



Perceptions of UK optical education

Final report

The General Optical Council

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Thornhill Brigg Mill, Thornhill Beck Lane, Brighouse, West Yorkshire, HD6 4AH

T: 01484 404797

W: www.enventure.co.uk

Report prepared by:

Matt Thurman
matt@enventure.co.uk

Report reviewed by:

Andrew Cameron
andrew@enventure.co.uk

Katie Osborne
katie@enventure.co.uk

Enventure Research

Head Office:

Thornhill Brigg Mill, Thornhill Beck Lane, Brighouse
West Yorkshire HD6 4AH
T: 01484 404797

London Office:

Smithfield Business Centre, 5 St John's Lane, London, EC1M 4BH
T: 0207 549 1616

W: www.enventure.co.uk E: info@enventure.co.uk

Reg no: 4693096
VAT no: 816927894



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Executive Summary

Introduction

Enventure Research, an independent research agency, was commissioned by the General Optical Council (GOC) to undertake research to gain insight into the views and perceptions of newly qualified optical practitioners (both optometrists and dispensing opticians) and optical employers across the UK.

The insight will help inform the GOC's Education Strategic Review, which aims to ensure that the education and training of optical professionals prepares them for their role and allows them to effectively meet the changing demands of professional practice.

A mixed methodology approach was taken for this research, including quantitative and qualitative approaches. An online survey was delivered to all newly qualified optical practitioners who had registered between 2012 and 2017 (5,490 registrants), and 751 responses were received (a 14% response rate).

This was followed by a series of 35 in depth telephone interviews with both newly qualified optical practitioners (12 interviews) and employers of newly qualified optical practitioners (23 interviews). The interviews complemented the survey findings and explored specific areas in greater depth, gathering further insight into attitudes and experiences highlighted by the survey and providing an employer perspective based on their requirements in the optical sector.

Those who took part in the survey are referred to as 'survey respondents' and those who took part in the in depth interviews are referred to as either 'newly qualified optical practitioner/optometrist/dispensing optician interviewees' or 'employer interviewees'.

Key findings

Choice of course

The survey showed that career prospects (54%) was the factor that most influenced newly qualified optical practitioner decisions to choose their course of study, and location (28%), course content (27%) and level of patient contact experience (23%) also have noticeable influence.

Most dispensing opticians interviewed explained the decision was made by their employer. Newly qualified optometrists interviewed explained they had conducted research into the course content, entry requirements, reputation of the institution, its facilities and the technology available. The most prominent expectation of courses was that they would be intense and challenging, and the research findings overall suggest this was the case.

The balance of education and training

The majority of survey respondents thought the time they spent in academic study (78%) and pre-registration training (86%) was about right. Interview feedback from newly qualified practitioners also indicates this, as interviewees said that more time in academic study would

have been too long, despite it being intense and challenging, and that they were ready for pre-registration training by this point. It was agreed that the pre-registration training was long enough to gain sufficient practical experience.

Those who felt their time in academic study was too short (16%) explained that there was too much to cover during this time. As dispensing optician interviewees were working in practice while studying, they felt the balance of time spent in education and training was about right, especially given the level of responsibility they were becoming qualified for.

Clinical experience

The survey showed opinion was divided about the amount of clinical experience received during academic study. It showed 50% thought the amount was about right and 49% said it was too little. A larger proportion of optometrists surveyed (60%) thought that it was too little when compared to dispensing opticians (26%).

Some newly qualified practitioners interviewed explained that clinical experience during academic study was limited and could be confined to the final year. It was also highlighted that clinical experience was not only lacking, but often did not reflect real-life practice or involve 'typical' patients who they would regularly encounter once qualified, so not adequately preparing students for pre-registration training.

While many newly qualified practitioner interviewees accepted it would be difficult to include more clinical experience in the current structure of optical education and training, it was suggested that an extra year of clinically focused study would be beneficial to prepare for pre-registration training.

Three quarters of all the newly qualified practitioners surveyed (74%) said that the amount of clinical experience during the entire period of education and training was about right, but 25% felt that it was too little. Newly qualified dispensing optician interviewees explained that their clinical experience came from their time spent working in practice while studying, which was helpful as it allowed them to immediately apply what they had learnt. However, some suggested this could be limiting because of the lack of complex patient cases they experienced.

Almost three quarters (73%) of those surveyed who completed a period of pre-registration training felt supported by their supervisor during this time.

Education and training content

Overall the newly qualified practitioner survey showed that clinical skills and experience with patients (39%) and eye examination techniques (29%) were seen as most relevant by practitioners, indicating that the **practical aspects of education and training were perceived as most valuable**. Newly qualified practitioner interviewees focused heavily on their practical experience or time spent with patients during their education and training, which they valued as it was most relevant to their daily practice, as well as their time spent in pre-registration training where that occurred. Almost half of all newly qualified dispensing opticians surveyed (48%) said dispensing knowledge/training was most relevant, echoed by dispensing optician interviewees who said that prescription analysis and dispensing were their most common roles.

Survey respondents were asked what the **least relevant aspects of their education and training** were. The responses showed that theory-based study including visual optics (23%), maths (20%) and science modules (17%) were perceived as less relevant. Many newly qualified practitioner interviewees indicated that they found these same elements were not used in practice.

Half of all survey respondents (50%) thought there were things missing or covered insufficiently during their education and training. These were: a wider range of experience directly with patients with ocular health conditions (19%); practical topics such as eye examination techniques (12%); and more clinical experience (11%). The newly qualified practitioner interviewees highlighted the desire for more experience with patients and different pathologies to prepare for real-life practice, rather than standard scenarios. Other key areas highlighted during interviews with newly qualified practitioners as missing included commercial and business skills, and paediatric optometry and dispensing.

Only 10% of all survey respondents said they frequently studied alongside students from other healthcare disciplines. A large proportion (38%) of newly qualified practitioners surveyed said this rarely happened. Only a few newly qualified practitioner interviewees had experience of studying with other health professional students, but most could see the potential benefits, particularly if alongside pharmacists and orthoptists.

Preparedness for professional practice

A total of 89% newly qualified practitioners surveyed felt prepared overall for professional practice when they started their first role. More said they were sufficiently prepared (67%) than very prepared (21%). Newly qualified practitioner interviewees also said they felt sufficiently prepared but were still in need of real-life experience as a qualified professional. Employer interviewees echoed this view, explaining they require real-world experience to apply their wealth of clinical knowledge and it was unrealistic to expect new practitioners to be completely prepared for practice upon qualification.

Overall the survey showed **84% of newly qualified practitioners felt prepared to practise autonomously and independently.** Some of those interviewed said they felt ready to work autonomously due to their experiences of pre-registration training. Others felt less prepared, but aware that they had the support of their colleagues if they needed it. Employer interviewees said newly qualified practitioners were sufficiently prepared to work autonomously, but expected to provide support during their first six to 18 months of practice and encouraged them to ask for support when they needed it. A perceived drop in confidence upon qualification was observed by some employers, as newly qualified optical practitioners became aware they were operating under their own registration.

The survey found **81% of all newly qualified practitioners felt prepared to make confident clinical decisions.** Those interviewed went on to explain they felt prepared to make decisions as they knew they had the support of their colleagues when they qualified, although some others said they did not feel confident in making complex clinical decisions. Employer interviewees also recognised that newly qualified practitioners can be less confident in making more complex clinical decisions, but accepted that confidence comes with experience. They

also said that often newly qualified optical practitioners were looking for ‘text book’ cases in practice, making it difficult to apply their learning and make decisions.

Employer interviewees also highlighted their perception of a drop in the confidence of newly qualified practitioners following qualification, resulting in avoidance of clinical decision-making and a tendency to over-refer. However, some explained that this was to be expected initially and decision-making improved with experience. They encouraged their staff to check referrals with colleagues first to reduce false-referrals.

Overall, **72% of all newly qualified practitioners surveyed felt prepared for adapting to relevant, emerging and new technology.** Those interviewed also explained they were prepared either due to their education and training or because they enjoyed utilising new technology. Some dispensing opticians interviewed said they felt less confident because they were taught to carry out many tasks by hand rather than using technology. Employer interviewees had no issues with the ability of newly qualified optical practitioners to adapt to new technology, indicating that they were often more confident than more experienced practitioners.

Almost all survey respondents (97%) felt prepared for communicating appropriately with patients and the public. Newly qualified practitioner interviewees went on to explain that practical experience with patients had increased their confidence in communicating. Some employer interviewees had positive experiences of communication abilities with both patients and colleagues. However, some employer interviewees highlighted issues with communication, including newly qualified practitioners’ ability to communicate with challenging patients, deliver bad news, avoid jargon, and produce written communication. They currently try to support their employees with advice or via in house newly qualified training but agreed that more experience was the best way to develop communication skills.

The survey found most **(63%) respondents felt prepared to evaluate clinical research and evidence.** Although newly qualified practitioner interviewees indicated this had not yet been required of them in practice, some felt they would be able to do this if necessary, given their recent experience of research during academic study. Employer interviewees also highlighted that evaluating research was not something they required of newly qualified optical practitioners, and that they were more concerned about their ability to practise safely and communicate with patients.

Employer interviewees suggested areas they felt optical practitioners were not sufficiently prepared for upon qualification, which included commercial, business and retail knowledge and skills, legal aspects of their role and the sector, paediatric optometry, and the delivery of enhanced and extended services.

Practising in different settings

The majority of survey respondents agreed they were equipped to work in a multiple (90%) or independent (85%) practice setting, and smaller proportions agreed they were equipped to work in a hospital (42%) or domiciliary care (35%). Some employer interviewees felt that newly qualified optical practitioners should be prepared by their education and training

to work across all settings, but indicated it was easier to transition between multiple and independent settings than others. For example, it was thought it would be difficult to move from commercial practice to a hospital due to the different roles, responsibilities, knowledge and skills required, although the ability to work across settings may be increasingly required in the future due to the increasing medicalisation of high street optometry.

Career aspirations

The majority of survey respondents (89%) agreed their optical education and training had provided them with the ability to develop an optical career. Some employer interviewees indicated that newly qualified practitioners were enthusiastic and keen to develop themselves. However, others were less positive and suggested that some are happy not to progress their careers in the sector, or were not ready to do so in the early stages of their careers. Both employer and newly qualified optical practitioner interviewees said there should be an increased awareness of how to develop a career in the optical sector.

The GOC's Standards of Practice for Optometrists and Dispensing Opticians

The majority of survey respondents (90%) had been made aware of the GOC's Standards of Practice for Optometrists and Dispensing Opticians during their education and training, and 83% said that they had been integrated into their learning. Most newly qualified practitioner interviewees thought the Standards had been integrated effectively into their studies, with dedicated lectures, visits from the GOC and aspects of the course being linked to the Standards when possible. A small number of interviewees said that they had not been integrated effectively because they had not been covered in an engaging or constructive way.

Conclusions

The research has provided a wealth of insight which will help to inform the GOC's Education Strategic Review. The main conclusions drawn from the research by Enventure Research are as follows:

- The level of clinical experience during academic study is lacking in terms of amount and nature
- The majority of newly qualified optical practitioners feel prepared for professional practice, but there is room for improvement
- Employers are prepared to support newly qualified optical practitioners during the early stages of their careers to aid their development
- Communicating effectively in challenging situations is in need of development
- Commercial, business and retail knowledge and skills are lacking
- Education and training does not prepare students as well for practice in hospital settings compared to multiple and independent practice
- Increased awareness of how to develop a career may be required
- There are differences in attitudes and perceptions between newly qualified optometrists, dispensing opticians and their employers

1. About This Research

1.1 Introduction

The General Optical Council (GOC) is the regulator for the optical professions in the UK. Its role is to protect and promote the health and safety of the public. It currently registers approximately 30,000 optometrists, dispensing opticians, student opticians and optical businesses.

The GOC's Education Strategic Review began in May 2017. It aims to ensure that UK education and training leading to GOC registration prepares optometrists and dispensing opticians for the roles they will carry out in the future, as technological change and enhanced services reshape the delivery of optical services. As part of the Review, the GOC wished to conduct research to gain insight into the views and perceptions of newly UK qualified optical practitioners (both optometrists and dispensing opticians) and employers of newly qualified optical practitioners across the UK and individuals are prepared for professional practice, leading to their registration with the GOC. This insight will help inform the Review, to ensure that the future education and training of optical professionals prepares them for their role and allows them to effectively contribute to the changing demands of professional practice.

Enventure Research, an independent research agency, was commissioned to deliver this research on behalf of the GOC.

1.2 Methodology

A mixed research approach was taken, including both quantitative and qualitative methodologies.

Quantitative research – online survey of registrants

A questionnaire was designed by Enventure Research and the GOC which took respondents approximately 15 minutes to complete. The questionnaire was designed to be completed by optometrists and dispensing opticians who had qualified in the UK between 1 January 2012 and 31 December 2017. A copy of the questionnaire can be found in **Appendix A**.

The survey was hosted online by Enventure Research and personalised email invitations to participate in the survey were sent to all GOC registrants who had qualified in the UK in the last five years (a total of 5,490 registrants). Three targeted reminder emails were sent to those who had not completed the survey to help increase the response rate. A secure link to the survey was also promoted by the GOC through its website and social media.

The survey was live from 12 April to 2 May 2018. During this time, 751 responses were received, representing a 14% response rate.

Qualitative research – in depth interviews with employers and registrants

A total of 35 in depth interviews were conducted by Enventure Research, 23 of which were with employers of newly qualified optometrists and 12 with volunteer newly qualified optometrists and dispensing opticians (who had also completed the survey).

In depth interviews followed specifically designed interview guides to allow all relevant topics to be covered, which were tailored for each stakeholder group. Copies of the in depth interview guides can be found in **Appendix B**.

Interviews took place between 19 April and 16 May 2018 via telephone, each lasting approximately 25 minutes. Interviews were digitally recorded for analysis.

Registrant interviewees were recruited via the online survey, where respondents were able to express their interest in taking part in further research. A recruitment matrix was developed to ensure that a broadly representative range of newly qualified optical practitioners took part in the interviews in terms of their professional role, primary workplace setting and country.

Employer interviewees were recruited following signposting from the GOC towards various organisations within the optical sector who were able to suggest employer interviewees. A broad range of employers were interviewed, representing different workplace settings, companies and areas of the country. The stratification of the in depth interviews can be found in section 12 of this report.

1.3 Interpretation of the survey findings

Weighting

The entire population of newly qualified optical practitioners (those who qualified between January 2012 and December 2017) was used as the sample for this survey, and therefore the returned response is reflective of this group of registrants. To ensure that the returned data is as representative of the profile of newly qualified optical practitioners as possible, weights have been applied to professional role (optometrist or dispensing optician) and year of qualification. Weighting adjusts the proportions of certain groups within a sample to match more closely to the proportions in the target population. All results presented within this report are based on the weighted data.

Interpretation of the survey data

This report contains tables and charts. In some instances, the responses may not add up to 100% or the base size may differ. There are several reasons why this might happen:

- The question may have allowed each respondent to give more than one answer
- A respondent may have not provided an answer to the question
- Only the most common responses may be shown in the table or chart
- Individual percentages are rounded to the nearest whole number so the total may come to 99% or 101%
- A response of between 0% and 0.5% will be shown as 0%

As the online survey was completed by a sample of newly qualified optical practitioners (751) and not the entire population (5,490), all results are subject to sampling tolerances. For example, when interpreting the results to a survey question which all respondents answered, where 50% responded with a particular answer, there is a 95% chance that this result would not vary by more than +/- 3 percentage points (between 47% and 53%) had the result been obtained from the entire population of newly qualified optical practitioners.

Analysis has been undertaken to explore the results provided by different subgroups, including professional role (optometrist or dispensing optician), workplace setting, year of qualification and age. This analysis has only been carried out where the sample size is seen to be sufficient to enable confident analysis. Where sample sizes were not large enough, subgroups have been combined to create a larger group.

Throughout this report, those who took part in the online survey are referred to as 'survey respondents'.

Interpretation of the qualitative feedback

When interpreting the qualitative research data collected via in depth interviews, the findings differ to those collected via a quantitative methodology because they are not statistically significant. They are collected to provide additional insight and greater understanding based on in depth discussion and deliberation, not possible via a quantitative survey. For example, if the majority of newly qualified optical practitioner interviewees hold a certain opinion, this may or may not apply to the majority of all newly qualified optical practitioners. Qualitative findings are collected by speaking in much greater depth to a number of individuals (in this case, 12 newly qualified optical practitioners and 23 employers). These discussions were digitally recorded and notes made to draw out common themes and useful quotations.

Throughout this report, those who took part in qualitative research (in depth interviews) are referred to as either 'newly qualified optical practitioner/optometrist/dispensing optician interviewees' or 'employer interviewees'.

1.4 Acknowledgments

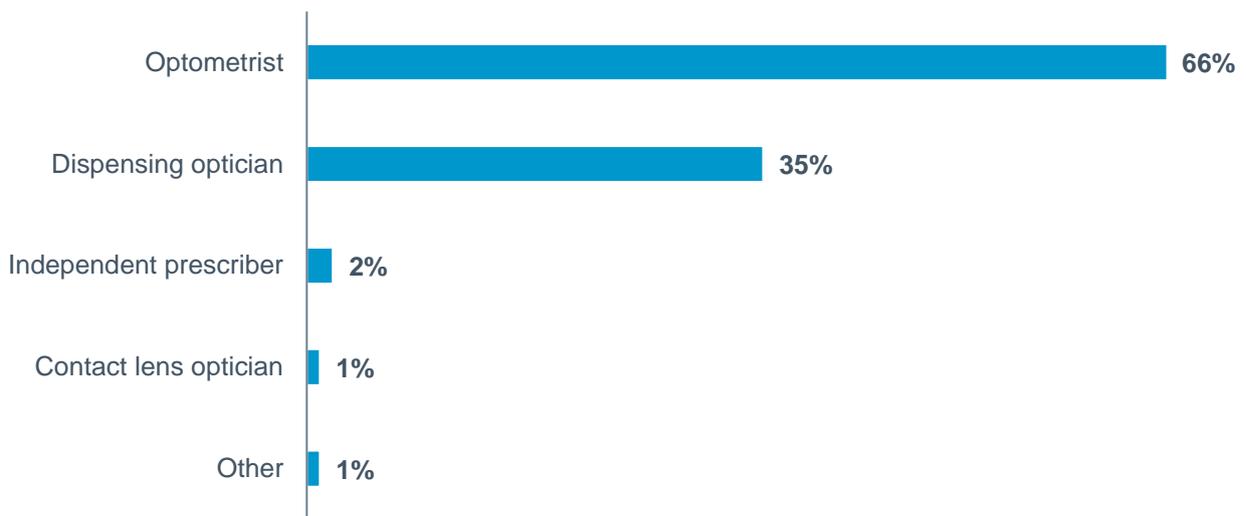
Enventure Research would like to thank Claire Herbert from the General Optical Council for her assistance on this project, and to express gratitude to everyone who took part in the survey and in depth interviews.

2. Survey respondent profile

The following chart and tables show the profile of survey respondents. Two thirds of the sample were optometrists (66%) and just over a third (35%) were dispensing opticians, reflective of the newly qualified registrant population. Smaller proportions of respondents indicated that they were independent prescribers (2%) and contact lens opticians (1%). ‘Other’ roles included dispensing opticians who were also student optometrists or student contact lens opticians.

Figure 1 – Professional role

Base: All respondents (751)



The survey sample is also representative of the newly qualified registrant population in terms of the year of qualification, with similar proportions of respondents representing each year of qualification between 2012 and 2017.

Figure 2 – Year of qualification

Base: All respondents (751) / optometrists (496) / dispensing opticians (255)

Year of qualification	Total	Optometrist	Dispensing optician
2017	17%	15%	23%
2016	18%	17%	20%
2015	17%	17%	16%
2014	17%	18%	15%
2013	15%	17%	12%
2012	16%	17%	13%

The table below presents which university or college survey respondents attended. The small proportion who answered ‘other’ indicates study at more than one academic institution, such as both Anglia Ruskin University and ABDO.

Figure 3 – University or college attended

Base: All respondents (751) / optometrists (496) / dispensing opticians (255)

Academic institution attended	Total	Optometrist	Dispensing optician
Anglia Ruskin University	13%	6%	25%
ABDO College	17%	-	47%
Aston University	11%	17%	-
Bradford College	4%	1%	9%
Cardiff University	10%	15%	-
City and Islington College	6%	-	17%
City University	9%	13%	1%
Glasgow Caledonian University	7%	11%	1%
Plymouth University	2%	3%	0%
University of Bradford	10%	15%	-
University of Manchester	8%	13%	-
University of Ulster	4%	6%	-
Other	1%	0%	1%

The majority of respondents (77%) indicated that their current main place of practice is in England, followed by 11% in Scotland, 7% in Wales and 2% in Northern Ireland. A further 3% indicated that they currently practise outside the UK.

Figure 4 – Main country of practice

Base: All respondents (751) / optometrists (496) / dispensing opticians (255)

Country of practice	Total	Optometrist	Dispensing optician
England	77%	76%	80%
Scotland	11%	12%	9%
Wales	7%	7%	6%
Northern Ireland	2%	2%	1%
Other	3%	3%	4%

Respondents were asked to indicate which practice settings they had worked in since joining the GOC’s professional register, selecting multiple areas. The majority (79%) had worked at a national chain of opticians, followed by large proportions who had worked in an independent opticians practice (29%) or as a locum (20%). Smaller proportions indicated that they worked in a hospital (9%), for a regional chain of opticians (9%), in domiciliary care (4%) or in academia (4%).

Figure 5 – Areas worked since qualifying

Base: All respondents (751) / optometrists (796) / dispensing opticians (255)

Workplace setting	Total	Optometrist	Dispensing optician
National chain of opticians	79%	81%	75%
Independent opticians practice	29%	27%	33%
Locum	20%	26%	7%
Hospital	9%	13%	2%
Regional chain of opticians	9%	10%	7%
Domiciliary care	4%	5%	4%
Academia	4%	4%	2%
Charity/Not for profit	2%	4%	0%
Other	1%	1%	-
Manufacturing and supply	1%	0%	1%

Survey respondents were also asked to specify their current individual scope of practice from a list provided. Almost two thirds (64%) delivered general contact lens fitting and aftercare, followed by 41% who were involved in paediatric eye care (dispensing), 37% in paediatric eye care (eye examination or screening), and 36% in Minor Eye Condition Services. The full range of areas is presented in the table below, showing the individual results for optometrists and dispensing opticians.

Figure 6 – Current individual scope of practice

Base: All respondents (751) / optometrists (496) / dispensing opticians (255)

Scope of practice	Total	Optometrist	Dispensing optician
General contact lens fitting and aftercare	64%	90%	14%
Paediatric eye care – dispensing	41%	29%	67%
Paediatric eye care – eye examination or screening	37%	52%	7%
Minor Eye Condition Services	36%	51%	7%
Post-operative cataract care	33%	48%	4%
Acute referral scheme	21%	31%	2%
Practice based student supervisor	21%	21%	20%
Management and training	20%	14%	32%
Glaucoma or ocular hypertension monitoring scheme	19%	28%	3%
Specialised dispensing	15%	3%	37%
Low vision management	13%	13%	15%
CET training	13%	14%	9%
Involvement in the management of patients recently discharged from hospital	11%	15%	3%
Diabetic retinopathy screening	9%	11%	3%

Scope of practice	Total	Optometrist	Dispensing optician
Complex contact lens fitting and aftercare e.g. keratoconic or post-surgical patients etc.	7%	10%	2%
Independent prescribing, supplementary prescribing or additional supply of therapeutic drugs including patient group directives	7%	10%	-
Refractive surgery pre-assessment and/or management	6%	9%	1%
Domiciliary care	5%	6%	4%
University based tutor or supervisor	4%	4%	3%
Academic or research role	2%	3%	1%
Refractive surgery	2%	3%	-
Other	4%	4%	5%
None	7%	2%	18%

3. Course of study

Key findings

- Over half (54%) of all survey respondents were most influenced in their choice of course by career prospects. Other aspects such as location (28%), course content (27%) and the level of patient contact experience (23%) also had considerable influence.
- While overall optometrists and dispensing opticians were most influenced by career opportunities, optometrists were more influenced by the level of patient experience included in their course (28%) compared to dispensing opticians (13%). Dispensing opticians were more influenced in their choice of course by a recommendation (33%) compared to optometrists (14%).
- Most dispensing optician interviewees explained their decision about which course to study was dictated by their employer, who was sponsoring their education.
- Newly qualified practitioner interviewees highlighted the importance of researching in advance to find out about course content, entry requirements, the reputation of the institution, facilities and technology available.
- Most newly qualified practitioner interviewees anticipated their course to be intense, and went on to experience this, but thought their education and training was still manageable.
- Some interviewees highlighted that their course was more theory-based than they had expected.

