

Optical Sector Report 2014-15

A report on developments and trends in the optical sector



Executive Summary

1. This paper looks at developments and trends that have occurred within the optical sector and broader external environment over the last year. We have summarised the main developments and analysed the regulatory implications.
2. The sources we have drawn on include:
 - 2.1 weekly public affairs reports by Dods which summarises developments in the health and regulatory sector as well as the broader external environment;
 - 2.2 the optical press and national press;
 - 2.3 GOC research and statistics;
 - 2.4 Government statistics;
 - 2.5 research and reports from our stakeholders; and
 - 2.6 our advisory committees (the Companies Committee, the Standards Committee, the Education Committee and the Registration Committee) who have all been asked for their comments.

Demographic change and the impact on optical services

3. The NHS is under increasing financial strain and with a growing and ageing population, demand for optical services is likely to increase. In terms of optometry, the profession has already evolved with optometrists and dispensing opticians taking on enhanced roles in the delivery of eye care. With the appropriate training and clinical governance arrangements, optometrists can play a valuable role in the identification and management of chronic and acute disease, working both independently or in collaboration with ophthalmologists. Dispensing opticians can also play a valuable role in delivering low vision services to the increasing number of patients who need them. They can use their specialist knowledge to help dispense low vision aids (such as magnifiers, and non-optical aids) and help refer patients for further help and support where necessary.

Public perceptions of the optical profession

4. Over the last year we have conducted our own research into the views and experiences of patients and members of the public. Our research shows that overall confidence and satisfaction in the optical profession is high, however there is a limited understanding of the role of profession in promoting eye health and treating acute eye problems. Moving forwards, it will be important for the sector to raise awareness of the wider role of the optical profession beyond the provision of sight tests and dispensing of corrective appliances.

Technological developments

5. In terms of developments within the sector, technological innovation is likely to challenge the boundaries of existing scopes of practice and will have an impact on the types of services provided by optical businesses. As the regulator we need to be aware of any changes that might have implications for public protection, for example, more remote diagnosis and treatment of conditions.

Changing consumer behaviour

6. Changing consumer behaviour, particularly the expected growth of online sales, is also having an effect on businesses models and the ability of optical businesses to attract and retain customers. Our public perception research indicates that one in five people who most recently purchased contact lenses bought them on-line. Purchasing contact lenses over the internet may have patient safety implications, for example, where there is a lack of clear aftercare advice. We are conducting research with patients to explore their views and experiences of buying and wearing contact lenses.
7. We have also launched a consultation on a voluntary code of practice for online contact lens suppliers to help make it safer for people to buy contact lenses online. The code is intended to encourage people who buy online to have regular aftercare appointments and eye examinations.

The changing political context

8. A new Conservative Government was formed in May 2015. This will have implications for the health and regulatory sector specifically in terms of the progression of the *Professional Accountability Bill* (formerly the Law Commissions' Bill) which was not included in the Government's legislative programme for the first year of this new parliamentary timetable. This means that the widely anticipated changes to improve the overall regulatory system in health and social care may not be implemented for some time. However, we will work alongside the other professional regulators to seek legislation at the earliest opportunity, as well as considering the need for legislative change more broadly in the optical sector and working with stakeholders to develop and build support for reform proposals.
9. In terms of implications for the GOC as a regulator, we will need to take into account the changes that are occurring both within the optical sector and the broader external environment. We must ensure that our system of regulation remains fit for purpose and helps facilitate changes that would benefit patients and the public.

Developing new standards for the profession

10. In July 2015 Council agreed and approved our new standards of practice for optometrists, dispensing opticians and optical students. The standards will

come into effect from 1 April 2016. The standards more clearly outline our expectations as the statutory regulator but also give room for registrants to use their professional judgement in deciding how to apply the standards in any given situation. Our new standards are also flexible enough to deal with future developments in the changing scopes of practice within the UK.

Analysis

11. This section of the paper looks at:
 - 11.1 Section A: How society is changing
 - 11.2 Section B: How consumer behaviour and the marketplace is changing
 - 11.3 Section C: What we know about the profession and how it is changing
 - 11.4 Section D: How technology is changing
 - 11.5 Section E: Developments in England, Wales, Scotland and Northern Ireland
 - 11.6 Section F: Public awareness and confidence the optical profession and the GOC
 - 11.7 Section G: Key legislative and regulatory developments
 - 11.8 Section H: The European agenda
 - 11.9 Section I: Trends and implications for the GOC and optical sector

A. How society is changing

Demographics

12. The population of the UK is currently around 64.6 million and it is predicted that this is likely to increase to around 70 million by 2028.¹
13. The number of older people in the UK population continues to grow. The population aged 65 and over has grown by 47% since mid-1974 to make up nearly 18% of the total population in mid-2014, while the number of people aged 75 and over has increased by 89% over the period and now makes up 8% of the population.²
14. The number of people migrating to the UK continues to increase.
 - 14.1 Net migration of EU citizens to the UK has increased. Immigration of EU citizens (excluding British citizens) to the UK in the year ending

¹ Office for National Statistics

² *ibid*

December 2014 was 268,000, a statistically significant increase from 201,000 the previous year.

