% now I think and chances are a lot of them will go on career breaks to have children and there is no mechanism to support them returning to work. Absolutely nothing in place and we are the only profession that doesn't have that. (Optometrist from London)

Enhanced services

As also seen in the survey, participants were mostly aware of the NHS plans for more optical services to be provided in the community. Optometrists in particular were enthusiastic about these plans as it would result in their jobs being more interesting and varied. However, these plans seem to have less of an impact on the roles of dispensing opticians and most dispensing opticians did not foresee many changes in their role as a result.

It's going to be more challenging and more rewarding. (Optometrist from Chepstow)

There isn't really anything for DOs. (Dispensing Optician from Ballyclare, Northern Ireland)

There was a general consensus that enhanced services would have financial benefits for the NHS and that patients will benefit as they will be able to avoid a hospital appointment and be seen quickly by an optometrist. However, some participants mentioned that the provision of these services were currently fragmented across the UK, and felt that schemes that work in one place may not work elsewhere.

Waiting lists won't be as long. Patients who maybe have to be seen quickly don't have to wait as long as they do at the moment. It will relieve pressure on the NHS and hospital staff. (Optometrist from Newry, Northern Ireland)

It's all a bit mismatched. There are some people doing one thing and some people doing something else. It's a bit of a mess I think, clinically it's a mess. We over here

do different stuff to England, Scotland do something different and Wales do something different. (Optometrist from Lisburn, Northern Ireland)

Participants discussed the potential issues and challenges with the provision of enhanced services. Some participants felt that there was the possibility that if registrants are providing more clinical services, there is an increased risk of litigation from the public and this may dissuade them from being involved in offering these services. Others felt that registrants would take on more responsibilities with expanded roles, but would not be sufficiently remunerated for providing these services given the current financial challenges the NHS faces.

As a young optometrist coming into the profession I think there is a lot of weight on their shoulders... the young people that I work with are absolutely terrified about making a mistake. (Optometrist from Glasgow)

I see my workload increasing, my responsibilities increasing but my remuneration has been going down. (Optometrist from North Berwick)

Some participants felt that the large chains will never fully support the plans, given the impact it will have financially for businesses. These businesses rely on the sale of lenses and frames and so will want to prioritise these over the provision of healthcare services. The cost of equipment to be able to provide these services can also be expensive and there is often limited remuneration.

We have a quota of sight tests that they have to hit every week. If we were to offer these additional services that will eat up more testing time so we will be under even more pressure from those high up to achieve our quota. (Dispensing Optician from High Wycombe)

The trouble is there is no money. It is not fundable. Equipment is horrendously expensive and it does not pay to do health service at the moment...They haven't sorted the fees out. (Optometrist from Lisburn, Northern Ireland)

When asked whether they were involved in providing enhanced services, participants in England referred to their involvement in providing MECS (Minor Eye Condition Services), Welsh participants referred to WECS (Welsh Eye Care Services) and a few participants from Northern Ireland also mentioned having gained qualifications related to providing enhanced services. Most participants from Scotland believed all in the profession had undertaken additional training in Scotland to provide enhanced services and that the qualifications such as independent prescribing are included as part of university optometry courses.

We are getting a lot more involved with the NHS in regards to emergency eye care walk-in systems. (Dispensing Optician from Darlington)

We have WECS, I'm just undertaking an independent prescribing course. (Optometrist from Chepstow)

Minor Eye Conditions Clinic, I am in the process of doing my exam for that. (Optometrist from Ballymena, Northern Ireland)

We learnt for the qualifications at uni. (Optometrist from Glasgow)

Participants who had gained extra qualifications to be able to provide enhanced services said that they had done so either because it was necessary to carry out their current role or to be prepared for the future, when they foresee more optometrists providing these services. However, a few participants mentioned that they or someone they knew had gained extra qualifications, spending time and money to do so, and then not been able to use them in their current role.