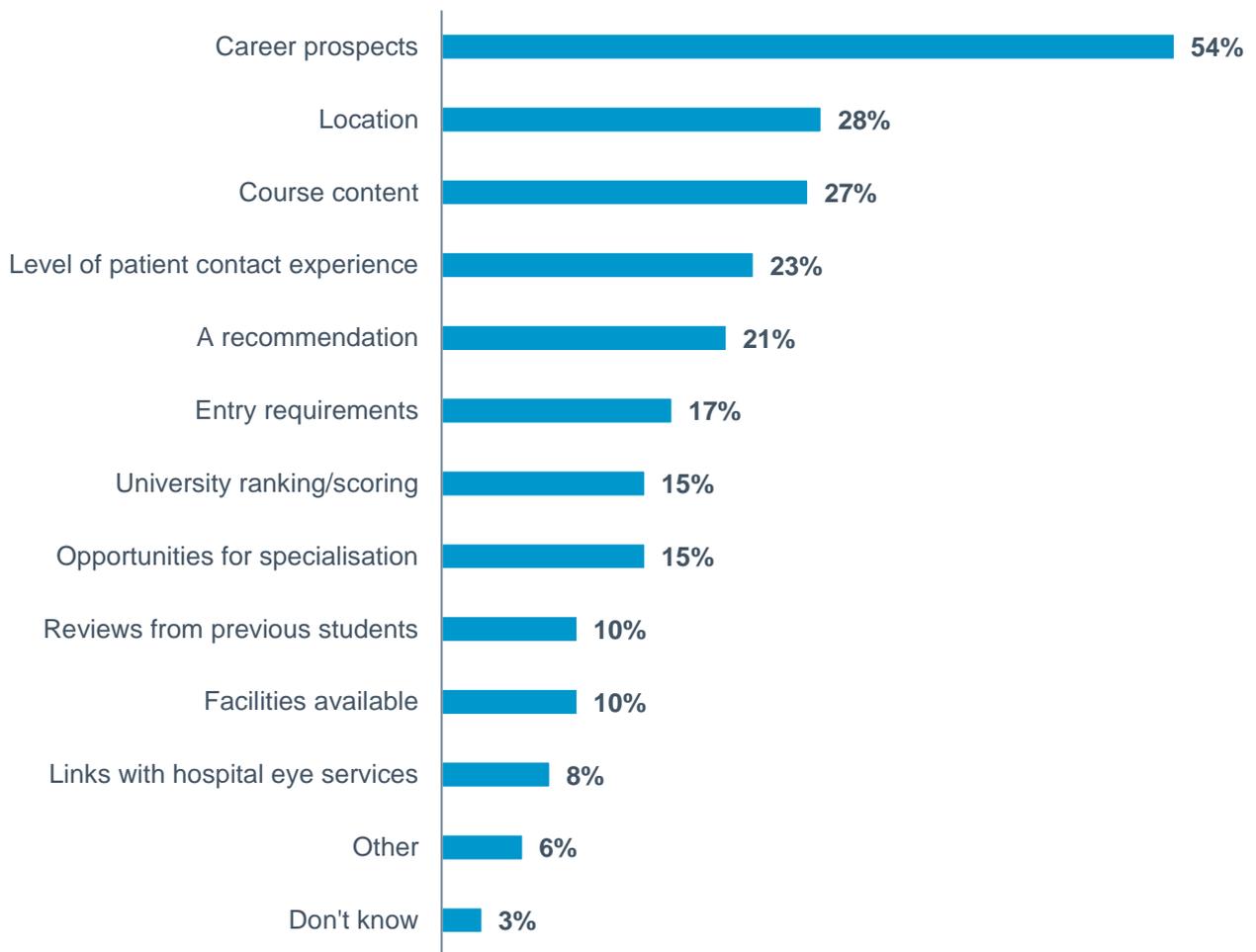
3.1 Reasons for choosing course of study

Survey respondents were asked to consider what aspects most influenced their decision to take their course to become an optometrist or dispensing optician, selecting up to three aspects from a list provided.

Over half (54%) of all survey respondents were influenced in their choice of course by career prospects, followed by almost three in ten (28%) who were influenced by location, and almost the same proportion (27%) who were influenced by course content.

Figure 7 – Thinking back to when you chose your course of study to become an optometrist or dispensing optician, what aspects most influenced your decision to take that specific course?

Base: All respondents (751)



The majority of ‘other’ responses referred to the course of study being selected by the employer. This response came almost exclusively from dispensing opticians.

Subgroup analysis

Subgroup analysis highlights that a number of statistical differences can be seen in response by registration type. Larger proportions of **optometrists** indicated that the following aspects most influenced their decision when compared to dispensing opticians:

- 31% of optometrists were influenced by **location** compared to 21% of dispensing opticians.
- 28% of optometrists were influenced by **the level of patient contact**, compared to 13% of dispensing opticians.
- 21% of optometrists were influenced by **entry requirements**, compared to 10% of dispensing opticians.
- 21% of optometrists were influenced by **university ranking/scoring**, compared to 3% of dispensing opticians.
- 13% of optometrists were influenced by **education facilities available**, compared to 5% of dispensing opticians.

Larger proportions of **dispensing opticians** indicated that the following aspects most influenced their decision when compared to optometrists:

- 33% of dispensing opticians were influenced by **a recommendation**, compared to 14% of optometrists.
- 20% of dispensing opticians were influenced by **opportunities for specialisation**, compared to 13% of optometrists.

Younger respondents were more likely to answer that the **level of patient contact experience** most influenced their decision when compared to older respondents, decreasing from 37% of those aged 16-24, to 23% of those aged 25-34, and to 13% for those aged 35+.

Conversely, older respondents were more likely to answer that **a recommendation** most influenced their decision when compared to younger respondents, increasing from 10% of those aged 16-24, to 22% of those aged 25-34, and to 25% for those aged 35+.

In depth interview feedback from newly qualified optical practitioners

Reasons for course choice

A variety of reasons for choosing a specific course of study were discussed by the newly qualified optometrist interviewees. While a number of these indicated that location of academic institution played a role in their decision (as also highlighted in the survey results), some said compared to other institutions the amount of clinical experience they would receive during their chosen course was preferable.

The course content was really good too, it was really interesting with modules around optometry that interested me. The amount of clinical experience and the opportunity to learn from researchers. **Optometrist, multiple, England**

*I looked at the academic programme itself, the amount of clinic involved, and the quality of the teaching. **Optometrist, hospital, England***

As also reflected in the survey results, some focused on the reputation of the academic institution and the entry requirements to study on the course, which they felt indicated educational quality.

*It seemed like the best place to do the course. They have a really good reputation. **Optometrist, multiple, England***

*It required the highest entrance grades, so by that logic I thought it would provide the highest quality education. **Optometrist, hospital, England***

Access to certain facilities and technology were also highlighted as significant reasons why interviewees chose their course, with some interviewees explaining that they had been impressed with the facilities experienced during open day visits, or that they knew up to date technology was available.

*The reason I chose it was more to do with the facilities they have there. **Optometrist, independent, Wales***

*It seemed to have the best clinic set up with really modern equipment and lots of room for students. **Optometrist, hospital, England***

Dispensing optician interviewees were generally less able to comment because their study was often sponsored and selected by their employer, not themselves. This also meant that typically dispensing opticians were less likely to know what to expect before beginning their course of study.

*I was put on the course and not really told a lot about it. It was a sponsorship programme from my employer. I didn't really know what I was going into, but I was really happy that I was being trained more. **Dispensing optician, multiple, England***

Initial expectations and whether they were met

A common expectation held by newly qualified practitioner interviewees was that their course of study was going to be challenging and intense, with a high number of hours spent in university or college and time spent in private study. This expectation was held in particular by optometrists who were aware that they would be covering a lot of content during their three years of academic study, followed by an intense period of pre-registration experience.

*I knew it was going to be very intensive and a lot of hours, and it would be difficult. It was definitely very intensive. Our contact hours were very high, but it wasn't unexpected. **Optometrist, multiple, England***

*I expected it to be quite challenging, which it definitely was. I'd say my expectations were met. It taught me how to be an optometrist from zero to going into practice. **Optometrist, multiple, England***

Some explained they expected the course content to include a lot of maths and science, but that they had not anticipated just how much. It was suggested that more focus was given to maths and science than to clinical experience, which they had not necessarily expected.

*I thought it would be a lot of maths and science and clinic. It definitely was a lot of maths and science, but there could have been more clinic. **Optometrist, hospital, England***

*I'd done a couple of mini courses with ABDO before so I was expecting there to be a bit of maths in it. I was not prepared for the amount of physics and maths within the course. It's quite extreme and challenging. **Dispensing optician, independent, Wales***

4. The balance of education and training

Key findings

- The majority of survey respondents thought the time they spent in academic study (78%) and pre-registration training (86%) was about right.
- This finding was also reflected in the interviews, where newly qualified practitioners explained that more than three years in academic study would have been too long, even though a lot of content was covered in this time, and that they were ready for pre-registration training. It was also felt that a year in pre-registration training was enough to gain sufficient practical experience.
- 16% of all survey respondents felt their time in academic study was too short. A larger proportion of optometrists (18%) thought this compared to dispensing opticians (11%).
- Those who felt time spent in academic study was too short were less likely to feel prepared overall for professional practice (29%).
- Newly qualified practitioner interviewees who felt their academic study was too short explained it was a very intense period of time and potentially too much to cover in just three years.
- Dispensing optician interviewees explained that they had been working in practice while studying, so the balance of time spent in education and training was about right, especially given the level of responsibility given on becoming qualified.

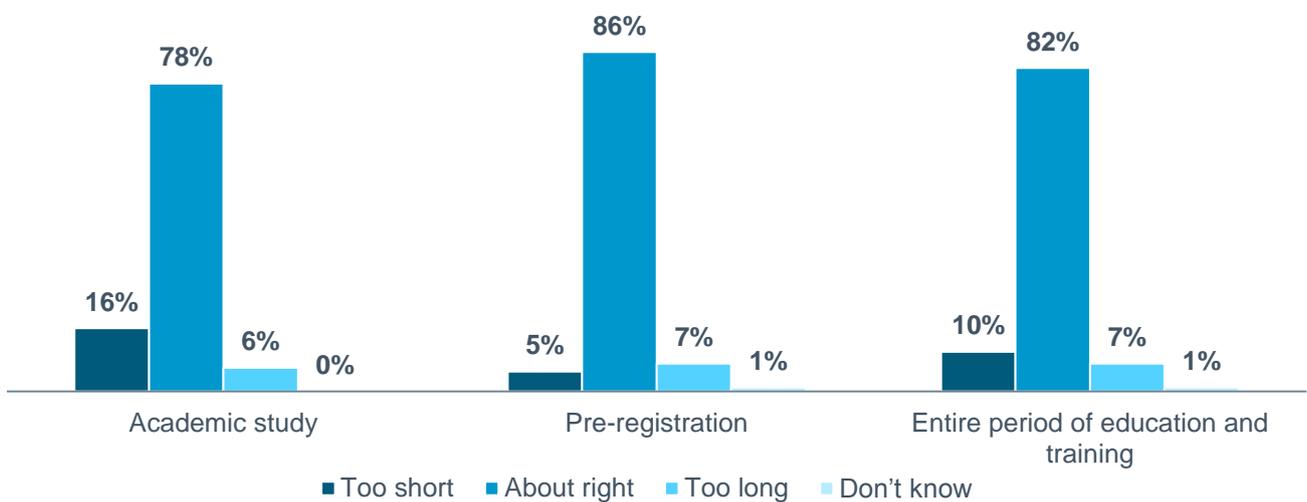
4.1 The amount of time spent in education and training

Survey respondents were asked to think about the amount of time they spent during the different elements of their education and training and judge whether they thought it was too short, too long, or about right in terms of length.

The majority said the length of time they spent during their academic study (78%), pre-registration period (86%), and entire period of education and training (82%) was about right. However, one in six (16%) respondents said their academic study was too short, compared to just 5% who said their pre-registration period was too short.

Figure 8 – Thinking about the amount of time you spent during the different elements of your education and training, did you feel that they were too short, too long or about the right length?

Base: Academic study (751) / Pre-registration (661) / Entire period (749)



Subgroup analysis

Subgroup analysis of the survey questions about amount of time spent on different elements of education and training, showed a difference between optometrists and dispensing opticians.

Those more likely to answer that **their time in academic study was too short** (16% overall) included:

- 18% of optometrists, compared to 11% of dispensing opticians
- 29% who felt unprepared overall for professional practice, compared to 14% who felt prepared

Those more likely to answer that **their time in academic study was about right** (78% overall) included:

- 83% of dispensing opticians, compared to 75% of optometrists
- 79% who felt prepared overall for professional practice, compared to 66% who felt unprepared

Those more likely to answer that **their time in pre-registration period was about right** (86% overall) included:

- 88% who had worked in a national chain since qualifying, compared to 81% who had worked in independent practice
- 89% who felt prepared overall for professional practice, compared to 67% who felt unprepared

Those more likely to answer that **their time during the entire period of education and training was too short** (10% overall) included:

- 14% of optometrists, compared to 1% of dispensing opticians
- 25% who felt unprepared overall for professional practice, compared to 8% who felt prepared

Those more likely to answer that **their time during the entire period of education and training was about right** (82% overall) included:

- 89% of dispensing opticians, compared to 79% of optometrists
- 85% who felt prepared overall for professional practice, compared to 66% who felt unprepared

In depth interview feedback from newly qualified optical practitioners

Time in academic study is about right for optometrists

Many of the newly qualified optometrists interviewed felt their three years of academic study was the right amount of time. They explained that, after this amount of time, they had learnt as much as possible to become optometrists, and that at this point they were only lacking the clinical experience, provided by their pre-registration period of training. After three years they felt ready to leave academic study.

*At university I think it doesn't need to be any longer than three years. By the end of it, you don't need any more academic experience, it's patient contact and practical experience that you need. **Optometrist, hospital, England***

It was highlighted by a number of newly qualified optometrists that the time spent in academic study was intense and often challenging, due to the amount of content that was covered, but it was accepted that having more time would have been too long in academic study before going into pre-registration training.

*There's a lot to learn in optometry and I think the three years is about right to learn it all. In some ways it did feel a bit crammed, but any longer would have been too long. **Optometrist, multiple, England***

*At the time it felt quite stressful, preparing for exams, but looking back now I'd say three years was definitely appropriate. It's not the hardest course in the world. Dragging it out to four years isn't necessary. **Optometrist, multiple, England***

Some optometrists think academic study is too short

As also reflected in the survey results, a small number of newly qualified optometrist interviewees felt the amount of time spent in academic study was too short. They felt too much content was squeezed into a three-year period, making the course very demanding, stressful and rushed. They suggested that an additional six months or a year would have helped provide the right amount of time to cover everything.

*The academic course was very jam packed, particularly in second year. There were so many exams and it was very overwhelming. The poor lecturers were very apologetic, trying to squeeze it all in. Had it been stretched to four years it probably would have been a bit better, or even six months longer. **Optometrist, multiple, Northern Ireland***

It was also suggested that an additional year of academic study could help to ease the transition between study and pre-registration training, which some interviewees highlighted was difficult. They explained that a fourth year of study could be much more clinical, with a greater focus on practical experience, to ensure that students are as prepared as possible for their pre-registration period.

*You leave university with all these skills, but you have no idea how to use them. It's only the pre-reg year where you learn those things. In third year you're still doing a lot of book work and then suddenly you're in pre-reg. Perhaps there could be a fourth year at uni which includes more practical optometry. **Optometrist, independent, Wales***

Most optometrists felt time spent in pre-registration was about right

All newly qualified practitioner interviewees who had completed a period of pre-registration indicated that the amount of time they spent in this training was about right. Many praised this period of their education and training, explaining that it was during this time that they felt they became prepared for professional practice. All newly qualified optometrists who had completed a period of pre-registration said that it had lasted for a year, which they felt was sufficient to prepare them as much as possible for qualification. It was also highlighted that more time can be spent in pre-registration training if required.

*For me a year of pre-reg was right, but if you want any longer you can have it if you don't feel ready. I didn't necessarily learn everything I needed to, but it was enough to begin practising solo. **Optometrist, multiple, England***

*It was just enough time. I did a year, and by the end of the year I could see I was more confident and asking colleagues for help less and less. **Optometrist, multiple, England***

It was, however, accepted by some interviewees that a year of pre-registration was sufficient only if the student has a good experience, where they are exposed to a wide variety of patients and situations to prepare them for practice and ensure they were sufficiently confident.

*I was quite lucky during my pre-reg in that I saw a lot of different cases, so a year was long enough and I was confident by the end of it. **Optometrist, hospital, England***

Most dispensing opticians felt time in education and training was about right

Newly qualified dispensing optician interviewees explained that the time they spent in education and training was about right. As these interviewees were generally working at the same time as studying, they explained that it was an intense period but, as with optometrists, most did not think they required any more time to complete their studies. It was also suggested that, given the level of responsibility held by qualified dispensing opticians, the time spent in education and training should not be shorter.

*I spent literally every evening and every weekend studying. But I was glad it was contained within that timeframe. I don't see how you could create more time to do it. It has to be that strict because otherwise you wouldn't get it done. **Dispensing optician, independent, Wales***

*I think that's a reasonable amount of time for the amount of responsibility that DOs end up having and the amount of knowledge that we're expected to have. It's sufficient. **Dispensing optician, multiple, England***

However, it was suggested that the contact time between dispensing optician students and lecturers could be increased during education and training, which would allow the amount of guidance they received over their three-year period of study to increase.

*At college you're only given two weeks at a time with your lecturers who are the experts. So you don't necessarily have the level of expertise you'd like. **Dispensing optician, independent, Wales***

5. Clinical experience

Key findings

- Overall the survey indicated opinion is split about the amount of clinical experience received during academic study, with 50% of respondents feeling it was about right and 49% that it was too little.
- A larger proportion of optometrists (60%) thought that it was too little, compared to dispensing opticians (26%).
- Newly qualified practitioner interviewees explained that clinical experience during academic study was limited and can be confined to the final year. It was also highlighted that the experience often did not reflect real-life practice or typical examples of patients.
- It was also suggested by interviewees that the amount of clinical experience during academic study did not adequately prepare students for pre-registration training, and that they felt thrown in at the deep end.
- Some newly qualified practitioner interviewees acknowledged it would be difficult to include more clinical experience in the current structure of optical education and training, but it was also suggested that an extra year of study that was more clinically focused would be beneficial to prepare for pre-registration training.
- The majority (85%) of survey respondents overall said the amount of clinical experience during pre-registration training was about right, reinforced by interview feedback which was very positive about experiences of this element of training.
- Three quarters (74%) of survey respondents overall said that the amount of clinical experience during the entire period of education and training was about right, but 25% felt that it was too little.
- Newly qualified dispensing optician interviewees explained that their clinical experience came from their time spent working in practice while studying, which was helpful as it allowed them to immediately apply what they had learnt. However, it was also suggested that this could be limiting based on the types of patients and scenarios that they encountered in practice, meaning more complex cases may not be seen.
- Almost three quarters (73%) of those who completed a period of pre-registration training felt supported by their supervisor during this time.

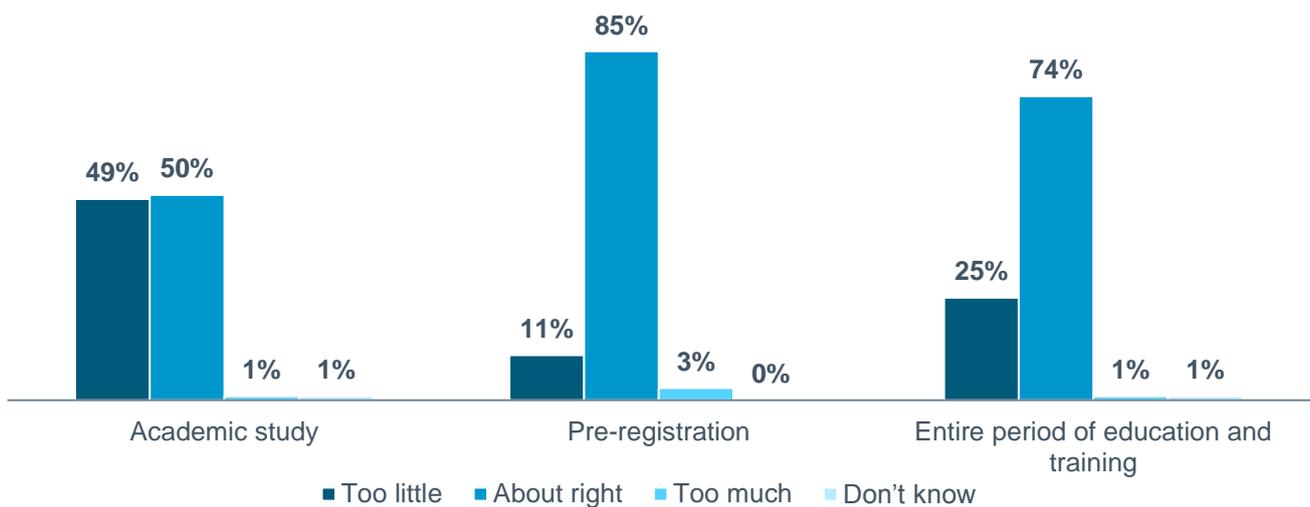
5.1 The amount of clinical experience during education and training

All survey respondents were asked to consider the amount of clinical experience they received during different elements of their education and training, rating whether it was too little, about right, or too much.

Opinion was split in terms of the amount of clinical experience received during academic study, with 50% overall indicating that it was about right and 49% that it was too little. By contrast, over four in five (85%) respondents said the level of clinical experience was about right during their pre-registration period (where they had one), with just 11% indicating that it was too little and 3% that it was too much. Three quarters (75%) said the amount of clinical experience they received during their entire period of education and training was about right, but a quarter (25%) felt it was too little.

Figure 9 – Thinking about the amount of clinical experience you received during the different elements of your education and training, did you feel like the balance was too little, too much or about right?

Base: Academic study (749) / Pre-registration (653) / Entire period (747)



Subgroup analysis

Those more likely to answer that **the level of clinical experience during their academic study was too little** (49% overall) included:

- 60% of optometrists, compared to 26% of dispensing opticians
- 58% who had practised as a locum since qualifying, compared to 44% who had worked in independent practice
- 61% aged 16-24 and 51% aged 25-34, compared to 29% aged 35+
- 76% who felt unprepared overall for professional practice, compared to 45% who felt prepared

Those more likely to answer that **the level of clinical experience during their academic study was about right** (50% overall) included:

- 71% of dispensing opticians, compared to 39% of optometrists

- 69% aged 35+, compared to 49% aged 25-34 and 39% aged 16-24
- 60% who had qualified in 2012, compared to 48% who had qualified between 2013 and 2017
- 54% who felt prepared overall for professional practice, compared to 20% who felt unprepared

A larger proportion of those who felt prepared overall for professional practice (88%) said **the level of clinical experience during their academic study was about right** when compared to those who did not feel prepared (64%).

Those more likely to answer that **the level of clinical experience during their entire period of education and training was too little** (25% overall) reflected those who felt that the level of clinical experience during academic study was too little. This included a larger proportion of optometrists (29%), those who had worked as locums (34%), those aged 16-24 (31%), and those who did not feel prepared for professional practice (57%).

Those more likely to answer that **the level of clinical experience during their entire period of education and training was about right** (74% overall) mirrored those who felt that the level of clinical experience during their academic study was about right. This included dispensing opticians (82%), older respondents aged 35+ (82%), those who had qualified in 2012 (83%) and those who felt prepared overall for professional practice (79%).

In depth interview feedback from newly qualified optical practitioners

Most optometrists think there should be more clinical experience during academic study

Most newly qualified optometrist interviewees explained that there was not enough clinical experience during their academic study. A number of these interviewees highlighted they did not begin to receive any clinical experience until the third year of their academic study, when they began testing patients. They generally agreed this was late in their studies, and seeing patients and receiving more clinical experience earlier in their academic study would be beneficial.

The first two years we didn't see any real patients, we just tested ourselves. In the final year at uni we started testing real patients, and you had to see a certain number and type of patients. I felt I hadn't seen enough patients going into pre-reg. **Optometrist, multiple, England**

Some newly qualified optometrist interviewees indicated they did receive some clinical experience during their academic study, but they explained that often this was not as beneficial as they would have liked. This included conducting sight tests, either on other students who were less likely to have issues with their eyes, or conversely patients with complex eye conditions, but rarely an 'average' patient. Interviewees also highlighted they had conducted lab-based exercises, which they felt were beneficial, but that interaction with real-life patients would have been preferred.

You see a lot of paid patients with really complicated eyes, or you're testing your friends who are young with no prescription, so you don't take much away from it. You need to see a greater volume of people who are the average that you'd come across.
Optometrist, independent, Wales

You spent a lot of time doing things that are 'practical', but it's you sitting in a lab maybe marking up an uncut lens or having a three-hour dispensing practical. What would be much more beneficial would be marking up varifocals and bifocals and much more practical stuff.
Optometrist, independent, Wales

It was also widely believed that student optometrists did not receive sufficient clinical experience during their academic study to prepare them for their pre-registration training. Most newly qualified optometrist interviewees explained that the transition from academic study to pre-registration training was challenging, as the two settings were very different, requiring very different skill sets, and that their previous three years in education could have included a greater amount of clinical experience to prepare them for this move. In particular, interviewees said that they had not seen enough patients in advance of their pre-registration training.

There's a gap between university and pre-reg that doesn't add up. You go into pre-reg and realise you've got so many people to see and so much to do. There needs to be more clinical experience to prepare you for pre-reg.
Optometrist, independent, Wales

Pre-reg is a bit of a jump, because you go from not seeing very many patients to seeing loads. We only did one week of hospital work experience, so I hadn't had much experience of it before pre-reg. Also you don't see much disease at university because the patients you're testing are other students.
Optometrist, hospital, England

However, a small number of newly qualified practitioner interviewees suggested the amount of clinical experience they received during their academic study was sufficient, with optometrists citing useful hospital placements and a large number of clinics during their three years of academic study.

We had a reasonable amount of clinics at uni and we'd see a couple of patients in those each. I don't think you would necessarily need any more.
Optometrist, hospital, England

Challenges of more clinical experience during academic study

While most newly qualified optometrist interviewees felt they would have benefited from more clinical experience during their academic study, especially to prepare them for their pre-registration training, it was often accepted that this would be practically difficult to implement. Interviewees highlighted the issues of large class sizes, the availability of placements, and the amount of time available during academic study.

Practically it's not that easy to get more clinical experience during university. But other people's degrees were much more clinically based. Initially it makes them feel less

*nervous going into pre-reg, because they'd seen more patients than I had. **Optometrist, multiple, England***

As suggested when discussing the amount of time spent in academic study and pre-registration, some optometrists felt that an additional year before going into pre-registration training, focused much more on developing clinical skills, would be very beneficial to ensure students were prepared for the realities of pre-registration. Some interviewees also discussed the option of integrating the pre-registration training into academic study, thereby spreading the amount of clinical experience throughout the entire degree. However, interviewees were undecided as to whether this would be an improved approach or not.

*I think it could be done if there was an extra year where you're just in clinic. It would bridge the gap between university and pre-registration. **Optometrist, hospital, England***

*There are new degrees now where people do the pre-reg as part of the course. I don't necessarily agree with that. **Optometrist, independent, Wales***

Clinical experience and optometry pre-registration training

Newly qualified optometrist interviewees were very positive about their experience of pre-registration training, explaining that it was entirely clinically focused and therefore very beneficial to their development. Many of these interviewees said that the time they spent in pre-registration training was the most useful aspect of their entire period of education and training. Those who had undertaken a placement in a hospital as part of their pre-registration provided even more positive feedback about the amount of clinical experience they received during this time.

*The pre-reg was all practical. You see so many patients every day. I learnt so much in one year, more than I did in all the years at university. **Optometrist, hospital, England***

*The hospital block was great, probably the best thing about pre-reg. I really benefited from it. The Trust were very good. They organised a block placement, a timetable and put us in different parts of the hospital. **Optometrist, multiple, Northern Ireland***

One newly qualified optometrist interviewee, however, suggested that the type of clinical experience received during pre-registration training may prepare optometry students for the basics of refraction and other routine processes, but did not adequately prepare them for dealing with more complex eye conditions such as low vision or glaucoma, resulting in increased referrals to hospital which may be unnecessary.

*There was enough practical to be doing the job of an optometrist when you qualify, the basics like refraction consultation. But if you spoke to high street optometrists who qualified recently none of them would feel confident at doing something like a low vision test or binocular vision assessment. We had just one session on glaucoma, and that was two hours. Glaucoma is one of the main conditions that people are suffering from. **Optometrist, hospital, England***

Dispensing opticians mostly gain their clinical experience through employment

When reviewing the amount of clinical experience they had received during their education and training, newly qualified dispensing optician interviewees provided a different perspective to optometrists due to the different structure and format of their education and training. Most newly qualified dispensing opticians interviewed explained they had undertaken their education and training while continuing to work, often as optical assistants or associates, attending their academic studies on a day release basis or via distance learning. They explained that their education was purely lecture and study based, and that any clinical experience they received came as a result of their continued time in employment.

*There wasn't anything clinical at college, because we were in practice five days a week they didn't need to provide anything like that. **Dispensing optician, multiple, England***

*It was very much taught, classroom-based lectures, PowerPoint presentations to look at, paper copies to follow, and that was pretty much it. There wasn't anything specifically clinical about it at all really. **Dispensing optician, multiple, England***

Some indicated that this approach was beneficial, as it meant that dispensing optician students received a large amount of clinical experience while studying and were able to immediately apply their learning in practice. They therefore did not feel that they lacked clinical experience during their education and training, in line with the results of the survey.

*It's very hands on and patient-orientated because you're working while studying. You're with patients every day so it builds your confidence. As you're learning you begin to look at things differently and understand how patients perceive things. **Dispensing optician, independent, Wales***

*We had weekly assignments set up to spend time with your CLO or optom, looking for contact lens fitting or aftercare. It involved you, you had to build up your portfolio, sitting in on appointments and getting involved with the clinical reasons behind prescriptions. **Dispensing optician, independent, Northern Ireland***

Some newly qualified dispensing optician interviewees, however, felt that this approach to gaining clinical experience via current employment was lacking in some aspects, as it was dictated by the types of patients and scenarios that presented within the student's place of work. They explained this could mean that some students may not gain the relevant experience required to become a well-prepared and confident dispensing optician, such as dealing with more complex and non-standard cases.

*It was expected that you would get the experience while you were working, but it doesn't really work like that. I work for a multiple so we don't deal with specialist patients, prescriptions or needs. We're supposed to be able to deal with the more complex issues, but I don't feel that confident because I don't have much experience of them or the knowledge to back them up. It seemed like it was teaching you the minimum to get by and then letting you off into the big, bad world. **Dispensing optician, multiple, England***

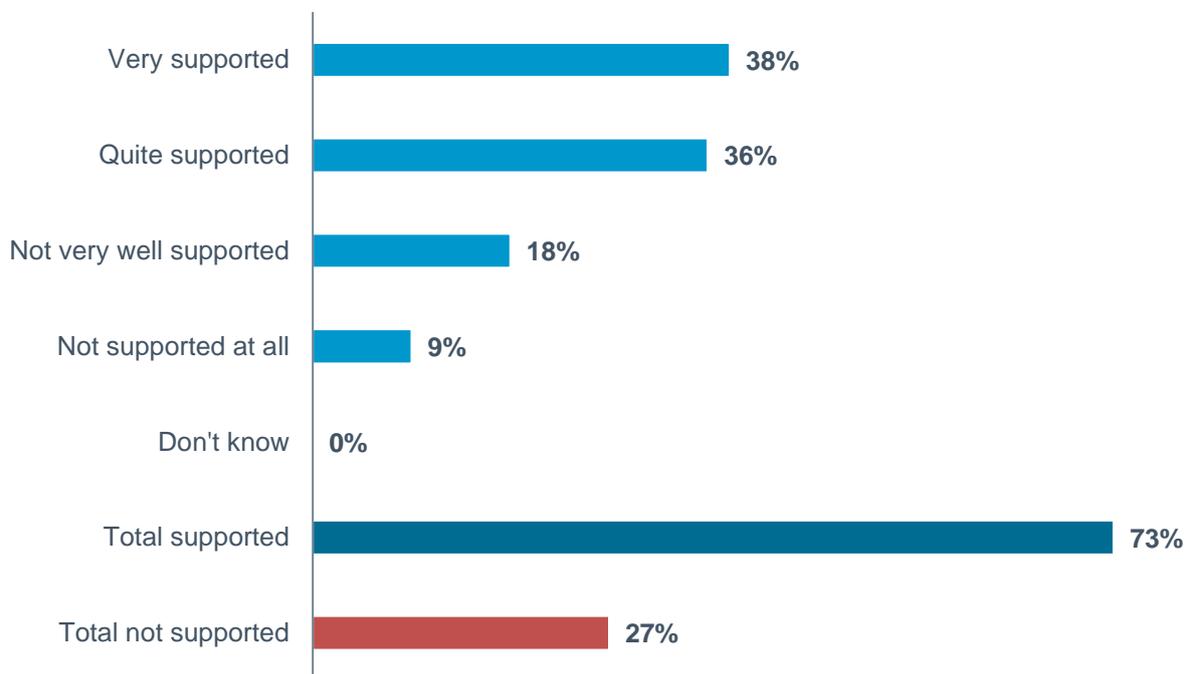
5.2 Pre-registration support

Survey respondents who indicated that they had undertaken a period of pre-registration training were asked to state how supported they felt by their supervisor during this period.

Almost three quarters of all respondents (73%) said they felt supported by their supervisor, with 38% indicating that they were very supported and 36% that they were quite supported. Just over a quarter (27%) said they did not feel supported, which included 18% who did not feel very well supported and 9% felt not supported at all.

Figure 10 – How supported by your supervisor did you feel during your pre-registration period?

Base: Respondents who completed pre-registration training (638)



Subgroup analysis

Those more likely to answer that they were **very supported by their supervisor** (38% overall) included:

- 40% of optometrists, compared to 31% of dispensing opticians
- 40% who felt prepared overall for professional practice, compared to 18% who felt unprepared

6. The content of education and training

Key findings

The most relevant aspects

- The more practical elements were seen to be the most relevant aspects of education and training by survey respondents overall, with 39% seeing clinical skills and experience and 29% considering eye examination techniques as most relevant.
- Newly qualified practitioner interviewees strongly valued the practical elements or time with patients that they had experienced.
- A large proportion of dispensing opticians surveyed (48%) said dispensing knowledge/training was most relevant.
- Newly qualified optometrist interviewees viewed pre-registration training as very relevant and valuable, especially any hospital placements to gain an understanding of ocular pathologies and the referral process.

The least relevant aspects

- The survey showed that theory-based study including visual optics (23%), maths (20%) and science modules (17%) were seen as the least relevant aspects of their education and training.
- Interviewees explained that what they had learnt in these modules was rarely or never used.
- Dispensing optician interviewees felt too much time was spent ensuring all students had the same level of proficiency in maths and science, and on teaching how to conduct tasks by hand rather than using the technology commonly available.

Areas missing or insufficiently covered

- Half of all survey respondents (50%) thought there were things missing or covered insufficiently during their education and training.
- The areas thought to be missing, or not adequately covered, included a wider range of experience with patients with ocular health conditions (19%), eye examination techniques (12%) and more clinical experience (11%).
- Interview feedback highlighted the desire for more experience with patients and different pathologies to prepare for real-life practice, not only standard scenarios.
- Some interviewees suggested that commercial and business skills were lacking, which are important given the retail focus of optometry.
- Some interviewees felt paediatric optometry and dispensing was not covered sufficiently to prepare them for practice, given the proportion of child patients.

Studying alongside students from other disciplines

- Only 10% of survey respondents said they frequently studied alongside students from other healthcare disciplines. The largest proportion (38%) said this rarely happened.
- A small number of interviewees had some experience of this with pharmacy or medical students, but most said it had never happened. However, they could see potential benefits, particularly studying alongside pharmacists and orthoptists.

6.1 The most relevant aspects of education and training

The survey asked newly qualified practitioners to name up to three aspects of education and training they found most relevant to their practice so far. Respondents were able to respond in free-text boxes, which have been thematically coded for analysis, grouping similar responses together, and are presented in the table below.

Figure 11 – What aspects of your education and training have you found most relevant to your practice so far?

Base: All respondents who provided a response (557) / optometrists (372) / dispensing opticians (185)

Aspect of education and training	Total	Optometrists	Dispensing opticians
Clinical practice/skill inc experience with patients	39%	53%	10%
Eye examination techniques	29%	31%	25%
Ocular pathology/health/anatomy	28%	28%	29%
Dispensing knowledge/training	19%	5%	48%
Pre-registration period	18%	26%	1%
Contact lens training/education	10%	10%	12%
Communication skills/customer service	10%	10%	9%
Paediatric eye care/dispensing	8%	2%	19%
Hospital placements	8%	12%	-
Diagnosis/management of eye conditions	8%	6%	11%
Standards/professional conduct/legislation	6%	2%	15%
Theory based training/education	5%	3%	10%
Low vision training/education	5%	1%	12%
Prescribing skills/prescription analysis	4%	3%	7%
Supervisor/peer support	4%	5%	3%
Problem solving	3%	1%	8%
General degree content	3%	3%	2%
CPD/CET	3%	3%	2%
OSCEs	3%	4%	1%
Referrals	3%	2%	3%
Case studies	2%	1%	3%
Records management	1%	1%	2%
All aspects are relevant	1%	1%	2%

The two most commonly suggested aspects found to be most relevant related to practical aspects of education and training. Two in five respondents (39%) said clinical skills including experience with patients. A larger proportion of optometrists (53%) said this when compared to dispensing opticians (10%). This was followed by almost a third (29%) who said eye examination techniques were most relevant (29%). Again, this was suggested by a larger proportion of optometrists (31%) when compared to dispensing opticians (25%). A large proportion of optometrists (26%) also suggested that the pre-registration period was most relevant to them.

By contrast, larger proportions of dispensing opticians suggested that aspects relating to dispensing knowledge, training and education (48%) and paediatric eye care and dispensing (19%) were most relevant to them, when compared to optometrists (5% and 2% respectively).

In depth interview feedback from newly qualified optical practitioners

Practical skills and patient interaction highly valued

Similar to the survey results, newly qualified optometrist and dispensing optician interviewees emphasised the learning of practical and clinical skills (as opposed to theory-based learning) as being most relevant to their professional practice so far, as they use these skills daily. Furthermore, they also valued any opportunity for patient interaction during their education and training.

*All the practical skills because you use them every day. **Optometrist, hospital, England***

*Any experience of dealing with actual patients was most relevant as that's what I do day to day. **Optometrist, independent, Wales***

Relevance and value of pre-registration training

A large number of newly qualified optometrist interviewees focused on their experience of pre-registration training, when discussing the most relevant aspects of their education and training. Many emphasised that it was during their pre-registration training that they felt they learnt the majority of the knowledge and skills needed, and gained the confidence required to work as an optometrist in professional practice.

*The pre-reg placement is invaluable. You need that practical experience but you also need to be supervised while you're having it because you can't put patients at risk. It gets your confidence up to practice. **Optometrist, multiple, England***

*You learn all kinds of things during university, but when it comes down to it, as an optometrist you need to know how to talk to and treat patients which you get during pre-reg. **Optometrist, hospital, England***

Some interviewees also commented how valuable they found the hospital placements they undertook during their pre-registration training, particularly those who did not currently work in a hospital setting. They explained that, even though it may have only been for a short period of time, observing how optometry is delivered in a hospital was extremely beneficial to provide them with an understanding of the referral process into secondary care. Interviewees said this was beneficial for their own understanding and when providing their patients with information about the referral process in order to manage their expectations. The hospital placement also exposed optometry students to a wider range of eye problems, increasing the amount of experience they received and making them more prepared when presented with more complex eye problems in practice.

*It means that you know what happens when you refer a patient to hospital. You know what's there, how doctors triage things, knowing how clinics run. You can tell patients what to expect and know how best to direct referrals. **Optometrist, multiple, Northern Ireland***

*Referring on to a hospital can become a bit of an abyss if you're not familiar with the local hospital service, so my experience in hospital was invaluable. When I refer patients, I have much more of an understanding of what treatment they have and what gets sent to eye casualty. You can also hear from the ophthalmologist what they need to see and what they want you to manage in practice. **Optometrist, independent, Wales***

The study of ocular pathology

As also found in the survey results, newly qualified optometrist and dispensing optician interviewees found the study of ocular pathology to be very relevant when considering their experience of professional practice since becoming qualified. Interviewees explained that this knowledge was acquired during their academic study and pre-registration training, enabling them to better understand a wide range of eye problems and how to treat or advise patients.

*General pathology is useful because you're seeing patients with a range of things, it's important to have a really good understanding of what it could be to test the severity if you need to refer patients on to the hospital. Rather than having to run off and check in text books, you've got that knowledge. **Optometrist, multiple, England***

*If someone comes in with red eye or painful eye then the anatomy and pathology stuff that we learnt is useful for that. You can recommend the right treatment or send them to the right place. **Dispensing optician, multiple, England***

Common areas most relevant to dispensing opticians

Newly qualified dispensing optician interviewees highlighted prescription analysis and knowledge and skills related to dispensing, including paediatric dispensing, as being most relevant to their daily practice. They emphasised that these were areas they utilised most frequently in daily practice, and therefore on reflection found them to be most valuable.

*It's what we do on a daily basis for each and every patient. I hadn't been taught it in that way before, and I actually use it now to teach other associates because it's really useful. **Dispensing optician, multiple, England***

*In multiples, whenever you're working as an optical assistant, you don't do much of the paediatric dispensing or you get overruled. Knowing the anatomy of a child's face puts you in a lot better position to know what frames to buy, or what to have available, where to sit a bifocal on a child. Once you qualify you realise how useful it is. **Dispensing optician, independent, Northern Ireland***

6.2 The least relevant aspects of education and training

Survey respondents were asked to select up to three aspects of their education and training they found least relevant to their practice so far. Responses were entered into free-text boxes, which have been thematically coded for analysis, grouping similar responses together, and are presented in the table below.

Figure 12 – What aspects of your education and training have you found least relevant to your practice so far?

Base: All respondents who provided a response (471) / optometrists (317) / dispensing opticians (153)

Least relevant aspect of education and training	Total	Optometrists	Dispensing opticians
Optics/visual optics/visual science	23%	28%	13%
Maths related modules	20%	18%	24%
Science related modules	17%	20%	11%
Other specific module/unnamed modules	15%	20%	7%
Dispensing training/education	12%	15%	6%
Nothing / all relevant	10%	6%	17%
Anything non-practical / theory based	8%	8%	8%
Hand/lens neutralisation	5%	1%	14%
Training/education in contact lenses/RGPs	5%	5%	6%
Outdated practice/education/theory	5%	4%	8%
Low vision training/education	5%	4%	7%
Dissertation/essays/other written work	3%	4%	2%
Business/management/law modules	2%	2%	2%
Design and manufacture of frames/lenses	2%	0%	5%
Pharmacology/medicine	1%	2%	-
Pre-registration period	1%	2%	-
Professional development	1%	2%	1%
Exams/assessments	1%	1%	2%
Communication modules	1%	0%	2%

The aspects found to be least relevant were related to science, maths and theory-based study, including optics/visual optics/visual science (23%), maths related modules (20%) and science related modules (17%). However, overall one in ten (10%) said that they did not find any aspects of their education and training to be less relevant than others, including a larger proportion of dispensing opticians (17%) compared to optometrists (6%).

In depth interview feedback from newly qualified practitioners

Theory-based study was viewed as less relevant

Reflecting the survey results, the most widely discussed aspect of education and training found to be less relevant to newly qualified practitioners was the study of maths, physics, theoretical optics and optical science. Both optometrists and dispensing opticians said that they felt much of what they covered in these areas, particularly towards the start of their education, was not

relevant to their subsequent professional experience and that they had not utilised this learning since qualifying.

*There was way too much maths and physics involved that we don't need to know. All these theoretical ways of working out complex equations. Once you've done the exam it's gone, completely forgotten, not useful at all. You spend a lot of time learning it to pass the exam and it's far too in depth. **Optometrist, multiple, England***

Some newly qualified practitioner interviewees explained that they could understand why these topics were included, to provide a sufficient background and understanding, but felt the amount of time spent on them could be reduced to free up time for more practical subjects regularly utilised.

*A lot of the maths that you learn is never used again. It's theory that is fine for understanding, but useless on a daily basis. I don't think they need to play as big a role in the course. **Dispensing optician, multiple, England***

*I don't know how much is necessary to cover, maybe a cut down version of those optics modules would be better, to focus more time on other things that are used. **Optometrist, multiple, Northern Ireland***

Too much focus on basic maths and science for dispensing opticians

Newly qualified dispensing optician interviewees commonly thought there was too much focus on basic maths and science during the first year of their course, which they described as the equivalent of GCSE or A-Level standard. It was believed this time could be better spent on more practical aspects of their qualification that they could usefully apply. It was suggested there should be a requirement to have a sufficient proficiency in maths and science before beginning the qualification, so time does not have to be spent bringing everyone up to the same level.

*We didn't start optic-based stuff until about half-way through the first year. When we started it was basic maths and physics, which felt like a waste of time. Everyone should have that basic level of knowledge from doing their job before they do the course. Then the course doesn't have to focus on the basics and can spend more time on the more complex issues. **Dispensing optician, multiple, England***

Unnecessarily learning manual processes

Interviews with newly qualified dispensing opticians highlighted that they believed too much time was spent learning manual techniques, rather than utilising technology. The most common process mentioned was 'hand neutralisation', which dispensing optician interviewees agreed was unnecessary to learn, as simple technology was widely available to carry out this process in practice. It was believed that, if this aspect of their learning had not been included, it would not have been detrimental to their education and would have allowed them to study something more relevant.

There's a lot more technology now to do the measurements rather than just using a ruler. It seemed pointless to learn by hand. Dispensing optician, multiple, England

We spent a long time doing hand neutralisation. It's never done now. That's a striking example of something where we could have focused more on other aspects of dispensing that are more relevant. There definitely needs to be a shift from a little less theory to a lot more practical. Optometrist, hospital, England

Learning out of date information

A small number of newly qualified practitioner interviewees said some of what they were taught during their academic education was out of date, including information about products that were no longer manufactured and available to provide to patients. The most common examples mentioned were in relation to hard and soft lens products and contact lens solution. It was felt that these should either be removed from the courses, or the content should be brought up to date to ensure that it is relevant.

There was a lot of time on RGPs and it's such a small part of your job these days. There was lots of lecture time on different contact lens solution which they stopped using in 1982. It seemed like it was just there for space filling. Optometrist, multiple, Scotland

There was a lot on hard and soft varifocals, but they don't make hard ones anymore. So it was totally irrelevant. Dispensing optician, multiple, England

6.3 Areas of skill or knowledge missing or insufficiently covered

Based on their professional experience as an optical practitioner so far, all survey respondents were asked whether there were any skills or areas of knowledge they would have liked to have been included in their education and training that were either missing or insufficiently covered.

The responses showed overall that opinion was split equally, with 50% stating they thought some skills or areas of knowledge were missing or insufficiently covered, and 50% stating that they did not think this.

Subgroup analysis

Subgroup analysis showed there were some survey respondents more likely to answer that **there were skills or areas of knowledge that were missing or insufficient** (50% overall) including:

- 57% of optometrists, compared to 35% of dispensing opticians
- 64% who had worked in hospital since qualifying, compared to 49% who had worked in a national chain of opticians
- 63% aged 16-24, compared to 47% aged 25-34 and 45% aged 35+
- 79% who felt unprepared overall for professional practice, compared to 46% who felt prepared

Survey respondents who felt elements of their education and training were missing or insufficiently covered were additionally asked to specify which areas. Respondents entered their response into free-text boxes, which have been thematically coded for analysis and are presented in the table below.