I have done a glaucoma referral refinement accreditation here for one of the glaucoma referral schemes and I am also about to start the independent prescribing one. That is to protect myself, to give myself as many skills as possible, to enhance my role in the future. (Optometrist from Coleraine)

I did the glaucoma one in June but I can't use it in practice because you have to work with an ophthalmologist. (Optometrist from Manchester)

Most participants who had experience of providing enhanced services had a positive view, particularly focusing on the satisfaction they feel from looking after patients, the money that they are paid and preferring the work to carrying out eye tests which could sometimes be mundane. However, it can sometimes be challenging. For example, if a patient shows up without having made an appointment there is an expectation that they are still seen and this has to fit around other appointments. Some participants also spoke of the additional paperwork that these appointments create and not always being given enough time by their employer to catch up.

We get paid properly for seeing a patient under MECS. (Optometrist from Birmingham)

It's awful because there is lots of paperwork and you are not given any time to do it...Those tests take longer and our employer doesn't care. (Optometrist from Wrexham)

Some participants also mentioned that communication can be fragmented between hospital staff and opticians. Some participants spoke of having made referrals to hospital and then receiving no further communication in regards to patients' reported outcomes and others had had patients referred to them by GPs when there had been no need. These participants suggested that the GOC could put pressure on the NHS to improve communication and referrals.

As long as the hospital give me feedback it's fine... we have to phone the hospital to ask what's happened and they tell us they have sent a letter to their GP – what do they know about eyes? (Optometrist from Glasgow)

The problem is that doctors have not got the hang of what it is. You have doctors sending patients to you for silly reasons. It needs to be more joined up. (Dispensing Optician from Colwyn Bay, Wales)

Optometrist participants who had not gained additional qualifications to provide enhanced services were asked the reasons why. These participants indicated that gaining these

qualifications can be expensive and time consuming, especially when they are under pressure from their employer to make sales and are already required to pay their annual retention fee.

From a commercial point of view if you spend a day doing all these different things it can be very satisfying, however by the end of the day I have maybe only taken £200 in the till and then the next day I will get a phone call from my boss about my conversion rate. (Optometrist from Glasgow)

It's something I'm avoiding because of the cost involved. (Optometrist from Bangor)

3. Key findings

The future of the optical professions

Overall, six in ten respondents were optimistic about the future of the profession. Respondents from Wales, Scotland and Northern Ireland were more optimistic than those from England, as were those who worked for a chain compared to an independent business.

Nine in ten thought their role would change significantly in the next five years. A larger proportion of optometrists thought their role would change than dispensing opticians and respondents from Northern Ireland, Wales and Scotland were more likely to think it would change than those from England.

The most popular reason for expecting a change in role was technological changes in the industry, followed by a higher expectation from the government and regulators. Over half also felt that an ageing population and changes in consumer behaviour would also cause changes in their role.

Registrants' views on providing NHS "enhanced services"

The majority of survey respondents were aware of NHS plans for more enhanced optical services to be delivered in the community rather than hospitals and four in ten said they were currently involved in providing these services. A much larger proportion of respondents from Wales said they were involved than those from England, Scotland and Northern Ireland.

The majority of survey respondents were supportive of the plans for enhanced optical services to be provided in the community, however there were lower levels of support amongst respondents from England in comparison to those from Scotland, Northern Ireland and Wales.

Focus group and interview participants were also supportive of these plans, particularly optometrists who thought it could lead to more interesting and varied work. However, some participants did have concerns and reservations, such as fragmentation across the UK with different regions doing different things and the difficulty of communicating with hospitals.

Of those who did not play a role in the provision of enhanced services, six in ten respondents thought they would in the future. Of those that said they did not see themselves playing a role, the most popular reasons given were that it was not cost effective to gain the qualifications, that it was difficult to access the right training, and that their employer was not interested in providing these services.

Six in ten respondents who said they were optometrists said they had considered gaining additional qualifications to prescribe medicines or assist in the delivery of enhanced services. Focus group and interview participants who had gained additional qualifications explained that they had done so because their employer was involved in the delivery of enhanced services or they wanted to be prepared for the future.

Survey respondents who had not considered gaining additional qualifications most commonly said this was because they did not have the time to study, that there was a lack of opportunity to use it in practice, that it was not part of their long-term career plan, or because they could not afford the training. This was confirmed by focus group and interview participants, who said they had not gained additional qualifications mostly because of the expense of gaining these qualifications and the time involved to study for them.