Figure 13 – Areas of skill or knowledge that were missing or covered insufficiently during education and training

Base: All respondents who provided a response (366) / optometrists (276) / dispensing opticians (90)

Missing/insufficient aspect of education and training	Total	Optometrists	Dispensing opticians
Experience of patients with ocular health conditions	19%	22%	10%
Other eye examination techniques	12%	12%	14%
Clinical experience with patients	11%	13%	6%
Contact lenses / complex contact lens fitting	11%	11%	10%
More practical experience than theory	9%	8%	14%
More placement/supervision/peer support	8%	11%	1%
Diagnosis/management of ocular conditions	8%	9%	6%
Paediatric eye care/dispensing	8%	9%	5%
Optical Coherence Tomography (OCT) training	7%	9%	1%
Problem solving	6%	1%	23%
Practice management/admin/law/standards	6%	6%	7%
More/specialised dispensing knowledge	6%	3%	14%
Procedures/surgeries	5%	6%	1%
Commercial/business/retail aspects	5%	6%	1%
NHS/GOC guidelines and standards	5%	6%	-
Patient communication/customer service	5%	4%	5%
Referrals	4%	5%	3%
Use of equipment	4%	4%	6%
Independent prescribing	4%	5%	-
How to deal with difficult patients/complaints	3%	2%	6%
Prescribing skills	3%	3%	1%
How to carry out eye test/care post-surgery	2%	2%	1%
Treating patients with non-ocular health conditions, e.g. dementia, learning disability	2%	2%	1%
Medicines/pharmacology	1%	2%	1%
Lens surfacing/glazing	1%	-	4%
Frame adjustments/repairs	1%	0%	2%

In depth interview feedback from newly qualified optical practitioners

Newly qualified practitioner interviewees were asked to discuss in more detail whether they felt any skills or areas of knowledge were missing or insufficiently covered during their education and training.

More clinical experience needed to experience wider range of pathologies

Reflecting the survey feedback, newly qualified practitioner interviewees felt their education and training did not sufficiently include enough experience with a wide range of patients and pathologies. They explained this experience was extremely beneficial when it was included, providing them with greater knowledge of the kinds of ocular health conditions that patients present with in real-life practice, as opposed to testing fellow students or simulated patients.

*All of our patients at uni were very nice and weren't examples of real-life, not complex patients and or challenging environments. We could have had more experience with a better range of real patients. **Optometrist, multiple, Northern Ireland***

*As part of the pre-reg year I would have liked to have been shown a wider range of pathological cases, rather than just the standard things that come into practice, so that I was prepared for them, rather than it just being theory. **Optometrist, multiple, England***

The newly qualified optometrists interviewed who had undertaken a hospital placement, explained it had been very beneficial in providing relevant knowledge and experience, and more time spent in a hospital setting should be included within education and training for all students.

*I learnt so much in hospital and seeing patients with pathologies, rather than reading them from a book. You don't really get any understanding of NHS pressures or your role in the community. If you're in a hospital you see how busy the clinics are, you get a better idea of whether you should refer something or not. **Optometrist, hospital, England***

Some newly qualified dispensing optician interviewees also indicated that seeing a greater number of real-life patients would be very helpful in increasing their preparation for practice, allowing them to understand how the theory they have learned presents itself in practice.

*We were taught a lot of ocular anatomy, but not much about the ocular conditions that people actually suffer. I can tell you all seven layers of cornea, but I can't tell you the common conditions that patients are affected by, which would be a lot more useful. **Dispensing optician, multiple, England***

Commercial, business and retail knowledge and skills

Newly qualified practitioner interviewees also felt business and commercial skills were not sufficiently covered during their education training. Some explained that, in their opinion, the optometry sector was a combination of both healthcare and retail. However, they felt that their education and training did not reflect this adequately, instead focusing only on the healthcare elements and paying little attention to the more commercial, financial and business-related aspects. It was suggested that additional time spent covering basic business skills and how an optical practice is managed would have been very helpful, as this was something they believed they lacked on qualifying.

*Optometry is very retail focused, and there needs to be more on that. We're clinically responsible to make sure that people are healthy and that we're safe, but the majority of our job is selling stuff. There could have been more covering the retail side of things, it's not all clinical for the majority of optometrists. **Optometrist, multiple, Scotland***

*They don't teach you practical things like being able to fill out an NHS form correctly. Most DOs are part of a management team and are expected to take on responsibility for finance. Most don't have a clue and it's a key part of running a practice. The diploma course doesn't cover business management at all. Every bit of business knowledge I have I've just picked up along the way. **Dispensing optician, multiple, England***

Paediatric eye care and dispensing

As highlighted in the survey results, some newly qualified practitioner interviewees felt there was a lack of focus on paediatric optometry and dispensing of spectacles. Some felt that, given the significant proportion of child patients they see in practice, the amount of time they spent learning about providing eye care to children was insufficient. Dispensing optician interviewees in particular suggested that additional time spent on this topic would have been useful, as paediatric dispensing was a significant part of their role upon qualification. By contrast, other newly qualified practitioner interviewees said covering paediatric eye care during their education and training was valuable, indicating that this topic varies by course and institution.

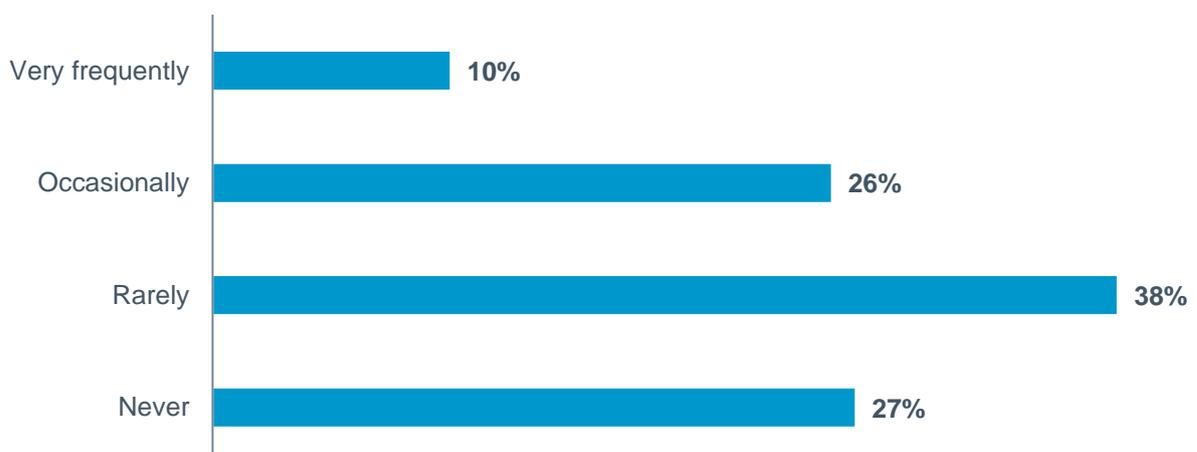
*A lot of what you do as a dispensing optician when you qualify is paediatric dispensing and collections. There wasn't much around that, and I think there could have been more. Maybe some more experience, role playing or situations to work out. **Dispensing optician, multiple, England***

6.4 Studying with students from other health disciplines

All survey respondents were asked to indicate how frequently their education and training had included study or clinical experience alongside student health professionals from other disciplines (e.g. orthoptists, pharmacists, nurses, medical students). Overall the largest proportion of respondents (38%) said this rarely happened, and just over a quarter said it never happened (27%) or that it occasionally happened (26%). One in ten respondents (10%) said it happened very frequently.

Figure 14 – How frequently did your education and training include study or gaining clinical experience alongside student health professionals from other disciplines?

Base: Respondents who completed pre-registration training (751)



Subgroup analysis

Larger proportions of optometrists said that studying or gaining experience alongside student health professionals from other disciplines **occasionally** (31%) or **rarely** (44%) happened when compared to dispensing opticians (15% and 26% respectively).

By contrast, a larger proportion of dispensing opticians (48%) said that this **never** happened when compared to optometrists (15%).

In depth interview feedback from newly qualified optical practitioners

Some experience of studying alongside students from other healthcare disciplines

In line with the survey results, experiences of newly qualified practitioner interviewees about training alongside student health professionals from other disciplines were mixed. A small number of interviewees explained how this had been a small part of their education and training, particularly alongside pharmacy and medical students, with some joint study and practical sessions or specific shared modules, where they could share information and ask questions of each other. However, it was explained that, while beneficial, this was not a particularly frequent occurrence, and that additional sessions of this kind would have been appreciated.

*In first and second year we had quite a bit to do with pharmacists and medics. They came in and we'd do practice clinics and an eye test on them, so they could experience it and it was practice for us. They could ask us why we did certain tests. I can think of about five times we were put together. **Optometrist, independent, Wales***

*We had biomedical modules which was the only time we met up with people from other professions. We did one session with pharmacists but they see a lot of anterior eye problems, they don't feel prepared for them. **Optometrist, multiple, Northern Ireland***

One newly qualified optometrist interviewee highlighted that the only time they studied alongside other healthcare students was during their pre-registration training in a hospital setting, where the likelihood of this was greater. They also felt that this was very beneficial to their learning, as it prepared them for working with different professions in the future.

*Just working in pre-reg in the hospital with all healthcare professionals at all times, it was really beneficial. I can't imagine not working with orthoptists now. We work very closely together. **Optometrist, hospital, England***

Little experience of multi-disciplinary learning, but benefits could be seen

Most newly qualified practitioners interviewed said that their education and training did not provide any opportunities for studying alongside students from other healthcare disciplines. However, all explained that they could see potential benefits of doing so due to the increasing convergence and cross-over between optometry and other disciplines.

*We didn't do it at all. It could be potentially useful. The cross-over between medical professions is important and we should be moving towards working closer with other professionals. Optometry is so linked with medicine now. But I'm not sure how it could be done. **Optometrist, multiple, England***

The most commonly suggested profession to gain benefit from studying alongside was pharmacy, with newly qualified practitioners highlighting significant areas that the two professions were now linked. This was particularly suggested by those who worked in practices that also included an in-store pharmacy, where benefits to joint learning could more easily be seen.

*Studying with pharmacists might have been useful. It ties over a lot. We recommend what treatments and medications to get from the pharmacy. There's a bit of cross-over there. **Dispensing optician, multiple, England***

Some newly qualified dispensing optician interviewees highlighted how beneficial it would be for student dispensing opticians to spend time in education and training with orthoptists in a hospital setting, to provide them with a greater understanding of the hospital referral process, which would be of benefit to both the dispensing optician and their patients.

*It should be mandatory for dispensing opticians to work with an orthoptist in hospital. We have a massive amount of business that is hospital referred. I think orthoptists could benefit from it too. **Dispensing optician, independent, Northern Ireland***

Most interviewees were unsure how studying alongside other healthcare professionals could be implemented into education and training. However, one suggested that, following education and training, joint educational events could be held between the professions to allow questions to be asked between the professions and ideas to be shared in order to develop best practice.

*I'd appreciate doing a CET event with pharmacists to bounce ideas off each other. And more education with GPs, because they see a lot of anterior eye problems too, and we're the best equipped to deal with them. **Optometrist, multiple, Northern Ireland***

7. Preparedness for professional practice

Key findings

Overall preparedness

- A total of 89% of newly qualified practitioners felt prepared overall for professional practice in their first role, 67% felt sufficiently prepared and 21% very well prepared.
- A total of 11% did not feel prepared overall, including larger proportions of optometrists (13%) and those who worked in a hospital (22%).
- Some newly qualified practitioner interviewees explained they felt sufficiently prepared but were still in need of real-life experience. Employer interviewees echoed this view, explaining it was unrealistic to be completely prepared for practice immediately upon qualification.

Practicing autonomously

- The survey found 84% of newly qualified practitioners felt prepared to practice autonomously and independently, with 61% feeling sufficiently prepared and 23% very prepared.
- A total of 15% did not feel prepared, including larger proportions of optometrists (19%) and those who worked in hospital (31%).
- Some of the newly qualified practitioner interviewees felt ready to work autonomously due to their experience of pre-registration, whereas others were less prepared but aware that they had the support of their colleagues if they needed it.
- Some employer interviewees said newly qualified practitioners were often prepared to work autonomously, but they still expected to provide support during early practice. They encouraged practitioners to ask for support and sought to place them in appropriate practice settings.
- Some employers had observed the confidence of newly qualified optical practitioners falling following their qualification, once operating under their own GOC registration.
- Employers in hospital settings said it was more difficult to work autonomously there straight away, as the role was often more complex than training had prepared them for.

Making confident clinical decisions

- The survey showed that a total of 81% of newly qualified practitioners felt prepared to make confident clinical decisions, 63% felt sufficiently prepared and 18% very well prepared.
- A total of 19% overall did not feel prepared to make confident decisions. This included 22% of optometrists and 29% of practitioners who worked in hospital settings.
- Some newly qualified practitioner interviewees explained they felt prepared to make decisions as they knew they had the support of their colleagues when they qualified, whereas others said they did not feel confident in making complex clinical decisions. This was echoed by employer interviewees, who had mixed experiences of newly qualified practitioners, but agreed that confidence comes with experience.
- Employer interviewees said newly qualified practitioners were often looking for 'text book' cases in practice, making it difficult to apply their learning and make decisions.

- Employer interviewees also highlighted a drop in confidence of newly qualified practitioners following qualification, resulting in practising defensively and avoiding clinical decision making.
- Many employers had experience of newly qualified practitioners making unnecessary referrals. Some said it was to be expected and reduced with experience. They encouraged practitioners to check referrals with colleagues first.

Adapting to relevant, emerging and new technology

- Overall 72% of survey respondents felt prepared for adapting to relevant, emerging and new technology, 50% felt sufficiently prepared and 22% very well prepared. A total of 27% did not feel prepared, including a larger proportion of optometrists (31%).
- Newly qualified practitioner interviewees explained they were confident at adapting to new technology, due to their education or because they enjoyed using new technology.
- Some newly qualified dispensing optician interviewees said they felt less confident because they were taught to carry out tasks by hand, which were then done using technology once qualified.
- Employer interviewees had no issues with the ability of newly qualified optical practitioners to adapt to new technology, explaining that they believed them to be more confident than experienced staff.

Communicating appropriately

- Almost all survey respondents (97%) felt prepared for communicating appropriately with patients and the public. Unlike all other areas of practice, a larger proportion felt very well prepared (58%) than sufficiently prepared (39%). Only 3% did not feel prepared.
- Newly qualified practitioner interviewees said practical experience with patients had increased their confidence in communicating. Those who had more experience in practice typically felt more confident.
- Some employer interviewees had positive experiences of the communication abilities of newly qualified practitioners, with both patients and colleagues. However, where there were issues with communication, this included communicating with challenging patients, delivering bad news and avoiding jargon.
- Employer interviewees highlighted they try to support employees with advice or in-house training. However, all employers agreed that more experience was the most beneficial way of developing communication skills.

Evaluating clinical research and evidence

- Overall 63% of survey respondents felt prepared to evaluate clinical research and evidence, with 35% saying they had not felt prepared for this.
- Newly qualified practitioner interviewees all said this has not yet been required of them in practice. Some felt they would be able to do this if necessary, given their recent experience of research during academic study.
- Most employer interviewees highlighted evaluating research was not something they required of newly qualified optical practitioners, and they were more concerned about their ability to practice safely and communicate with patients.

- Employer interviewees who did require their newly qualified staff to evaluate research had mixed experiences, with some highlighting that they struggled to link research to practice.

Areas that employers did not feel newly qualified optical practitioners were well prepared

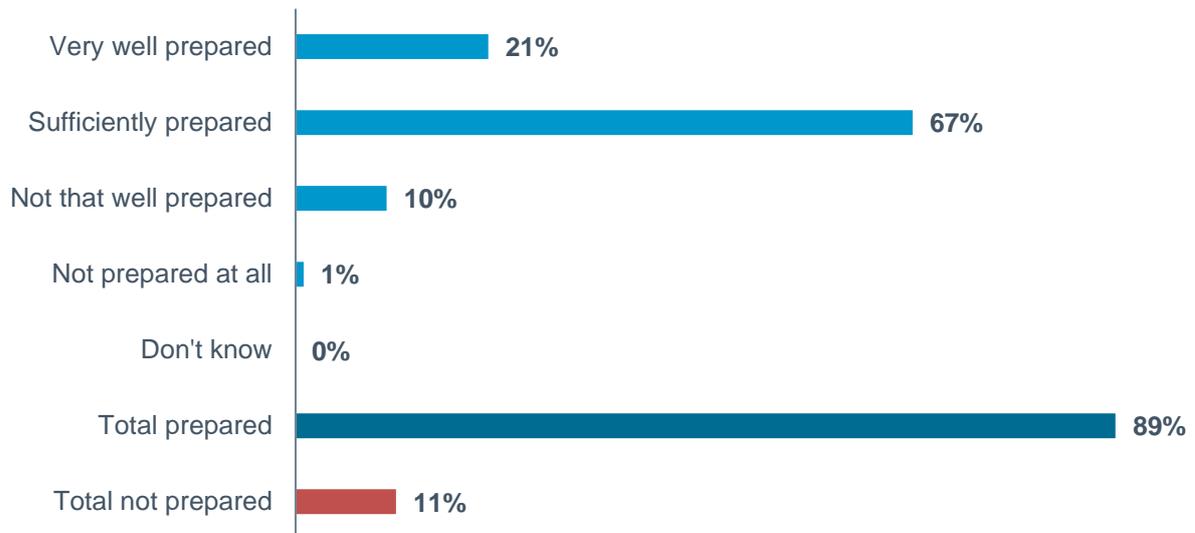
- Employer interviewees were able to suggest other areas that they felt optical practitioners were not sufficiently prepared for once they had qualified
- Their suggestions included the commercial, business and retail aspects of their roles, the legal aspects of their role and the sector, paediatric optometry and enhanced and extended services

7.1 Overall preparation for professional practice

Survey respondents were asked to state how prepared they thought they were overall for professional practice when they began their first role following qualification. Nine in ten respondents (89%) indicated that they felt in some way prepared, with 21% indicating that they thought they were very well prepared and 67% that they were sufficiently prepared. Of the 11% who thought they were not prepared, most answered that they were not that well prepared (10%), with just 1% indicating that they thought they were not prepared at all.

Figure 15 – Thinking about your first role as a registered optical practitioner, how prepared do you think you were overall for professional practice?

Base: All respondents (751)



Subgroup analysis

A larger proportion of dispensing opticians (35%) said they were **very well prepared** for professional practice when compared to optometrists (15%). By contrast, a larger proportion of optometrists (72%) said they were **sufficiently prepared** for professional practice when compared to dispensing opticians (59%).

Those more likely to answer that they were **not prepared** (not that well prepared or not prepared at all) for professional practice (11% overall) included:

- 13% of optometrists, compared to 7% of dispensing opticians
- 22% who had worked in a hospital since qualifying, compared to 11% who had worked in a national chain of opticians

In depth interview feedback from newly qualified optical practitioners

Sufficiently prepared for practice, but in need of professional experience

Similar to the survey results, most newly qualified practitioners interviewed said they felt sufficiently prepared overall for professional practice. When asked to explain why, some indicated that they felt confident from passing their exams and becoming registered with the

GOC, who had deemed them safe to practise. This was coupled with the knowledge that they had support available from their employer, colleagues and other organisations should they need it.

*There's a lot of confidence that comes with passing your exams and being told that you know enough now to go out and deal with patients, you're legally and ethically responsible for somebody. **Dispensing optician, independent, Northern Ireland***

*I'd passed all my exams and the GOC said I was ready, so it gave me a confidence boost when I started. There was always someone in practice that I could ask for support, and there's support from the GOC and AOP websites, leaflets, training courses, CET. **Optometrist, multiple, England***

Other reasons suggested for feeling sufficiently prepared overall for practice included positive experiences of pre-registration training, having a supportive pre-registration supervisor, and having completed pre-registration training in the same location as they were then employed in their first role.

*I felt less prepared going into pre-reg than I'd liked, but more prepared coming out of it than I expected. It was because I had the most wonderful pre-reg supervisor, she was knowledgeable and calming. **Optometrist, independent, Wales***

*Because I'd done my pre-reg in hospital I felt I had all the skills I needed to practise safely as an optometrist in a hospital. There are certain aspects where I didn't feel as confident, but overall, I felt I was very prepared. The pre-reg is key. **Optometrist, hospital, England***

Most newly qualified practitioner interviewees believed they were as prepared as they could be for professional practice, and were ready to practise safely, but that they needed to build up their experience of working as a qualified practitioner to build up their confidence and become fully prepared for practice. It was also suggested that it would be unlikely that anyone would be completely prepared for practice, and that confidence and skills needed to be built up through experience.

*A lot of stuff in practice you have to experience first-hand to feel ready. I felt the knowledge I had from uni and pre-reg was really good and prepared me as well as it could have. I don't think you're ever completely prepared. **Optometrist, multiple, Northern Ireland***

In depth interview feedback from employers

Well prepared for professional practice, particularly dispensing opticians

A number of employer interviewees from different practice settings were very positive about how prepared they found newly qualified practitioners overall for professional practice, based on their experience of employing and working alongside them. They highlighted that their recent

experience had shown excellent levels of knowledge, confidence and skill, or explained they were still well prepared overall, despite the fact that the sector is changing, with additional requirements being made of optical practitioners in an increasingly medicalised role. Others said they had a good awareness of the current education and training process, which they thought was very comprehensive and produced optical practitioners who were safe to practise.

*From my perspective of my recently qualified optom and DO, they were very well prepared. They have excellent knowledge of the subject and they're both independent thinkers. They're both keen to learn more and ask questions when they don't know things. **Employer, other, England***

*They're 100% ready when they're fully qualified. The College of Optometrists pre-reg year is very rigorous. So the day they qualify I'm 100% happy that they're prepared to practise safely. **Employer, independent, Wales***

Some employer interviewees indicated that newly qualified dispensing opticians in particular were well prepared for professional practice from their awareness of the current education and training, which they believed included a wider range and increased depth of knowledge. They were therefore able to compare their recent experience of newly qualified dispensing opticians with those from previous years, highlighting an increase in their levels of knowledge and skill.

*DOs are a lot more prepared. The newer course gives them a much better breadth of skills. They've got more contact lens and low vision knowledge, which is really good for the future. I see that in my DOs. They feel more comfortable with some things than some of those who have been qualified for longer. **Employer, independent, England***

A larger number of employer interviewees said that they thought dispensing opticians were typically more prepared for professional practice overall when compared to optometrists, as they had normally been working in the same practice while undertaking education and training via day release or distance learning.

*Most DOs do it as a distance learning thing, so they're very much working with us throughout it. So not much changes once they've qualified apart from their level of responsibility. **Employer, independent, England***

As suggested by some newly qualified practitioners, some of employer interviewees also said they thought they were well prepared for professional practice overall if they already had experience of working in that practice setting, whether via their pre-registration training or by being already employed in that workplace.

*If we've had them for their pre-reg year then they're up and running, but we still find that experience is the most important thing. That's what gives them confidence and then they work better. **Employer, independent, England***

Sufficiently prepared, but still requiring real-world experience

The most common feedback from employer interviewees was that newly qualified practitioners are sufficiently prepared for professional practice, but with the caveat that they still have a lot to learn, something also discussed by newly qualified practitioner interviewees. It was widely agreed by employers that practitioners were as prepared as they could be immediately following qualification, and the only way to increase their levels of knowledge, skills and confidence was to begin working and gain more 'real life' experience.

*I would say overall optoms are about 80% prepared. The other 20% is experienced based and they get that gradually once they start working. **Employer, multiple, England***

*I think they've still got a lot to learn at that point, but we try to manage it. I tell them that it's like when they learn to drive. When you pass, you've still got no real experience and you're not particularly good at it. It comes with time. **Employer, multiple, Wales***

Employer interviewees also highlighted that newly qualified practitioners often have excellent clinical knowledge, obtained during education and training, that helps prepare them for practice. However, in their view it is the application of this clinical knowledge in professional practice where both newly qualified optometrists and dispensing opticians could struggle.

*From a clinical point of view, optoms are very well prepared, but not so much in terms of putting it into context. **Employer, multiple, England***

*DOs are very prepared in terms of their knowledge being great, so they have the background. But sometimes they don't know how to apply that in the real world. They've not put things together to understand how things work. **Employer, multiple, Scotland***

Employer interviewees also commonly suggested it was unrealistic to expect newly qualified practitioners to be fully prepared for professional practice as a result of their education and training, as optometry is a life-long learning profession within which individuals are continually developing. It was agreed that much of the development of newly qualified optometrists and dispensing opticians comes with the real-world experience they gain once they begin working in practice.

*Optometry is a life-long learning profession. You don't suddenly finish your training and you're fully formed. You continue to develop and train. You can't possibly develop a fully formed optometrist after four years. **Employer, hospital, England***

Less prepared to work in hospital settings

While the majority of employer interviewees felt overall newly qualified practitioners were sufficiently prepared for practice, though still needing additional experience, hospital employers tended to be less positive about the overall levels of preparation for professional practice. They explained that education and training may prepare optometrists for high street optometry, but it did not equip them with what is required to work in a hospital setting, especially if they had not completed their pre-registration year in a hospital.

Preparation to work as a hospital optom is not enough. Employer, hospital, England

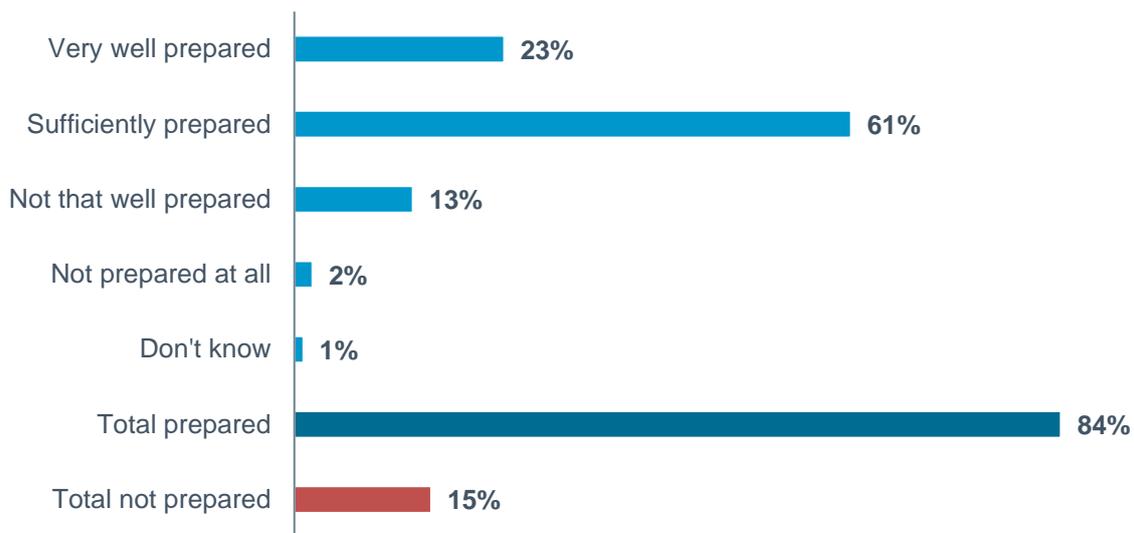
If they haven't undertaken a pre-registration year in hospital, which our newly qualified hadn't, then their preparation for practice is minimal. They can do the basic function of refraction, but the other core clinical optometry functions that we require them to do we have to train them to do from day one. Employer, hospital, England

7.2 Practising autonomously

Survey respondents were asked to indicate how prepared they thought they were for different aspects of their first role as a newly qualified practitioner. Overall, 84% said they were prepared to practice autonomously and independently, comprising 23% who were very well prepared and 61% who were sufficiently prepared. One in seven (15%) said that they did not feel prepared, including 13% who thought they were not that well prepared and 2% who thought they were not prepared at all.

Figure 16 – Thinking about your first role as a registered optical practitioner, how prepared do you think you were for practicing autonomously / independently?

Base: 750



Subgroup analysis

A larger proportion of dispensing opticians (32%) said they were **very well prepared to work autonomously/independently** when compared to optometrists (18%).

Subgroups more likely to answer that they were **not prepared (not that well or not at all) to work autonomously/independently** (15% overall):

- 19% of optometrists, compared to 8% of dispensing opticians
- 31% who worked in a hospital since qualifying, compared to 12% who had worked in an independent opticians practice

In depth interview feedback from newly qualified optical practitioners

Comfortable working autonomously as already doing so in pre-registration

A number of newly qualified practitioner interviewees explained that they felt very prepared to work autonomously when they qualified because it was something they had effectively already been doing, although still under supervision. Both newly qualified optometrist and dispensing optician interviewees said that they had built up their confidence to practise independently, either during their pre-registration training or while working during their studies, and that once they had qualified the only difference was that their work was no longer being checked and signed off by their supervisor, which did not deter them or shake their confidence.

*I was already pretty much doing the job before I qualified, so the only difference was that I didn't have someone else checking everything off any more. You're just a bit extra cautious to begin with. **Dispensing optician, multiple, England***

*I was testing autonomously at the end of my pre-reg, you just have someone there to sign off your work. If you're not confident at the end then you're not ready to qualify. I felt perfectly ready, particularly as I worked for a big practice so had colleagues there to ask for help if I needed it. **Optometrist, multiple, England***

Less prepared to work autonomously at first, but aware that support was available

Some newly qualified practitioner interviewees acknowledged that, following qualification, they were apprehensive about working independently under their own registration. However, they all were comforted to know support was available from colleagues to ease the transition from pre-registration into professional practice. It was highlighted by some interviewees that those working in larger practice environments might feel more prepared for working autonomously due to the number of colleagues available to provide support if needed.

*Testing autonomously was a bit scary at first, but I did have that support network there. I guess it would have been harder if I'd been in a smaller practice. That's the benefit of working in a multiple **Optometrist, multiple, Scotland***

In depth interview feedback from employers

Support required at first, but to be expected

The most common response from employer interviewees was that newly qualified practitioners are generally prepared to work autonomously, but it is widely accepted they will require additional support at first. Most employers said they ensured newly qualified optometrists and dispensing opticians were not working in isolation and provided a support network if needed. This was because they expected certain situations would be more complex or difficult to manage. As also highlighted by newly qualified interviewees, this is easier to implement in larger optical practice settings.

*There are still a lot of things that they don't know, but it's the kind of things that you only gain from experience, so I wouldn't necessarily expect someone who's newly qualified to be able to work independently straight away. **Employer, multiple, Wales***

*Generally, they're pretty autonomous, but because we're a multi-room practice there's always a door they can knock on. We don't see peer learning as a hassle. Two heads are better than one sometimes. **Employer, independent, England***

Employer interviewees who had experience of working with both newly qualified optometrists and dispensing opticians said dispensing opticians tended to be more prepared to work autonomously when they qualified because they usually had a greater amount of experience of working in practice, meaning little had changed for them following qualification.

*Some are more confident to lead and carry on with their own work, but some require a little bit more help. It tends to be those who have come straight from school and don't have as much experience to begin with. **Employer, multiple, England***

Some employers placed approximate timescales on how long support was typically provided to newly qualified practitioners, ranging from the first six months following qualification to 18 months. It was also suggested that the amount of support provided to build confidence varied significantly depending on the individual.

*They're about 75% ready to work independently. After a year or 18 months of actually being qualified, they then rarely need additional help. **Employer, multiple, England***

*They do need support. It would be impossible to practice autonomously the day after you qualify. After anywhere between six and 12 months they're usually ok. **Employer, independent, England***

Employer interviewees frequently said they encouraged newly qualified practitioners to ask for support when they needed it, to help develop and increase confidence levels, rather than reprimanding them for not knowing things or asking for too much help. They attempted to foster a collegiate environment to develop newly qualified practitioners, including open lines of communication, shadow clinics and regular staff meetings, accepting that new practitioners cannot know everything upon qualification.

*We have a collegiate kind of environment where we talk about patients and get advice from colleagues, discuss problems and continually develop your skillset. Their ability to practice autonomously is limited because they can't know everything, but they can get support when they need it. **Employer, hospital, England***

*I think a lot of newly qualifieds think they should know things and are afraid to ask. There's been a culture of being afraid to ask a colleague for advice. We encourage them to ask us for support. We do shadow clinics, we have an open line of communication, we have quarterly meetings with peer review sessions. **Employer, other, England***

In addition to providing a supportive environment, some employers working for multiples said they also provided specific training for newly qualified practitioners to develop their ability to work autonomously. However, it was generally agreed this ability was most effectively developed through experience.

DOs do a newly qualified course at our support centre. We talk about aspects of the job that they might not have thought about before, like unusual circumstances that might come up. It's all about how to be a DO in the real world. Employer, multiple, Scotland

[A multiple] and the College do a newly qualified course to give them a bit more confidence of how to deal with situations. Employer, multiple, England

Drop in confidence immediately following qualification

A number of the employer interviewees across different practice settings observed that immediately following qualification, some newly qualified practitioners experienced a fall in their overall levels of confidence, which has a negative impact on their ability to work autonomously when they first start. They believed that this was caused by an awareness by the newly qualified practitioner that they were no longer working under the supervision of another professional, but operating under their own GOC registration, and responsible for their own actions. Employers felt this led some newly qualified practitioners to become less confident, be overly cautious, and ask for additional support and reassurance, which they did not need before qualifying.

What I've noticed with all my recently registered optoms is that, as soon as they're practising on their own ticket, they quite often become a lot more cautious, and will want to have second opinions. Employer, multiple, Wales

You can have an absolutely brilliant pre-reg who you think is going to be fantastic, but then when they qualify and get in store they have a complete dip in confidence and everything has to be triple checked. If you challenge them they say it's their job on the line. It's because the buck now stops with them, and they're more aware of fitness to practice and mistakes and the GOC. Employer, multiple, England

While this was a common theme among employer interviewees, no newly qualified interviewees suggested a drop in confidence upon qualification as having an impact on their ability to work autonomously.

The location of first practice setting is important

A number of employer interviewees highlighted that the location into which newly qualified optometrists are first situated plays a significant role in how easily they can adapt to working autonomously and independently. It was widely agreed that having a support network in place was very beneficial, but some employer interviewees specified that they ensured this by specifically situating newly qualified optometrists in practices where they would receive the correct level of support. Examples of this included situating newly qualified optometrists in practices with multiple testing rooms and larger teams, practices that were not too busy, and practices that often have trainee or newly qualified staff.

They're always better if, for the first six months, they've got someone there if they need to ask any questions. Ideally, we like to put them in a store where we know someone else is there and we have trainee stores. I'm reluctant to put someone who's newly qualified in a single-testing store where they'd be on their own Employer, multiple, England

It was suggested that it is beneficial to situate newly qualified optometrists with more experienced staff, but ideally those who have been qualified for a few years rather than a long period of time, as they would be able to better relate to newly qualified optometrists having also recently been through the same process. It was also felt that this pairing would be more suitable as newly qualified staff would be more encouraged to ask questions of a less experienced colleague.

I try and put them in practices and in regular contact with someone who's slightly more experienced or has been qualified for a few years. It's better to try and pair them with someone who's been through it fairly recently rather than a more experienced optom. You sometimes find the newly qualifieds can feel a bit nervous asking them questions.

Employer, multiple, England

However, one employer interviewee took the opposite approach to this and explained that they found that it was more effective to situate newly qualified optometrists in practices where they are required to work on their own straight away. They felt that this forced the optometrist to think independently and utilise their education and training, avoiding an over-reliance on support from colleagues. However, they also explained that they based this decision on the confidence levels of the individual.

We usually put newly qualifieds in a single practice so they have to just get on with it. They can contact a lead optometrist by phone or email, so they still have a support mechanism. You have to judge it depending on the individual and see how confident they are. I'd never put them in a store with high volume, but getting them to work on their own stops them being wrapped in cotton-wool and gives them an early reality check.

Employer, multiple, Northern Ireland

Less prepared for delivering complex services

Some employer interviewees did not feel that newly qualified optical practitioners were prepared to practice autonomously following qualification. A number of hospital employers explained that it was rare for newly qualified optometrists to be able to work autonomously in this setting, as requirements went beyond the education and training they had received. They explained they were only prepared to independently deliver the 'basic' tasks of refraction, not the more complex tasks required of hospital optometrists. These employers said they had to provide additional training to enable them to work autonomously in a hospital setting.

If you're asking them to do basic tasks then they're probably fairly safe to practice autonomously. The difficulty comes when they have to deal with something that's more complex. In a hospital you're more likely to get that. They're not prepared to deal with the more complex stuff that you get. **Employer, hospital, England**

They're not prepared for working autonomously at all. We put them through a competency framework. We have to so we can ensure they're able to fly solo. We put in a one, three and six-month assessment and they have a supervisor or mentor. **Employer, hospital, England**

Employer interviewees from Wales suggested that newly qualified optometrists were not prepared to work autonomously in Wales due to the provision of enhanced services. As with hospital employers, they indicated they were often able to deliver the basic tasks autonomously, but required additional development to deliver more complex tasks as part of the enhanced services now generally being delivered.

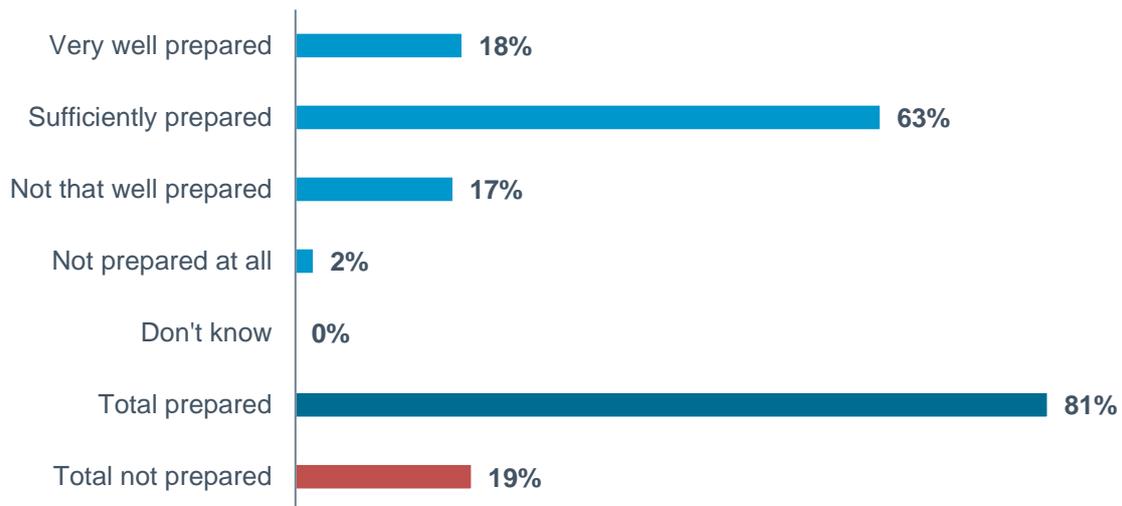
In Wales we have enhanced services, so until they've done further training after qualification they're not able to deliver that, so a lot of the complicated stuff immediately needs to be referred to someone else in the practice. Employer, multiple, Wales

7.3 Making confident clinical decisions

Overall, four in five newly qualified respondents to the survey (81%) said they thought they were prepared for making confident clinical decisions, comprising 18% who were very well prepared and 63% who were sufficiently prepared. A total of 19% said they did not feel prepared, including 17% who were not that well prepared and 2% who were not prepared at all.

Figure 17 – Thinking about your first role as a registered optical practitioner, how prepared do you think you were for making confident clinical decisions?

Base: 748



Subgroup analysis

A larger proportion of dispensing opticians (23%) said they were **very well prepared to make confident clinical decisions** when compared to optometrists (15%). By contrast, a larger proportion of optometrists (21%) said they were **not that well prepared to make confident clinical decisions** when compared to dispensing opticians (9%).

Those more likely to answer that they were **not prepared (not that well or not at all) to make confident clinical decisions** (19% overall) included:

- 22% of optometrists, compared to 13% of dispensing opticians
- 29% who had worked in a hospital since qualifying, compared to 18% who had worked in a national chain of opticians (18%)

In depth interview feedback from newly qualified optical practitioners

Some felt prepared, where support was available

Some newly qualified practitioner interviewees explained they felt reasonably prepared to make confident clinical decisions when they first qualified, because they were aware that they could access the support of their colleagues if they needed additional advice and support. These interviewees explained that, if they were unsure about what decision to make, they would know where to find the information they needed to help them make a confident clinical decision.

*If I don't know the answer to something I know I can ask colleagues or I can do the research. I'll look into legal implications of things, case studies, legislation, to be able to make as confident decision as I can. **Dispensing optician, multiple, England***

*My pre-reg experience was very positive and gave me a lot of confidence for making clinical decisions, even if I needed to find out other information from elsewhere to make a decision. **Optometrist, multiple, Scotland***

Prepared for simple decisions, but not complex ones

Some newly qualified practitioner interviewees explained they only felt prepared to deal with the more common or simple clinical decisions, and were not confident when presented with complex decision-making. Some newly qualified optometrists said they would be more likely to seek assistance from colleagues or refer in these situations. Newly qualified dispensing optician interviewees also explained that they did not feel prepared for more complex cases, and therefore often refer rather than making a clinical decision themselves.

*I was confident with more basic things, but if there was something more complex I'd either want some assistance from a colleague or to refer it. You probably are more likely to refer when you're newly qualified. **Optometrist, multiple, England***

*Decisions about spectacles I'm happy with. But if it's a decision about whether a patient has a visual migraine or whether it's a stroke, I wasn't prepared for that. **Dispensing optician, multiple, England***

In depth interview feedback from employers

Positive experiences of confident clinical decision making

Many of the employers interviewed praised the clinical knowledge of newly qualified practitioners. A number also felt that newly qualified practitioners were able to make confident clinical decisions as a result of their knowledge. Employers explained that they were confident in the abilities of newly qualified optometrists in particular to undertake and interpret clinical tests, knowing what is required in certain circumstances, and that they are able to effectively diagnose conditions such as cataracts, glaucoma and macular degeneration.

*Clinically they're sound. They're confident to make their own decisions. I've never any problems with their clinical decision making. **Employer, multiple, Northern Ireland***

*Our optom's clinical decision making is brilliant. I can be assured of that because she hasn't just gone off and done it straight away – she's asked whether we agree which is really reassuring. **Employer, other, England***

Those who employed newly qualified dispensing opticians also commented on their confidence in the abilities of the new practitioners to use the knowledge they had learnt during their education and training to make confident clinical decisions.

*Technically DOs come out very good. I'm amazed how much they're taught on pathology. They're coming out full of knowledge. **Employer, independent, Wales***

Newly qualified optical practitioners can struggle with more complex clinical decisions

Similar to the interview feedback from newly qualified practitioners, employer interviewees also highlighted they had noticed newly qualified optical practitioners struggling to make clinical decisions, when cases were of a more complex nature. It was in these situations they said that newly qualified practitioners needed additional advice and support.

*If clinical decisions are straightforward then they're very able to make those decisions. When they're more complex they need support. **Employer, hospital, England***

*A major weakness is understanding what to do with visual fields test results. It's not necessarily taught badly, it's just quite a hard topic, and until you've had experience or extra training, it doesn't come naturally. **Employer, multiple, England***

Some employer interviewees suggested newly qualified practitioners could be less confident in complex situations due to their lack of knowledge, typically those who worked in hospital settings. However, most said they had the clinical knowledge, but lacked experience in applying it, which only experience could remedy.

*They get better with time and experience. It's finding the right balance between being clinically sound and safe, but also making your own decisions and taking ownership. It takes time and coming into contact with different patients. **Employer, independent, England***

*It's an experience thing. Their clinical skills are good, but you need experience to pick out the important clinical things and to be able to look at the whole person, not just the eyes. **Employer, independent, England***

Difficulties applying learning in practice

Some of the employer interviewees explained that some newly qualified practitioners were often looking too hard for 'text book' cases when assessing patient symptoms. They said that, in real-life optometry, cases are very rarely as clearly defined as in education and training case studies or examples, and newly qualified practitioners can struggle to link their learning to real practice.

They see the classic case during training. So, if someone comes in once they've qualified and they don't have the classic symptoms, then how do they make that decision?

Employer, multiple, Scotland

With DOs they find it hard to apply what they've learnt to the real world sometimes. They get a lot of theory, but are unprepared how to make decisions based on what they've learnt. Often they're looking for the average, what they've been taught from the text book. If it's different to that then they're not as confident. **Employer, multiple, England**

Drop in confidence due to fear of mistakes

Some employer interviewees said that the ability of newly qualified practitioners to make confident clinical decisions was affected by a fall in confidence immediately following qualification. They explained this was caused by the new practitioner becoming aware of being a regulated professional and a fear of the consequences of making the wrong decision. These employers said as a result, newly qualified practitioners often refer clinical decisions to colleagues, make unnecessary referrals to other services, or avoid making clinical decisions altogether.

They come out with an over-sensitive fear of the regulator. They're worried they'll get struck off for the slightest misdemeanour. The paranoia of being struck off when they start practicing makes them practice more defensively and avoid clinical decisions, meaning they refer. Our newly qualifieds over the last three or four years panic when they qualify and make silly mistakes or over-refer. **Employer, multiple, England**

It's definitely something that DOs worry about. They're nervous about being put in that situation. The DO isn't usually the most senior person in the store, there's usually an optom to rely on for those decisions, but it's something they're still nervous about when they first start. **Employer, multiple, Scotland**

Experiences of over-referring

Many employer interviewees had some experience of newly qualified practitioners over-referring, whether these cases were picked up before reaching the hospital or sent back from the hospital as a false referral. Those who worked in hospital optometry also said that they had received unnecessary referrals from newly qualified practitioners working in practice. These employer interviewees almost exclusively said that a tendency to over-refer following qualification was to be expected, and that often only real-world experience of working in practice could resolve this. They also felt strongly that it was better to over-refer than to be overly confident and make mistakes that may impact on patient safety.

The problem is that they're over-cautious generally. They might make a decision to refer someone or do extra tests. But I suppose it's better to be like that than to be arrogant or dismissive in those situations. **Employer, multiple, Wales**

If you look at referral patterns, newly qualifieds will refer with a much more cautious range of behaviour than someone who's more experienced. But I think that's reasonable, that someone who is newly qualified is safe. **Employer, hospital, England**

Some employer interviewees felt that over-referring may have been recently exacerbated due to a recent and well publicised GOC fitness to practise case, which may have led more newly qualified practitioners to be aware of what can happen when they make mistakes. They suggested an unfounded fear of the regulator and litigation has been fostered in some newly qualified practitioners, adversely affecting their abilities to make confident clinical decisions.

*They're very risk averse. They tend to do a lot of false referrals. It's not always their fault. With the current culture everyone is worried about making mistakes. **Employer, independent, England***

Problems of over-referring and measures taken to prevent it

Some employer interviewees highlighted problems that over-referring can cause, including increasing the strain on hospitals, causing unnecessary patient distress, and potentially not protecting patients if responsibility is not taken by making a confident clinical decision.

*Over-referring might not sound like a big problem, but for the patient, they're sat there for months worrying about their eye just because someone has decided to refer, it can have a real impact. It doesn't help in secondary care. **Employer, multiple, England***

*They don't realise that they can get themselves into trouble as much as what they don't say as what they do say. If they don't advise or recommend to avoid making any decisions, keeping them on the same prescription. It only takes that patient to go into another practice and get a second opinion. **Employer, multiple, England***

To tackle the problem of over-referring, many employer interviewees explained that they encouraged their newly qualified practitioners to ask questions about specific cases or if they were unsure what decision to make, thereby making the process a point of learning for the practitioner. Some employer interviewees said it was mandatory for referrals made by newly qualified practitioners to be confirmed by more experienced staff before being sent.

*We have a triage service employing optometrists to read the referrals in the hospital before they go to the doctor. If an experienced optometrist sees it and disagrees with it, then it gets bounced back to the person who referred it. It becomes a learning for them, so that next time they won't need to refer. **Employer, multiple, Wales***

*We tell them not to refer anyone until they've spoken to us about it, to come and have a chat with us about it first. Even if you end up referring them anyway, it just means better quality referrals. **Employer, independent, England***

Other suggestions from employer interviewees to improve the clinical decision-making skills of newly qualified practitioners and reduce over-referring included creating an online forum where more complex cases could be discussed and advice shared, and more time spent in hospital during education and training to better understand the referral process.

*If there's something that could be done to increase their confidence to make decisions, that would be useful. You could have some kind of forum available for newly qualifieds where they can discuss cases. **Employer, hospital, England***

*Perhaps they could spend more time in a hospital environment either at university or during pre-reg, because then they'll see the kind of cases that are referred that are appropriate and also those that aren't. **Employer, multiple, Wales***

Making confident clinical decisions will be important in the future

A number of employer interviewees thought the ability of newly qualified practitioners to make confident clinical decisions would be more important in the future due to the changes in the optical sector, in particular the increasing medicalisation of the role of optometrists. Employers suggested that optometrists may be required to make more complex clinical decisions, and therefore should be better prepared and as confident as possible upon qualification. Employers from Wales highlighted that this would be particularly important in Wales, where Wales Eye Care Services (WECS) and enhanced services have resulted in increasing roles and responsibilities for optical professionals.

*I want optometrists in the future who are prepared to stand by the beds and take responsibility for their actions. To not practice afraid, but make decisions for their patients. **Employer, multiple, Wales***

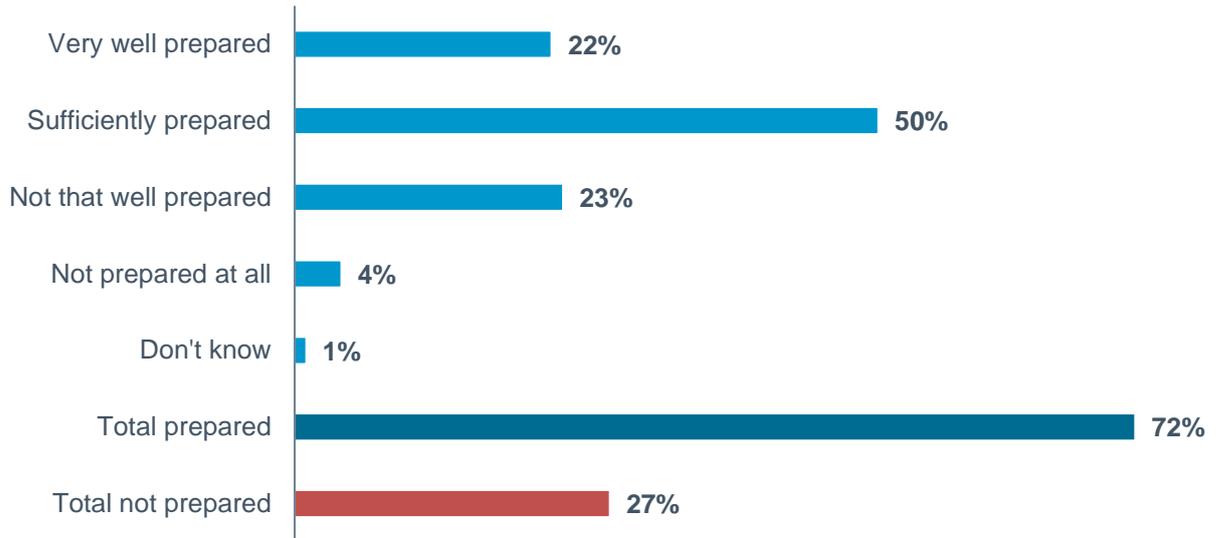
*We've got enhanced optical services now, and in Wales we've got WECS (Wales Eye Care Services), so there's more emphasis on us to make the clinical decision and you need to be better equipped to do so. So your knowledge and skills need to allow you to do so. It's going to be increasingly important. **Employer, multiple, Wales***

7.4 Adapting to relevant, emerging and new technology

In total, just over seven in ten survey respondents (72%) said that they felt prepared for adapting to relevant, emerging and new technology, including 22% who were very well prepared and 50% who were sufficiently prepared. Just over a quarter (27%) thought they were not prepared for this, with 23% not that well prepared and 4% not prepared at all.

Figure 18 – Thinking about your first role as a registered optical practitioner, how prepared do you think you were for adapting to relevant, emerging and new technology?

Base: All respondents (751)



Subgroup analysis

A larger proportion of dispensing opticians (27%) said they were **very well prepared for adapting to relevant, emerging and new technology**, compared to optometrists (19%). Optometrists were more likely to indicate that they were **not that well prepared** (27%), compared to dispensing opticians (15%).

Those more likely to answer that they were **not prepared (not that well or not at all) for adapting to relevant, emerging and new technology** (27% overall) included:

- 31% of optometrists, compared to 19% of dispensing opticians
- 33% who qualified between 2012 and 2013, compared to 24% who qualified between 2014 and 2017

In depth interview feedback from newly qualified optical practitioners

Newly qualified optometrists are happy to adapt to new technology

Most newly qualified optometrist interviewees said they felt prepared to adapt to relevant, emerging and new technology. Some explained this was as a result of their education and training, where they were shown how to utilise technology, and that where they studied had access to the latest developments in technology. However, others said they were prepared

because they are comfortable with adapting to technology in other areas of their life and enjoy utilising technology when possible.

I don't think I was specifically prepared by the course, I just like using technology anyway.
Optometrist, multiple, England

One interviewee, however, highlighted that although they were confident at adapting to new technology, often they were not able to access it because of the slow process of rolling out developments to high street practice.

I don't get the experience of new technology at work, because at a large multiple it takes a bit longer to roll out. **Optometrist, multiple, England**

Dispensing opticians are not always taught to utilise technology

In contrast to the survey results, some newly qualified dispensing optician interviewees explained that they are taught to do many of their tasks by hand, rather than utilising technology. They felt that this was at odds with the realities of practice, where they are then encouraged to use technology, and never undertake these tasks by hand. Some therefore said they felt intimidated by technology as they had not been prepared to utilise it during the education and training.

As a dispensing optician you're taught how to do everything by hand. You go out into practice and you've got machines that can do everything at the push of a button. It moves so quickly, you can feel a bit intimidated by it sometimes. Especially when you've spent all this time learning how to do everything by hand. **Dispensing optician, independent, Northern Ireland**

At college we were still taught to do everything with a ruler and how to do hand neutralisation. The course itself encourages you not to use new technology. It wants you to do facial measurements with a ruler. **Dispensing optician, multiple, England**

In depth interview feedback from employers

Newly qualified optical practitioners are very able to adapt to new technology

Employer interviewees were very positive about the abilities of newly qualified practitioners in relation to adapting to new technology. They explained newly qualified optometrists and dispensing opticians had no issues utilising the current technology available in their practice setting and were keen to learn how to use and adapt to any new technology introduced.

They're quite good in terms of new technology. They want to know how it works and ask questions. They're always willing to take on changes. **Employer, multiple, Scotland**

Like a duck to water. We're introducing new pieces of kit all the time and they just take it on the chin. **Employer, independent, England**

Many employer interviewees also highlighted that newly qualified practitioners were better equipped to adapt to new technology than more experienced members of staff, who were often more reluctant. The majority of these interviewees felt the main reason was that newly qualified practitioners are typically from a younger generation who had grown up around more advanced technology and were accustomed to frequent developments.

[Their ability to adapt] is generally much better than it is for people like me and others from older generations who have been less exposed to IT stuff. They tend to lap it up and are more willing to take it on board than someone who's been working for 20 years who can be resistant to change. It's a generational thing. Employer, multiple, Wales

It was also repeatedly suggested that newly qualified practitioners were well prepared to adapt to new technology due to their recent experiences of education and training, where they were shown the latest technology and taught to be adaptable with new developments.

They're very much a blank canvas so they're very good at trying new things and adapting to what you need them to do and work with. They're flexible because they're used to learning new things all the time. Much better than the older qualified practitioners. Employer, multiple, England

The pace of technological developments in optometry

Some employer interviewees discussed the implications of the increasing use of technology in optometry, and how this would impact the education and training provided to optical students in the future. It was suggested the roles of optometrists and dispensing opticians could change significantly in the future due to technological developments, such as auto-refraction and the increasing ability to purchase products online. They thought that adapting to technology in the future could mean finding other areas to specialise in that cannot be automated, such as the increasing medicalisation of the profession.

There's going to be automation of refraction. Within five years I think the majority of refraction will be done by a machine. Unfortunately, that's what we spend a vast amount of time teaching them. People are going to be buying their glasses online, so your dispensers will be struggling. So we need to train them for the medicalisation of the role and become the GPs of the eyes to combat the automation of the profession. Employer, multiple, Wales

It's an unknown as we don't quite know where everything is going. They can deal with technology better than older optometrists, but whether that puts them in a better position to deal with what happens in the future, I don't know. Employer, hospital, England

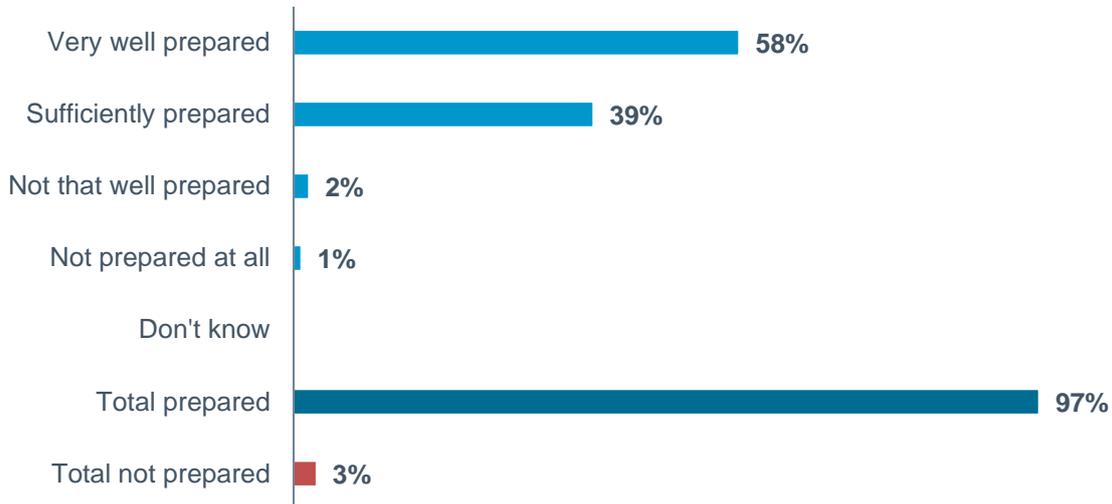
7.5 Communicating appropriately

Almost all survey respondents overall (97%) said that they thought they were prepared for communicating appropriately with patients and the public. A larger proportion of respondents said they were very well prepared (58%) when compared to those who said they were

sufficiently prepared (39%). Just 3% said they were not prepared, with 2% not that well prepared and 1% not prepared at all.

Figure 19 – Thinking about your first role as a registered optical practitioner, how prepared do you think you were for communicating appropriately with patients and the public?

Base: 750



Subgroup analysis

A larger proportion of dispensing opticians (64%) said they were **very well prepared for communicating appropriately with patients and the public** when compared to optometrists (55%). A larger proportion of optometrists (42%) said that they were **sufficiently prepared for communicating appropriately** compared to dispensing opticians (33%).

In depth interview feedback from newly qualified optical practitioners

Prepared to communicate with patients due to direct experience

Reflecting the survey results, newly qualified interviewees said they felt generally confident at communicating appropriately with patients and the public. Some of these interviewees highlighted aspects of their education and training that had prepared them to communicate effectively, but it was generally believed that communication skills are best developed via direct experience. This experience was typically gained via pre-registration training for optometrists, or via employment in practice for dispensing opticians.

There was a lot of emphasis on how to communicate well during my pre-reg, but I think that's a really hard thing to teach. The best way to do it is to just do it. **Optometrist, multiple, England**

Communication is the most fundamental thing that you do in healthcare. We looked at the theory behind communication and were given exercises to practice in work. **Dispensing optician, multiple, England**

Some optometrist and dispensing optician interviewees explained that they already felt well prepared to communicate with patients because they had already been working in practice in other roles, often for a number of years, before they began their education and training, which equipped them with the confidence and understanding to communicate appropriately.

*I'd worked for [a multiple], so I did feel prepared for communication with patients, but again it's something that comes with time. **Optometrist, multiple, Northern Ireland***

*I'd already been dealing with patients for a long time before starting the course. I'd already been there for six years before starting, so I knew what was involved and how to communicate with patients. **Dispensing optician, multiple, England***

However, one newly qualified interviewee highlighted that they did not feel prepared for communication with difficult patients which required a more sensitive approach, or when delivering bad news to patients. They explained that this type of communication was not covered by their education and training and it would have been beneficial.

*I was probably less prepared for managing difficult patients. If you get patients who are rude or don't listen to you, you're on your own and you need to know how to speak to them and manage them. **Optometrist, multiple, England***

In depth interview feedback from employers

Positive experiences of communication abilities

Some employer interviewees had positive experiences of the communication skills of newly qualified practitioners. They highlighted the ability of both newly qualified optometrists and dispensing opticians to communicate effectively with patients from a wide variety of backgrounds and with differing needs, and also with other members of the optical team.

*Communication skills are vital in all areas of healthcare and I think that's one thing they're really good at. They can adapt themselves to the audience, whether it's a small child or an older person, whether they're talking to their supervisors. They get good feedback from patients. **Employer, multiple, England***

*They're all quite good, I don't think there's an issue with communication skills. They're friendly and empathetic with patients, and they can work as a team and get on with other staff as well. **Employer, independent, England***

Some employers who had positive feedback elaborated that newly qualified practitioners had been able to develop their communication skills during pre-registration training, explaining that they were not at the required level when they first started, but they did not have any concerns once they had completed their training and qualified.

*I didn't have any concerns about their ability to communicate, because they'd been doing that during their pre-reg year. No problems at all. **Employer, hospital, England***

A number of employer interviewees said dispensing opticians were particularly well prepared to communicate effectively as many had previous experience of working in an optical practice in roles which required them to engage with patients and other members of staff on a regular basis. This had provided dispensing opticians the ability to develop and refine their communication skills over time.

Dispensing opticians have often come from a retail background so are better at communicating with patients. Most have worked in the industry somewhere before. They're also the front line. Employer, multiple, Wales

Abilities communicate with colleagues

In the main, employer interviewees were positive about the ability of newly qualified practitioners to communicate with colleagues within their practice setting and with other professionals from the wider healthcare team.

I've not seen any problems with their communication with other professions. We provide low vision services, so we communicate with social services, eye clinic liaison officers, GPs, pharmacists, and I've not seen any issues at all. Employer, independent, Wales

Newly qualified dispensing opticians were seen as having particularly good abilities to communicate between different members of the optical team, as they were often required to work with all members of staff to communicate important information within a practice.

The DOs are the in-between for the optoms and the optical assistants, so they build that into their role quite well. They're good at explaining things between the two. Employer, multiple, Scotland

A small number of employer interviewees said they had experienced some newly qualified practitioners demonstrating a lack of confidence when communicating with more senior and experienced members of staff or with doctors. As with many employer concerns, they felt this would change with experience, and could be explained due to their age, lack of experience, and lower level of seniority within the optical team when they first qualify.

They sometimes demonstrate a lack of confidence, but that might be to do with their age and coming into a new environment. They sometimes get a bit over-awed with medics. Employer, hospital, England

Lack of confidence to communicate in challenging situations

Some employer interviewees had a more critical view of the communication skills of newly qualified practitioners. An area highlighted where newly qualified optical practitioners were not necessarily meeting their requirements was communicating with patients in difficult situations, including delivering bad news to patients or dealing with challenging or aggressive patients. This feedback was provided mostly by employers working in hospitals, who explained these scenarios were more likely in this setting, and therefore it was important that optical practitioners are prepared to be confident at communicating in these kinds of situations.

The challenge comes when they're dealing with patients who have been recently diagnosed or who are upset about their loss of vision, or the prospect of it. The ability to deliver bad news or recognise that patients may be upset is not as good as I would like. There's also a challenge communicating with patients who may have communication problems such as dementia or psychiatric problems. Employer, hospital, England

One of the areas that's very problematic is delivering bad news. In a hospital setting we're much more likely to get patients where you have to deliver some fairly devastating news. Those kinds of things university and pre-reg don't prepare you for. There should be something about delivering bad news, because it's something they have to do and I don't think they're very well prepared for it. Employer, hospital, England

Communicating in more challenging situations was an area also highlighted by some newly qualified practitioner interviewees, highlighting that a lack of confidence in this area is not only an issue recognised by employers.

Other areas where communication skills are lacking

Some employer interviewees highlighted concerns related to the ability of their newly qualified practitioners to communicate with patients in a manner that is clear and easy to understand. They said that sometimes newly qualified practitioners provided patients with too much information, used overly-technical language and jargon, and did not translate the key points of a consultation to a patient in a way that they can understand. This feedback typically related to optometrists, rather than dispensing opticians.

Optoms can lack the ability to communicate what things mean for the patient in real-world terms. They know the clinical side of things, but they need to translate that and bring it down to a customer's level. A customer doesn't need to know how the eye changes with age, they want to know 'is it serious?' and 'can you solve it?' They don't need jargon. Employer, multiple, England

It's an area that can be lacking, communication with patients can be difficult for them. Informing them of the outcomes of their test, they sometimes use too much jargon, or simply don't translate things to them at all. Employer, multiple, Northern Ireland

Another area suggested by employer interviewees where communication skills of newly qualified practitioners were lacking was written communication and record keeping. Several employer interviewees said they had experience of seeing poorly written communication produced by their newly qualified practitioners, to be sent both to patients or other healthcare professionals.

The written communication skills of my DO were not good. It was a big area for development at first. I don't think he'd had to do much during his training about record keeping or things like that. They need to have the same level of record keeping skills as optoms, but we didn't find that. Employer, other, England

The impact of poor communication

A number of employer interviewees discussed the impact poor communication skills can have, further stressing the importance of the ability of newly qualified practitioners to be equipped to communicate effectively. The main impact suggested was on the relationship between the professional and the patient, which could be negatively affected if communication is poor. It was explained that, because the results of many eye tests are subjective, patients need to be happy and comfortable in order to provide accurate answers. It was also suggested that poor communication can lead to a breakdown of trust between patients and professionals, which may result in patients questioning the results of their examinations or making complaints.

If patients don't feel comfortable, because the results are so subjective, inadvertently the answers they're giving you during a test won't be accurate, which will lead to retests and remakes. Employer, multiple, England

Poor communication can lead to other problems. Customers can lose trust, they can then question whether the eye test was even correct or not. Employer, multiple, England

Additionally, employer interviewees highlighted that poor communication can result in patients not receiving the best level of treatment for their needs, as newly qualified practitioners who do not communicate effectively may be unable to accurately deduce what patients require.

They need to focus on their response to the patient, their relationship with the patient, building up a rapport, and thinking about more things for that customer than the eye test. It's the whole experience, from the health of the eye to what prescription they need, to recommendations. Are they happy with their glasses? If not, why not? They need to be listening to them. Employer, multiple, England

Communication skills are developed with experience

As with many areas of skill and knowledge, many employer interviewees felt effective communication skills were developed over time by gaining experience, and they did not necessarily expect newly qualified practitioners to qualify with this ability completely refined. They believed those who were newly qualified would be less confident at communicating, perhaps in certain areas, but that given time and experience in employment, these skills would be developed and improved as their confidence increases. This highlighted the benefits of gaining experience of working in an optical practice setting before or during education and training to develop communication skills before qualifying.

Generally, they're good at communicating, as long as they're given a bit of time. Just because they've qualified doesn't mean they're a finished article. They still need a bit of support, but they've got a really good base. Employer, independent, England

Other employer interviewees believed that communication skills were heavily based on individual personalities, and that there would always be variation in the ability of newly qualified practitioners to communicate effectively. These interviewees accepted that developing communication skills was sometimes more difficult for some individuals than others, and that in

some cases individuals may never develop excellent communication skills. Again, it was felt this was an area that would improve with experience following qualification.

*It comes down to their characters and personalities. I've had plenty with terrible communication skills, but others are fantastic. Eventually they're all adequate, but again it takes time and experience. **Employer, multiple, England***

*Some are better communicators than others purely because of who they are as individuals. You hope that the pre-reg year has ironed out some of their issues and developed their communication skills, but they've never perfected them. It's a developing thing. Some will never be good communicators. **Employer, hospital, England***

Support provided by employers to develop communication skills

A number of employer interviewees who worked for larger multiples indicated their newly qualified optometrists received training to help develop their communication skills when they first started as part of a mandatory newly qualified training course. However, it was conceded by some interviewees that this training may not be sufficient, and as it was covered alongside a wide variety of other topics upon employment, may not be as effective as it should be.

*We do more on communication with the optoms during our newly qualified training. We go through a section on real-life scenarios, how they should handle things and explain things. What the best approaches are. **Employer, multiple, England***

*We provide training on difficult conversations, customer service and the levels we expect for our patients. We do it as part of their training as soon as they join us before they start testing with us, so it probably gets lost a little bit. **Employer, multiple, England***

Some employer interviewees also said they provided their newly qualified practitioners with informal advice and support to help develop their communication skills. This included providing examples of how to communicate certain information or how to manage specific scenarios.

*My latest newly qualified is always asking for examples of how we say things to people, how we deliver bad news or good news, how you would advise them to have different specs, that sort of thing. He can then take that away and use it himself. **Employer, independent, England***

*If we see an issue with their communication we sit them down and talk about it. We try to give them examples of what words they can use, things they shouldn't say, advise on their non-verbal communication as well, so that they can put customers at ease. **Employer, multiple, England***

The most common suggestion from employer interviewees to improve the communication skills of newly qualified practitioners was to increase the amount of direct experience they received with real-life patients, and to implement this from the start of their education and training. Employers explained that, because communication skills can be difficult to teach, it was important that optical students gain as much experience as possible to prepare them to be confident at communicating when they qualify.

We need to be doing what other healthcare professions do which is get them in front of the public from day one, so they can develop the communication skills to deal with the public. Employer, multiple, England

Communication requirements in the future

Some employer interviewees highlighted the ability of newly qualified practitioners to communicate would need to develop, as they expected that the requirements in this area would change in the future. A commonly held perception was that patient expectations were changing, with patients becoming more demanding and informed about their care. Employers therefore suggested that education and training would need to adapt to prepare newly qualified practitioners to deal with more challenging patient interactions.

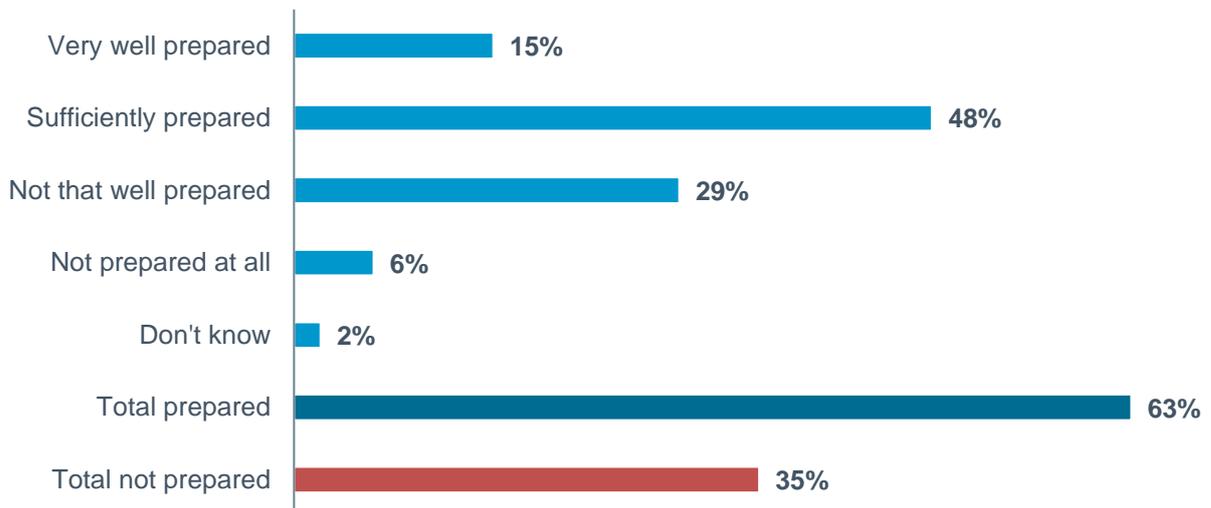
Patients are challenging things more than they ever have before and will continue to do so. We've got to have a cohort that will have the communication skills to deal with that in the future. Employer, multiple, England

7.6 Evaluating clinical research and evidence

Overall, 63% of survey respondents said that they felt prepared for evaluating clinical research and evidence, including 15% who were very well prepared and 48% who were sufficiently prepared. Just over a third (35%) thought they were not prepared, with the majority indicating they were not that well prepared (29%), and 6% indicating they were not prepared at all.

Figure 20 – Thinking about your first role as a registered optical practitioner, how prepared do you think you were for evaluating clinical research and evidence?

Base: 739



In depth interview feedback from newly qualified optical practitioners

No requirements yet to evaluate research or evidence

Perhaps helping to explain the survey results, most newly qualified practitioner interviewees said they had not been required to evaluate clinical research and evidence since qualifying. Some explained this was the responsibility of dedicated teams within the company they worked

for, and interpretation of clinical research was passed to them when relevant via training. Therefore, they found it difficult to indicate whether they were prepared for this area.

*It's not something I've ever been asked to do. It's usually that sort of thing that gets communicated to us in training from other people in the business. **Optometrist, multiple, England***

However, some interviewees explained that, while evaluating clinical research and evidence had not yet been required of them, it was something they felt prepared to do as it had been required of them during their education and training, including modules about interpreting statistics and understanding contemporary research.

*We don't need to do research at the moment. Occasionally we'll get some published papers on refractive stuff, like laser or lens stuff, but we don't do it on a regular basis. But we did statistics and clinical research at university, so if it was required I'd be competent to do it I think, I just haven't had the experience in practice. **Optometrist, multiple, Scotland***

A dispensing optician interviewee explained that they did not feel particularly prepared to evaluate clinical research because of the specific course they had undertaken.

*Because I did the FBDO rather than the BSC there wasn't an awful lot of focus on how to translate research papers. **Dispensing optician, independent, Northern Ireland***

In depth interview feedback from employers

Not usually required of newly qualified optical practitioners

As highlighted by newly qualified interviewees, most employer interviewees said that evaluating clinical research and evidence was not something they required of their staff, particularly those who were newly qualified. They said that evaluation of research was conducted by specific teams or more senior staff within their company who are responsible for disseminating this information, and they had no need to request this from their employees.

*It's not something that we would expect of them. We have a professional services team. If something came out it would be communicated to them. **Employer, multiple, England***

*I wouldn't really expect it from them when they first qualify. It should come from the owners and directors, it should be top down. **Employer, independent, Wales***

Some employers also highlighted that they did not see evaluating clinical research and evidence as a high priority in terms of what they required from newly qualified practitioners. They explained they were much more concerned about the ability of their newly qualified practitioners to communicate with patients, practice safely, develop their practical abilities, and establish good working practices.

*As an employer I'm not really bothered about that stuff. What worries me is whether they can have a conversation with a patient and articulate things to them. It's on the fringes to me. **Employer, multiple, England***

*When they first start, it's just about getting through the day. They're trying to establish a routine and keep up with the speed of the whole thing. Research is something that comes with time. **Employer, independent, England***

The experiences of employers who do require evaluation of research is mixed

A small number of employer interviewees explained that newly qualified practitioners are prepared to evaluate clinical research and evidence if necessary because they were accustomed to interpreting research during their academic study, and therefore their abilities to do this were well established.

*They're willing to read around subjects and take things further. The skills have been embedded in them during university. **Employer, hospital, England***

*We encourage them to go to events and courses, and to read journals. We might encourage them to have a look at particular studies. They're happy to do that. They've just come out of uni, so they're still geared up for that kind of stuff. **Employer, independent, England***

However, some employer interviewees were less positive about their abilities in this area, explaining that their skills were quite basic, and that they struggled to link research back to the realities of practice in any useful or meaningful way.

*They come out of university with a fairly academic degree and have done some research and know where to look for stuff. But they don't necessarily know how to link it to practice. **Employer, multiple, England***

Some employers also said newly qualified practitioners did not take the initiative to evaluate research unless directed to do so, and that they view this aspect of their role as a chore rather than a core part of their responsibilities. They highlighted that evaluating research was particularly important at the moment given the pace of change within the profession.

*I need them to take the initiative. There have been a lot of recent changes in the guidelines. So without me having to direct them to it, but if they could find it and read it themselves. More pro-activeness about that sort of thing. **Employer, multiple, England***

*Some see the extra work as a chore. It's to get them into the mind-set that it's going to improve them, that it's not just box ticking to stay qualified. **Employer, multiple, Wales***

7.7 Areas that employers did not feel newly qualified optical practitioners were well prepared

Employer interviewees were invited to suggest other areas of practice that, in their experience, newly qualified optical practitioners were not sufficiently equipped to deliver when they qualify.

Commercial, business and retail knowledge and skills

By far the most commonly suggested other area that newly qualified practitioners were not sufficiently prepared for upon qualification related to business and commercial understanding and skills. A number of employer interviewees said they had noticed a lack of understanding from newly qualified practitioners that optometry is a balance between commercial/retail elements and healthcare.

*We're half medical, half retail, and we're providing a service. We're a business at the end of the day, and there should be an understanding of that knowledge in terms of how to manage a business, how things work and what things cost. They don't really come ready for that side of things. **Employer, multiple, England***

Due to this lack of awareness, employer interviewees felt that newly qualified practitioners were missing basic commercial and business skills, which were important within the optical sector. These skills included how businesses are run, how money is made in the optical sector, how procedures and products are costed, both privately and within the NHS, health and safety, human resources and staff management. Some employer interviewees said currently these newly qualified practitioners have to learn these skills once they qualify, but that it would be very beneficial if they were covered as part of their education and training.

*For me it's the business elements that are lacking. Their understanding of how the practice works and runs. That's both optoms and DOs. **Employer, independent, England***

*For me it's the business side of things. There needs to be more business taught, about how to run a business, the costs of running a business, rates, VAT, HR and employment law. They genuinely don't have a clue, and that's really shocking when they're working in a business environment. **Employer, independent, England***

Employers said that business skills were lacking in both optometrists and dispensing opticians. However, it was suggested that it was perhaps even more important for dispensing opticians to be prepared for the business and commercial aspects of the sector, as their role can have a significant impact on how an optical business is managed.

*It would be useful for them to be better prepared for the business side of things. DOs can have a huge impact on optom time, customer feedback, levels of training, and they need to understand the retail aspect of things. **Employer, multiple, Scotland***

For dispensing opticians there is a managerial side to their role, and it's that side that they're not necessarily ready for. The managing of people and colleagues underneath

them, health and safety, data protection, running a business, law outside optical law. It's that type of knowledge they don't necessarily have. Employer, multiple, England

Some employer interviewees also highlighted that newly qualified practitioners had difficulties making recommendations and selling. They explained that sometimes newly qualified practitioners struggle to recommend suitable products or services to their patients because they hold a negative connotation of 'selling', seeing it as unethical. These interviewees said that this perception did not prepare them for the realities of commercial practice, where a significant part of their job was to sell to patients, and that recommending the most appropriate product or service was ensuring that patients' interests were being met.

They're woefully under-prepared for the commercial side of things. After qualifying they're not aware of commercial responsibilities and targets. Considering that 75% of newly qualifieds will go into high street practice, and that these are businesses that need to make money, they need a better understanding. Employer, multiple, England

You've got to make sure you're meeting patient expectations in terms of what products they need. That's where they're sometimes a little bit short. We don't necessarily see it as selling, but it's identifying customer need. Sometimes they're not brave enough to give them all the options, because they see it as selling. It's a perception between clinical and sales, but actually the two are so interlinked. Employer, independent, England

Business and commercial skills were highlighted as missing or not being covered sufficiently during education and training by newly qualified optical practitioners, reinforcing the importance of this area.

Optical sector responsibilities and legalities

Some employer interviewees suggested they had encountered newly qualified practitioners who were not sufficiently aware of the legalities of the optical sector, particularly in terms of their responsibilities to their patients around information giving, and their understanding of the difference between guidelines and the law.

They don't seem to be aware of the law side of things and legal obligations. Like issuing leaflets to patients after you've dilated their pupils, giving them advice on driving standards. That extra information-giving to patients seems to be lacking. Legally they should be aware of what they need to give to patients. Employer, independent, Wales

I think there's a lot of confusion about the law, what is optical law, what isn't, what is regulation and what are guidelines, what the different bodies are, what's expected of you by who. Employer, multiple, England

This area was also echoed in the feedback from some newly qualified optical practitioners, who suggested that the legalities of the optical sector should be better covered during their education and training.

Paediatric optometry

A small number of employer interviewees suggested that newly qualified optometrists were lacking in confidence, knowledge and skills in relation to paediatric optometry. They explained that often they had seen newly qualified optometrists who were not confident when engaging with children when they first qualify, which they thought was due to the increased pressure that comes when providing care to this patient group. It was, however, suggested that the ability of newly qualified optometrists to engage with children was often based on the personality of the individual.

*We tend to find they worry a lot about seeing children. I think they worry that if they get things wrong with a kid it could muck things up for the rest of that child's life. Some children are difficult to handle as well. If they saw more children during university and during placements that would help. **Employer, multiple, Wales***

*Paediatrics isn't great. It could come down to personality, but it's one of those things that they avoid. They really don't want to get it wrong. If there are problems around clinical decision making, it's in relation to paediatrics. **Employer, multiple, Northern Ireland***

Extended and enhanced services

Employer interviewees who were based in Wales said that newly qualified optometrists were not being adequately prepared to deliver the additional services that are now required of them in practice in Wales as part of the enhanced and extended services. These interviewees said their staff currently undergo additional training to deliver these services, but that it would be very beneficial if these topics were included during education and training, with some of the skills being taught during university and pre-registration training.

*In Wales we're already doing more enhanced services. So if someone qualifies in England and moves to Wales they'd have a bit of a surprise about how much we do and what's expected of you. More clinical experience is going to be required of us in the future. I'd like to see more of those increased skills being taught in university. More practical, clinical training during university. **Employer, independent, Wales***

These interviewees suggested it was particularly important that newly qualified optometrists were prepared to deliver these services due to the increasing medicalisation of optometry across the UK, not just in Wales, and that optometrists need to be prepared to act as 'GPs of the eyes' when they qualify.

*We need to prepare them to become GPs of the eyes. We don't see that at the moment. They need to have good communication, they need to be able to think mostly autonomously, and make good, sound clinical decisions and aren't just reaching for the referral pad. We need to move away from the model of refraction as the be all and end all. They need a much broader breadth of experience. **Employer, multiple, Wales***

8. Practising in different settings

Key findings

- The majority of all survey respondents agreed that they were equipped to work in a multiple (90%) or independent (85%) practice setting.
- However, smaller proportions of survey respondents agreed that they were equipped to work in a hospital (42%) or domiciliary care (35%).
- Survey respondents who had worked in each of these settings since qualifying were more likely to agree that they were equipped to work in that setting.
- Some employers interviewed felt that newly qualified practitioners should be prepared by their education and training to work across all settings but accepted that it was easier to transition between multiple and independent settings than others.
- Other employers explained it would be difficult to move from commercial practice to a hospital due to the different roles, responsibilities, knowledge and skills required.
- It was suggested that the ability to work across settings may be increasingly required in the future due to the increasing medicalisation of high street optometry.
- Potential issues with locum work following qualification were highlighted by some employers, including lack of long-term experience in one setting and a support network.

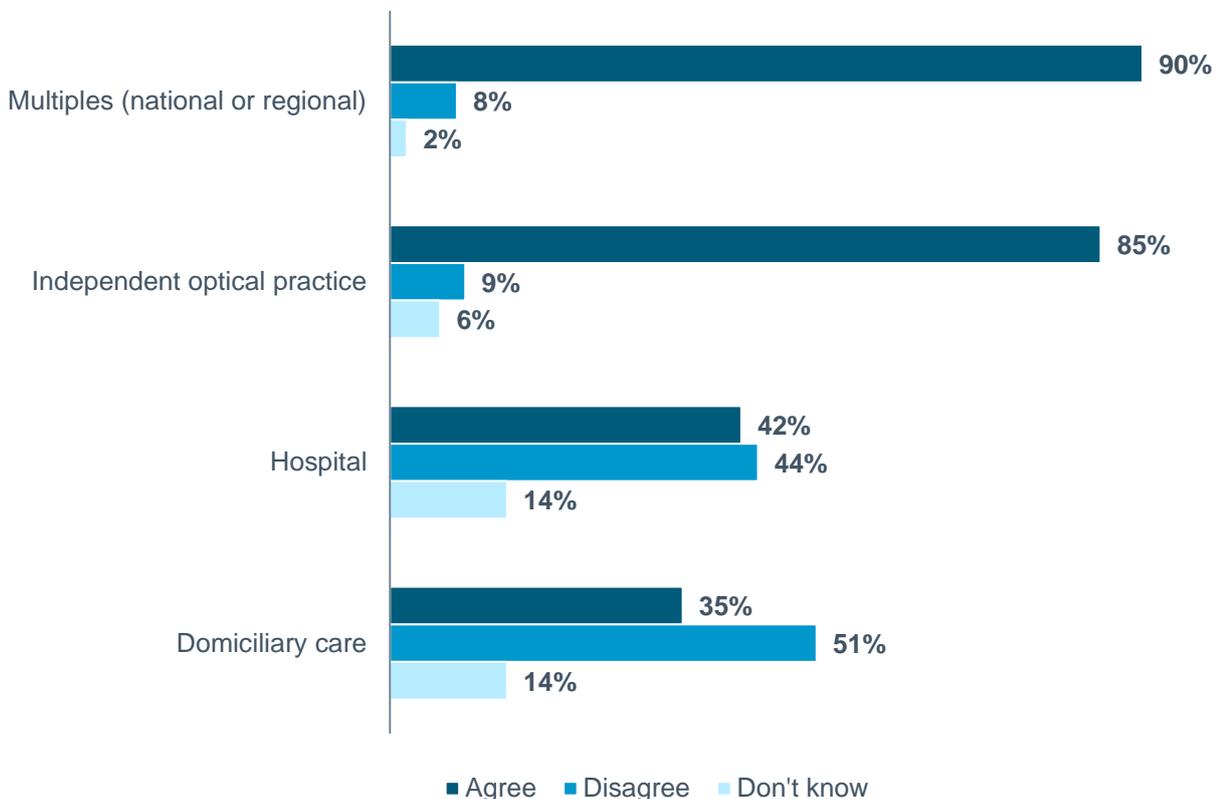
8.1 Practising in different settings

Survey respondents were asked to what extent they agreed or disagreed that the education and training they received equipped them with the ability to practise in different settings, including multiples, independent, hospital and domiciliary care.

The majority of survey respondents agreed that they were equipped with the ability to practise in multiple (90%) and independent optical practice settings (85%). In contrast, just over two in five survey respondents (42%) agreed they were equipped to work in a hospital, and 35% agreed that they were equipped to work in domiciliary care.

Figure 21 – Thinking about all the practice settings in which you have worked since joining the GOC’s professional register, to what extent do you agree or disagree that the education and training you received equipped you with the ability to practise in the following settings?

Base: Multiples (712) / Independent optical practice (618) / Hospital (563) / Domiciliary care (537)



Subgroup analysis

Those more likely to **agree that they were equipped to work in a multiple** (90% overall) included:

- 91% who had worked for a national chain of opticians since qualifying, compared to 81% who had worked for an independent opticians
- 96% who had qualified in 2017, compared to 87% who had qualified less recently between 2012 and 2013

A larger proportion of respondents who had worked for an independent practice since qualifying (92%) **agreed they were equipped to work in an independent practice setting** when compared to those who had worked for a national chain of opticians since qualifying (83%).

A larger proportion of respondents who had worked in a hospital since qualifying (63%) **agreed that they were equipped to work in a hospital setting**. This is in contrast to 41% who agreed that they were equipped to work in a hospital setting who had worked for a national chain since qualifying (41%).

Those more likely to **agree they were equipped to work in domiciliary care** (35% overall) included:

- 52% of dispensing opticians, compared to 26% of optometrists
- 55% who were aged 35+, compared to those aged 20% aged 16-24 and 33% aged 25-34

Thirty-three practitioners strongly disagreed they were equipped with the ability to work in any of these practice settings and were additionally asked why they disagreed. Responses were entered into free-text boxes, which have been thematically coded for analysis, grouping similar responses together, and are presented in the tables below for those who disagreed that they were equipped to work in hospital or domiciliary care (where significant numbers of respondents strongly disagreed). Due to the small numbers, the number of respondents has been presented in the tables rather than the percentages.

The most common reasons for disagreeing that they were equipped to work in both settings was due to lack of training and education for that particular setting or not having any previous experience of working in the setting.

Figure 22 – Reasons for strongly disagreeing that they were equipped to work in hospital
 Base: All respondents who provided a response (33) / optometrists (25) / dispensing opticians (8)

Reason for disagreeing	Total	Optometrists	Dispensing opticians
Lack of training/education for this setting	16	10	6
No experience of working in this setting	11	9	2
Setting operates differently to previous experience	3	3	-
Lack of training/education in how to adapt tests/care to hospital patients	3	3	-
No confidence in this setting	3	3	-

Figure 23 – Reasons for strongly disagreeing that they were equipped to work in domiciliary care

Base: All respondents who provided a response (54) / optometrists (47) / dispensing opticians (7)

Reason for disagreeing	Total	Optometrists	Dispensing opticians
Lack of training/education for this setting	36	29	6
No experience of working in this setting	13	12	1
Lack of training/education in how to adapt tests/care to patients	12	12	-
No confidence in this setting	6	6	-
Setting operates differently to previous experience	3	3	-

In depth interview feedback from employers

Newly qualified practitioners should be able to work across a variety of settings

Based on their recent experiences, some employers interviewed said they thought newly qualified practitioners were equipped by their education and training to work across a variety of settings. They explained the core skills of optometry were the same in any setting, and they should be able to successfully apply these skills anywhere and adapt to different processes. It was believed they were prepared to do this now more than ever, because of the amount of clinical ophthalmology that is covered during education and training.

*I think, from their education and training, they'd be able to pick up working in other settings pretty quickly. Working in a hospital is a different job, but the core skills are the same. You've just got to learn to adapt. **Employer, multiple, Wales***

*I think they're prepared for this more now than they were because of how much clinical community ophthalmology that they cover. **Employer, independent, England***

Some employer interviewees felt that working across different workplace settings is possible, but it would only be easy between multiple and independent optical practice settings due to the similarity of the workplaces. They felt transition from high street optometry to hospital would be possible, but because of the differences between them, it would require additional support.

*I'm not so sure about hospital, but I think they could work between independent and multiple on the high street. **Employer, multiple, England***

*They can work across different settings, but they would require additional support, based on who we've employed. **Employer, hospital, England***

Difficulties working across multiple and independent settings

Some employer interviewees did not feel that newly qualified practitioners were well prepared to work in different workplace settings, even between a multiple and independent optical

practice. It was suggested it would be difficult for staff to complete their pre-registration training in one setting and then begin working following qualification in another, as they would not have been adequately prepared for it. Key differences between multiple and independent settings were highlighted, and employers said it would be heavily dependent on their ability to adapt to different ways of doing things.

*I had a newly qualified come from a multiple. He struggled initially because a lot of the tests were done for him in the multiple and he wasn't able to do as much as my newly qualifieds who'd done their pre-reg with me could. There are issues if you move from one setting to another. There'd be more of an issue moving to hospital, because you have more responsibility there. **Employer, independent, Wales***

*It comes down to their ability to adapt. So in a multiple setting you've got higher volumes and shorter appointment times, different equipment, different testing times, different levels of support. Going from that to independent with less patients and longer appointment times can be a shock. **Employer, multiple, England***

The hospital setting is different

It was generally agreed by employers that newly qualified practitioners were not prepared to work across both commercial and hospital settings. Interviewees from both primary and secondary care highlighted the significant differences in roles and responsibilities between the two settings, explaining that the knowledge and skills required to work in a hospital are very different, and additional training and support would be required to enable this.

*Going into a hospital setting would be quite different. There are differences in equipment and processes. What's expected is quite different, not necessarily harder, but it's a different way of working. It takes time to adapt. **Employer, multiple, England***

*The skillset for primary care is similar and they can deliver that whether it's in a multiple or an independent. There may be some differences, but the skillset is the same. But I don't think they're trained to step from primary care to secondary care easily. That's getting more difficult too. Community has stayed very similar, but secondary care has become more complex. We find it very difficult to recruit from community because of that. **Employer, hospital, England***

The problem of going straight into locum employment

A number of employer interviewees said they had recently noticed an increasing number of newly qualified practitioners working as locums, rather than being permanently employed in one setting. These employers believed this was detrimental to them in the early stages of their careers, explaining that it would not provide long-term experience in one workplace setting, preventing them from developing defined skills and understanding, and from seeing the long-term implications of their clinical decisions on patients. It was also felt working as a locum did not provide the necessary level of support in the early stages of an optical career.

You get a lot of newly qualifieds who want to become locums when they first start. I don't think it's healthy for them to be working in lots of different environments. They never see

*the longitudinal impacts on patients and they're never sure who is responsible and who does what. It's not good for their development. **Employer, multiple, England***

*I think it's a terrible decision to go work as a locum immediately after qualifying and working alone. You should work with other experienced colleagues, even if it's briefly, to reassure yourself that what you're doing is right. **Employer, hospital, England***

Working across settings may be increasingly necessary in the future

A number of employer interviewees said they felt the ability of optical practitioners to work across different workplace settings would be of increasing importance in the future, and that newly qualified practitioners should be equipped to do so by their education and training. They explained that the recent and expected changes to the optical profession, particularly the increasing medicalisation of commercial practice, would mean that it would be beneficial for all optical practitioners to be able to work in both primary and secondary care settings. It was also felt that this would help ease the burden on hospital optometry.

*I think it would be a good thing to make them be able to work across all the sectors. If optometry is going to change, we're going to have to be more agile as a profession. The old way is going. They need to be adaptable and flexible to the changes as they come. **Employer, hospital, England***

*It would be good if everyone came out with the ability to take a swathe of that routine work around cataracts and glaucoma and take it out of hospital, because we're swamped. **Employer, hospital, England***

It was suggested that being prepared to work across all optical workplace settings would produce a much more employable workforce, able to adapt to the future needs of the sector.

*To be able to apply for any job in the future, whether it's hospital, multiple or independent they should have had exposure to as many environments as possible. We should prepare them for any optical job in my opinion. **Employer, multiple, Northern Ireland***

9. Aspirations and career development

Key findings

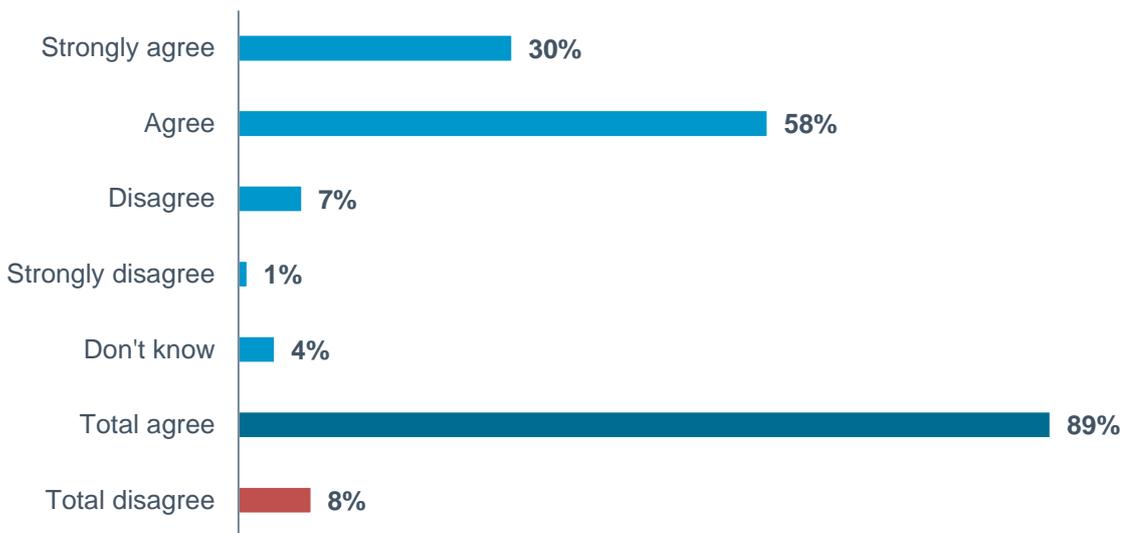
- The majority of survey respondents (89%) agreed that the optical education and training they received had provided them with the ability to develop an optical career, with 58% agreeing and 30% agreeing strongly.
- Those who qualified in 2017 were more likely to agree (95%) when compared to those who qualified between 2012 and 2015 (86%).
- Some employer interviewees indicated that newly qualified practitioners were enthusiastic and keen to develop.
- Other employers were less positive and suggested some newly qualified practitioners are happy not to progress their careers or were not ready to do so soon after qualification.
- Both employer and newly qualified practitioner interviewees suggested there should be an increased awareness of how to develop a career in the optical sector.

9.1 Ongoing career development

Most survey respondents overall (89%) agreed their education and training had provided them with the ability to further develop an optical career, with 30% strongly agreeing and 58% agreeing with this statement. A total of 8% disagreed, with 7% disagreeing and 1% strongly disagreeing.

Figure 24 – To what extent do you agree or disagree that the optical education and training you received in order to join the GOC’s professional register provided you with the ability to further develop an optical career?

Base: All respondents (751)



Subgroup analysis

A larger proportion of dispensing opticians (37%) strongly agreed that **that their education and training provided them with the ability to further develop an optical career** when compared to optometrists (27%).

A larger proportion of those who qualified in 2017 (95%) **agreed that their education and training provided them with the ability to further develop an optical career** when compared to those who had qualified between 2012 and 2015 (86%).

There were seven practitioners who strongly disagreed that their education and training provided them with the ability to further develop an optical career who were additionally asked why they disagreed, entering their response into a free-text box. As only seven respondents provided a response, these are presented overleaf for both optometrists and dispensing opticians. Some of the optometrists who strongly disagreed highlighted that they did not feel confident in their roles to develop further or did not have sufficient opportunity for further training and development. The dispensing opticians who strongly disagreed said that their time in education and the associated costs had deterred them from further development.

- *Simply answering a few MCQs does not make you good clinically. Attending events makes you realise how little most optometrists know.* (Optometrist)
- *The training is basic and sufficient for general practice eye examinations. I don't think enough is covered in common more specialised areas e.g. Diabetic screening, glaucoma etc.* (Optometrist)
- *The training was like ticking items off a list. Our role as an optometrist is all about selling glasses and making money, which doesn't allow much further training.* (Optometrist)
- *The education received is enough to enable to survive in practice day to day but offers little in the way of career development.* (Optometrist)
- *I originally wanted to become a CLO but my time at college put me off of pursuing any further education* (Dispensing optician)
- *There is no clear clinical progression for a DO. To become an optometrist requires upward of £30,000 to do the convergence course. We of course can be retail managers which is more likely and more in line with what a DO does.* (Dispensing optician)

In depth interview feedback from employers

Positive feedback on the aspirations of newly qualified optical practitioners

The employers interviewed were asked to provide feedback on their experiences of the enthusiasm and aspirations of newly qualified practitioners. A number of employers were very positive, explaining that their recent experiences have highlighted that newly qualified optometrists and dispensing opticians can be very enthusiastic about furthering their careers within the early stages of their qualification. Employers linked these levels of enthusiasm and aspirations to the increased opportunities available, such as additional qualifications, specialisation, technology and different workplace settings.

The profession is evolving and changing in lots of ways now and creating new pathways. Their enthusiasm is fantastic. A lot of them I've offered extra training to once they've qualified like low vision, glaucoma and independent prescribing, and they've all jumped at it. They've all seemed keen to develop in optometry. **Employer, independent, Wales**

They're really motivated to grow. DOs are always thinking about what to do next, whether it's to become an optom or a contact lens optician, or to go into management. They're happy being a DO, but they're set on their next goal. **Employer, multiple, Scotland**

It was often suggested that this attitude was quite different from ten or fifteen years ago, when career aspirations were thought to be not as widespread for newly qualified practitioners.

Now they're much more interested in further development. If you look back ten years there were a lot of optoms who didn't have the drive to upskill. Straight away now they want to do glaucoma and independent prescribing. There are more opportunities about now, and people are always looking at the next rung on the ladder. **Employer, independent, England**

Some newly qualified practitioners are happy to develop later in their careers

Some employers interviewed explained that some newly qualified practitioners are happy to just begin working within the profession and are less interested in career development during the early stages of their professional life. It was suggested they may feel they have spent enough time in education and training and are, for the moment, more interested in working and earning an income. Some employer interviewees highlighted that the early stages following qualification can be quite intense, meaning that career development is not a primary concern for many newly qualified practitioners to begin with.

*They've done four years of hard studying, and they just want a break to do the job, see their salary go up and have a bit of fun. Further down the line, that's when they'll start looking at other opportunities and taking on more stuff. **Employer, multiple, England***

*Initially they're so engulfed in getting through each patient that I think that thinking about developing their careers or businesses is quite hard. **Employer, independent, England***

Career aspirations can vary

Employer interviewees often said the enthusiasm of newly qualified practitioners to develop their careers varied greatly between individuals, with some very keen to develop and others happy to continue in an entry-level role throughout their career. However, some employers highlighted that it was those who were interested in furthering their careers they were most interested in employing.

*It's a very individual thing. Some are happy plodding along, taking the pay cheque and going home, and that's fine. Others have aspirations to develop a business empire or their clinical skills. The ones I work with want to develop their enhanced clinical skills and carve out a career in optometry. **Employer, hospital, England***

Some employer interviewees had negative feedback on the career aspirations of newly qualified practitioners, although this was generally based on perceptions rather than direct experience. For example, some employers indicated that, while this did not apply to their own employees, they believed that many others were simply not interested.

*Based on my own newly qualified he's made the decision to work in hospital, he's very enthused about it. But I hear feedback about people wanting to earn as much money as they can and then leave the profession. It's a perception, but I can't tell you whether it's right. **Employer, hospital, England***

*Our optom is very ambitious. She wants to do research and I think she'll do a PhD. But I think most optoms in commercial practice just see that once you're an optom, you're an optom, and aren't as interested in doing more. **Employer, other, England***

A small number of employers interviewed indicated that the career aspirations of their newly qualified practitioners were poor, usually because they did not want to work in the sector any more, or because optometry as a profession had not been their first choice.

*Our DO wants to get out. He's very cynical about where optics is going which is a shame because he's doing a really good job. He sees it as too commercial, so doesn't have great aspirations. **Employer, other, England***

*They're doing it as a secondary option. They're not happy in their job and so aren't interested in developing. **Employer, independent, England***

Increased awareness and understanding of professional development

The employers interviewed believed that more information should be provided to newly qualified practitioners about how to develop their optical career. Some suggested that awareness of what career paths are available, what is suitable, and how they can be achieved is not as high as it could be. It was thought this lack of awareness may explain why some newly qualified optical practitioners are not as interested in developing their own careers.

*They know there are different courses and options out there for them, but they don't know what's suitable for them. There could be extra information available once you qualify about how you can progress. **Employer, multiple, Scotland***

*I don't think there are clear pathways for development for optometrists. For dispensing opticians there is a bit more, but for optometrists they might feel like they have found their job and this is it. They need to know how those extra qualifications make a difference to their job and what they can do. **Employer, multiple, England***

A lack of awareness of how to develop a career in the optical sector was also highlighted by the newly qualified practitioners interviewed, with some indicating it was not clear what to do if they wanted to continue their studies and access further training.

*One thing that wasn't explained to me was what to do next if I wanted to do further study. You have to learn yourself and look it up, but it's not that easy to do. A little website that's dedicated to your options to continue training. **Optometrist, multiple, England***

*If you qualify as a dispensing optician at level six your opportunities are so much better than at level five. I think those offering level five should make that clear. I don't see the point of level five. If I'd qualified at level five I don't think I'd be able to cope in practice. **Dispensing optician, independent, Northern Ireland***

10. Awareness of the GOC's Standards of Practice for Optometrists and Dispensing Opticians

Key findings

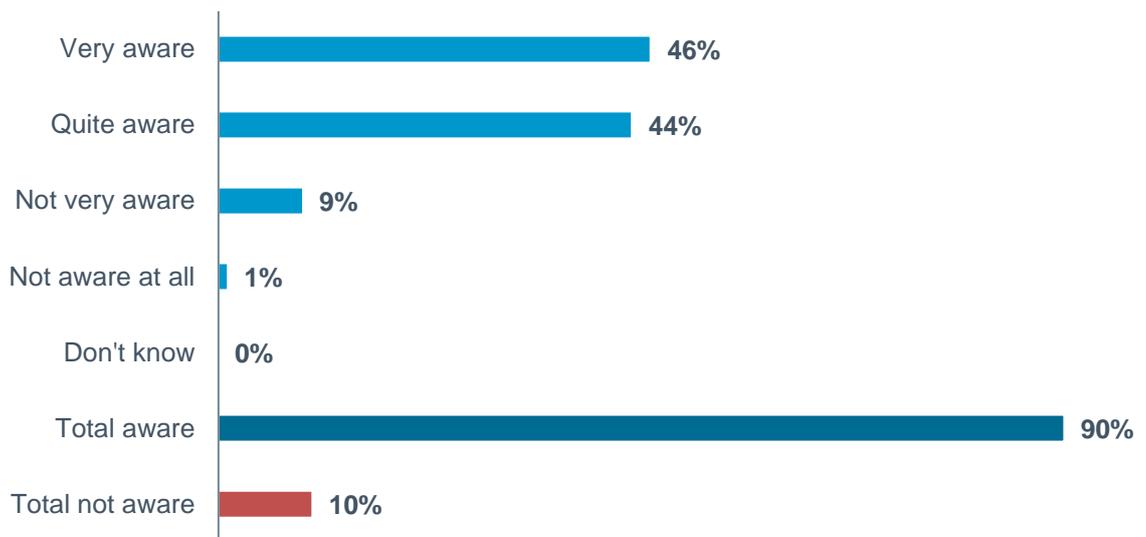
- The majority of survey respondents overall (90%) were made aware of the GOC's Standards of Practice for Optometrists and Dispensing Opticians during their education and training (46% were very aware and 44% were quite aware).
- Dispensing opticians were more likely to be very aware (65%). Optometrists were more likely to be quite aware (53%).
- The majority of all survey respondents (83%) said that the Standards had been integrated into their learning (52% quite integrated and 31% very integrated). A larger proportion of these respondents were dispensing opticians (87%) and had worked in independent practice since qualifying (87%)
- One in seven (15%) said the Standards had not been integrated into their learning (13% not very integrated, 2% not integrated at all). A larger proportion of these respondents were optometrists and had worked in a hospital since qualifying.
- Most newly qualified practitioners interviewed explained that the Standards had been integrated effectively into their studies, with dedicated lectures, visits from the GOC and aspects of the course being linked to the Standards when possible.
- A small number of newly qualified practitioner interviewees said they had not been integrated effectively because they had not been covered in an engaging or constructive way.

10.1 Awareness and integration of the Standards

All survey respondents were asked to indicate the extent to which they felt aware of the GOC’s Standards of Practice for Optometrists and Dispensing Opticians during their education and training. In total, nine in ten survey respondents (90%) indicated that they were aware, with 44% quite aware and 46% very aware. Just one in ten (10%) said they were not aware of the Standards during their education and training.

Figure 25 – How aware were you of the GOC’s Standards of Practice for Optometrists and Dispensing Opticians during your education and training?

Base: All respondents (751)



Subgroup analysis

A larger proportion of dispensing opticians (65%) said that they were **very aware of the GOC’s Standards during their education and training** when compared to optometrists (37%).

A larger proportion of optometrists (53%) said that they were **quite aware of the GOC’s Standards during their education and training** when compared to dispensing opticians (27%).

Those more likely to answer that were **not very aware or not aware at all of the GOC’s Standards during their education and training** (10% overall) included:

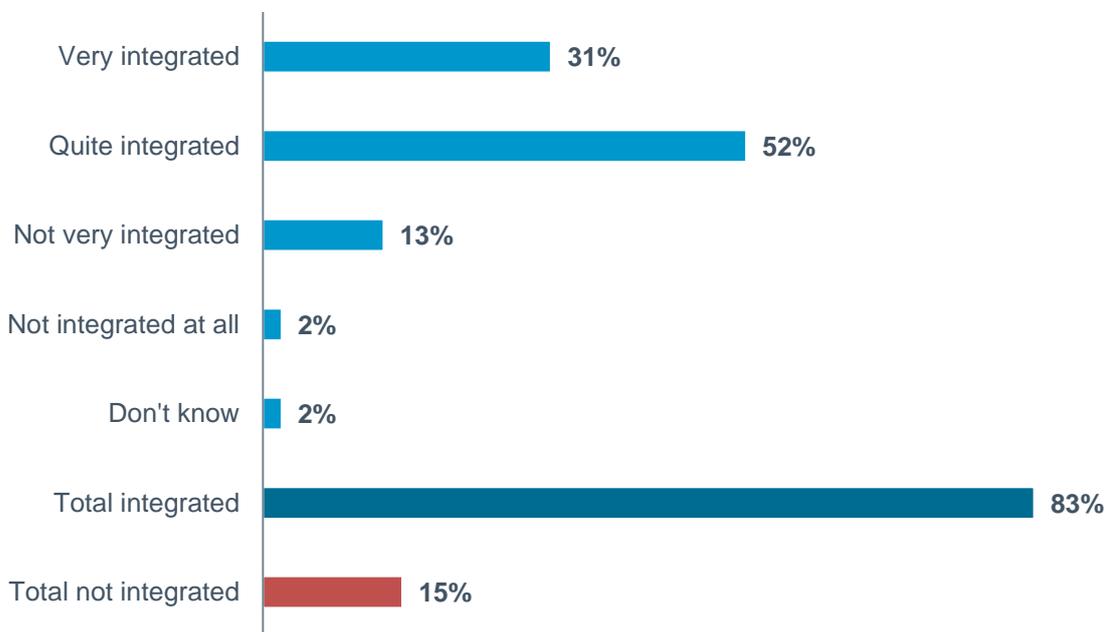
- 16% who had qualified in 2012, compared to 5% who had qualified in 2016 or 2017
- 20% who felt unprepared overall for professional practice, compared to 8% who felt prepared

Survey respondents were then asked to what extent during their education and training the GOC’s Standards of Practice for Optometrists and Dispensing Opticians had been integrated into their learning.

The majority of all survey respondents (83%) said they thought the GOC’s Standards had been integrated into their learning, with 31% indicating they were very integrated and 52% that they were quite integrated. A total of 15% thought the Standards were not integrated, with 13% stating that they were not very integrated and 2% that they were not integrated at all.

Figure 26 – To what extent during your education and training do you think the GOC’s Standards of Practice for Optometrists and Dispensing Opticians were integrated into your learning?

Base: All respondents (751)



Subgroup analysis

Those more likely to answer that **the GOC’s Standards were integrated (very or quite integrated) into their learning** (83% overall) included:

- 87% of dispensing opticians, compared to 80% of optometrists
- 87% had worked in an independent opticians practice since qualifying, compared to 75% who had worked in a hospital

Those more likely to answer that **the GOC’s Standards were not integrated (not very or not at all) into their learning** (15% overall) included:

- 17% of optometrists, compared to 11% of dispensing opticians
- 24% who had worked in a hospital since qualifying, compared to 11% who had worked in an independent opticians practice

In depth interview feedback from newly qualified optical practitioners

Most felt the Standards were integrated effectively into their education and training

Most of the newly qualified practitioners interviewed said the GOC's Standards of Practice for Optometrists and Dispensing Opticians had been well integrated into their learning during their education and training. Some interviewees explained that the Standards had been covered thoroughly in dedicated lectures, whereas others said that each lecture they attended included the Standards in some way, as what they had learned was linked back to them. Some interviewees said much of what they studied was based around the GOC's Standards to ensure that they had covered them thoroughly.

*It's one thing that the university did really well. As part of the case studies you had to directly say what competency from the Standards you were referring to. I could have told you what every standard was and how it related to what you were doing in practice. They relayed it really well. **Dispensing optician, independent, Northern Ireland***

Some newly qualified practitioner interviewees said they were provided with resources related to the Standards, including case studies and copies of the Standards themselves, which they found useful and regularly referred to. A number of interviewees highlighted they had been visited by a representative from the GOC who had given them more information about the organisation, its role and the Standards.

*It was made very clear that they're something we have to follow very strictly. Assessors would regularly say 'you've done this for a patient, do you know what GOC Standards say on that?' We always had sheets printed off with guidance, so it was a really good basis to refer to. **Optometrist, multiple, England***

*From day one you were told about the Standards about what you're supposed to provide for your patients, communicate with them and your colleagues, what your responsibilities are to ensure everyone around you is safe. Very early on someone from the GOC came in to talk to us about who they are. It was all pretty clear from week one. **Optometrist, hospital, England***

Integration of the Standards could be more engaging and constructive

A small number of newly qualified interviewees indicated that, while they had been made aware of the GOC's professional Standards, they had not necessarily been integrated into their education and training in an effective way. One interviewee felt the way they were covered in lectures was very dull, making it difficult to learn from.

*They were covered in lectures and it's very tedious and boring. It was very difficult to pay attention and remember it. A lot of it is common sense that you shouldn't have to be told what to do. It was covered in lectures, but that was it. I don't know how you could make it more engaging, but there's scope for improvement. **Optometrist, multiple, England***

Another newly qualified practitioner interviewed said the Standards were only discussed when a student said or did something that would be in breach of them, rather than being covered in a more constructive way that they could learn from and apply.

*If during a group discussion someone said what they would do in a particular situation but got it wrong, then they'd tell us that we'd be up in front of the GOC for misconduct. Nobody sat down with us and told us what they were and what they were there for. It would be better if they were shown as guidelines there to help us. **Dispensing optician, multiple, England***

It was also suggested that there may have been confusion between the GOC's Standards and the College of Optometrists competency framework, with some interviewees explaining that they were unsure what each organisation was responsible for.

*They weren't explicitly highlighted during uni. During pre-reg they were a bit more along with the College competencies. I think I probably thought they were more set by the College than the GOC. **Optometrist, hospital, England***

11. Conclusions

The level of clinical experience during academic study is lacking

The findings of the research highlight that a significant proportion of newly qualified optical practitioners do not think they received sufficient clinical experience during the academic study aspects of their education and training. Optometrists in particular were more likely to hold this view, explaining that the clinical experience they received during their university study was often limited to the final year of their degree and did not adequately prepare them for what they felt was a significant jump to pre-registration training.

It was repeatedly suggested that there were aspects of academic study that were less relevant to professional practice, such as certain aspects of maths and science which newly qualified optical practitioners explained they had never and would never utilise. Therefore, some felt that reducing the amount of study in these areas would increase time that could be spent on topics more relevant to professional practice, such as more clinical experience.

While the majority of newly qualified optical practitioners felt that the amount of time they spent in academic study was about right, it was also suggested that additional time could be spent focusing purely on developing clinical skills. Although this would result in extending the length of academic study, it could equip students with greater clinical experience and ease the transition between academic study and pre-registration training.

Majority of newly qualified optical practitioners feel prepared for professional practice, but there is room for improvement

Although it is encouraging to see that the majority of newly qualified optical practitioners felt prepared overall for professional practice, it is important to note that a much larger proportion said they were 'sufficiently' prepared rather than 'very well' prepared. This finding is useful, as it highlights there is room for improvement in this area to increase the proportion of those who qualify feeling very well prepared. Any developments to education and training may therefore help to achieve this.

Future research conducted in this area will be able to use these survey results as a benchmark to measure the impact of any changes made to education and training on how prepared optometrists and dispensing opticians feel for professional practice overall.

Although it is important to ensure that optical practitioners are as prepared as possible for professional practice, and that education and training is developed to achieve this, a common theme throughout this research has been that both newly qualified optical practitioners and their employers do not expect education and training to produce a completely formed optometrist or dispensing optician. It was felt that further development will always be required in certain areas, and that much of this development can only be achieved through real-life experience of professional practice.

Employers are prepared to support newly qualified optical practitioners during the early stages of their careers to aid their development

The attitudes of the employers interviewed towards the abilities of their newly qualified optical practitioners are mixed, with some having very positive experiences and others being more critical. Despite these differing experiences, most employers explained they expect to provide additional support to newly qualified members of staff during the early stages of their career, and that they are happy to do so.

Many employers interviewed suggested they encourage a collegiate environment where their employees can feel free to ask for advice and support, as they feel this is crucial in helping them develop and increase their confidence, particularly in the areas of working autonomously, making confident clinical decisions, and communicating effectively. Newly qualified optical practitioners mostly said they are aware of and appreciate this level of support.

This approach to supporting their newly qualified practitioners also attempts to address a drop in confidence immediately following professional registration that can, the employers interviewed believe, can result in a tendency to avoid making clinical decisions and over-refer.

Communicating effectively in challenging situations is in need of development

It is positive to note that the majority of newly qualified optical practitioners who took part in this research were positive about how prepared they felt in terms of their communication skills as a result of their education and training. However, a critical perspective highlighted by both newly qualified optical practitioners and employers was the ability to communicate effectively in challenging situations. This included delivering bad news to patients, managing sensitive situations, and communicating with demanding or hostile patients. This suggests this is an area in need of development within education and training.

Commercial, business and retail knowledge and skills are lacking

A number of areas were highlighted as lacking, either during education and training or in their abilities upon qualification. The most commonly suggested area by both newly qualified practitioners and employers was commercial business and retail knowledge and skills. Those interviewed highlighted that the retail aspects of optometry, which are significant, are not adequately explained to optometry students, with the health and clinical elements more heavily concentrated upon.

Newly qualified optical practitioners felt that their understanding in this area was lacking upon qualification, and employers confirmed this was the case, as they had to instead learn these necessary skills upon qualification. This included the knowledge of how to run an optical practice, how money is made in the optical sector, how to manage staff, and how to make recommendations and sell to patients.

Education and training does not prepare students as well for practice in a hospital setting

In several areas of the findings, differences have been noted by newly qualified optical practitioners who had worked in a hospital since qualifying, or by employers of newly qualified optical practitioners who worked in a hospital setting. For example, survey respondents who

had worked in a hospital were less likely to feel prepared overall for professional practice, for practicing autonomously and for making confident clinical decisions. Employer interviewees who worked in hospitals often explained that it was difficult for education and training to adequately prepare students for working in a hospital environment due to the more complex nature of the roles and responsibilities required, and that further training and development was always necessary. It was also felt that transition between high street practice and hospital would be difficult for the same reasons. These findings suggest that education and training may not currently prepare optical practitioners adequately to work in a hospital setting, instead focusing on preparing newly qualified optical practitioners to work in commercial practice settings.

Increased awareness of how to develop a career may be required

It is interesting to note that, while generally positive about the ability of newly qualified optical practitioners to develop a career within the sector, both newly qualified practitioner and employer interviewees suggested that understanding of how to develop may be lacking. This included knowing what opportunities and career paths were available, which were suitable, and what qualifications or further training were required. It was therefore suggested by both newly qualified optical practitioners and employers that increased awareness of how to develop would be beneficial for newly qualified optical practitioners.

Differences in attitudes between newly qualified optometrists and dispensing opticians

Throughout this report, the most common differences in survey results have been noticed between newly qualified optometrists and dispensing opticians, who appear to sometimes have differing views on certain topics. For example, dispensing opticians frequently provided more positive responses to survey questions, including feeling that the length of study and clinical experience was about right, that nothing was missing or covered insufficiently during their education and training, that they felt prepared overall for professional practice, practising autonomously, making confident clinical decisions, adapting to new technology, communicating with patients, that they were able to develop their optical career, and that they were aware of the GOC's Standards.

One possible explanation for these differences could be the vocational nature of the education and training of dispensing opticians, who have often already worked in an optical practice before beginning their studies, and have also worked during their studies via day release or distance learning. Therefore, they have a greater amount of experience upon qualification, which may enable them to feel more positive about their preparation for practice and more confident in their own abilities.

12. Respondent demographic profile and interview stratification

The table below presents the newly qualified survey respondent demographic profile.

Figure 27 – Newly qualified survey respondent demographic profile

Demographic	Total	Optometrist	Dispensing optician
Gender			
Male	28%	29%	27%
Female	70%	68%	72%
Prefer not to say	2%	3%	1%
Age			
16 - 24	16%	21%	5%
25 - 34	65%	68%	58%
35 - 44	12%	6%	24%
45 - 54	3%	1%	7%
55 - 64	1%	0%	3%
65 +	0%	-	0%
Prefer not to say	3%	4%	3%
UK Nation			
England	77%	76%	80%
Wales	7%	7%	6%
Scotland	11%	12%	9%
Northern Ireland	2%	2%	1%
Other	3%	3%	4%
Ethnicity			
White	58%	46%	82%
Mixed	27%	36%	9%
Asian or Asian British	6%	7%	3%
Black or Black British	1%	1%	1%
Arab or Arab British	1%	1%	-
Chinese or Chinese British	0%	0%	-
Other ethnic group	1%	1%	1%
Prefer not to say	7%	8%	4%

The tables below and overleaf present the stratification of the in depth interviews for newly qualified optical practitioners and employers.

Figure 28 – Employer in depth interview stratification

Interview	Setting	Role	Country				
1	National/regional chain	A mix of optometrists (17) and dispensing opticians (6) Experience of employing newly qualified: - Optometrists and dispensing opticians (10) - Optometrists only (10) - Dispensing opticians only (3) Job titles included: - Optometrist - Consultant optometrist - Senior optometrist - Head of optometry - Superintendent optometrist - Clinical lead - Optometrist director - Practice owner - Regional manager - Regional development officer	England (16) Scotland (2) Wales (4) Northern Ireland (1)				
2							
3							
4							
5							
6							
7							
8							
9							
10							
11							
12							
13	Independent						
14							
15							
16							
17							
18							
19	Hospital						
20							
21							
22							
23	Other (charity)						

Figure 29 – Newly qualified optical practitioner in depth interview stratification

Interview	Role	Stratification
1	Optometrist	Country – England (6), Scotland (2), Wales (2), Northern Ireland (2) Setting – Independent (4), national/regional chain (6), hospital (2),
2		
4		
5		
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