- 14.2 Net migration of non-EU citizens to the UK has also increased. The latest estimates show 290,000 non-EU citizens immigrating to the UK in the year ending December 2014, a statistically significant increase from 248,000 in the previous year.³

Eye health and public health

15. Eye health is linked to many other factors such as smoking and obesity and long-term illnesses including diabetes and dementia. It is important, therefore, for us to understand trends in relation to these risk factors.

- 15.1 It is estimated that one in four adults and one in five children (aged 10-11) are obese.⁴ Obesity is linked to type 2 diabetes.

- 15.2 In 1996 the number of people diagnosed with diabetes was 1.4 million, this increased to 2.9 million in 2012 and to 3.2 million in 2014. It is estimated that by 2025 around five million people will have diabetes.⁵

- 15.3 Some groups, such as those of African Caribbean or Asian origin, are more likely to develop certain eye conditions such as glaucoma and diabetic retinopathy and there is often a lack of awareness in these groups that they are more susceptible.⁶

- 15.4 The number of people with dementia is rising and it is predicted this trend will continue. In 2015, it is predicted there will be 856,700 people with dementia in the UK. This is set to increase to 1,142,677 by 2025.⁷ People with dementia can experience problems with their sight, such as visual hallucinations, which can impact on their quality of life. Alzheimer's can affect the visual-spatial abilities, whereby a person can misinterpret what they see and the terrain they are walking on and misjudge their steps. People with dementia or Alzheimers tend to be at a higher risk of falling, which often results in injuries and in some cases immobility or even death.

- 15.5 There is evidence to suggest the number of young people smoking is increasing.⁸ Smoking is linked to the development of dry Age Related Macular Degeneration (AMD).

³ ibid

⁴ NHS choices

⁵ Diabetes UK

⁶ The College of Optometrists, *Britain's Eye Health in Focus: A snapshot of consumer attitudes and behaviour towards eye health*, 2013

⁷ Alzheimer's Society, *Dementia UK: second edition*, 2014

⁸ Cancer Research, *Smoking, Drinking and Drug Use Among Young People in England*, 2013

15.6 There is some evidence to suggest that short sightedness (myopia) is increasing, particularly in children and younger people. One study estimated that twenty-three per cent of British 12 and 13-year-olds now suffer from myopia which causes distant objects to appear blurred, while close objects can be seen clearly - compared to 10 per cent in the 1960s.⁹

15.7 Research by the College of Optometrists has found that fewer than a third of local authorities in England are following national screening guidelines to give all four and five year olds a sight test. In London, only 18 per cent of councils said they were carrying out screening. The responsibility for screening rests with local authorities.

Implications and trends

16. There is likely to be an increase in the demand for optical services as the number of older people increases and if, as suggested, the number of younger people with myopia increases. It is estimated that partial sight and blindness in adults costs the UK economy around £22 billion per year.¹⁰
17. As the population is increasing and the demographics are changing, it is important to consider how eye services can best meet the needs of a diverging population. Mechanisms at a local level, for example, local eye health networks in England, will be important in identifying and supporting local commissioning bodies to deliver services that meet local needs.
18. In terms of tackling public health issues, the optical profession could play an important role working alongside other healthcare professionals in disseminating public health messages and signposting patients to other services. Eye health is linked, for example, to smoking and diabetes so patients could be directed to smoking cessation services or given information on the links between diabetes and eye health (including conditions such as diabetic retinopathy).
19. Furthermore, greater integration could occur with the social care sector in helping to manage patients that are affected by sight problems, including those with dementia and Alzheimers and those with learning disabilities (who are ten times more likely to have a serious sight problem).¹¹
20. In April 2015 we joined Vision 2020, an umbrella organisation which facilitates greater collaboration and co-operation between eye health and sight loss organisations within the UK. This will help us work more collaboratively with stakeholders and engage even more effectively with patients and members of

⁹ *Risk Factors for Childhood Myopia: Findings From the NICER Study, 2015*, O'Donoghue, Lisa et al, University of Ulster

¹⁰ NHS England, *Improving eye health and reducing sight loss – a call to action*, 2014

¹¹ Stats from See Ability

the public. We will also gain more of an insight into developments in eye care commissioning and it will help us to promote a more joined-up approach in, for example, promoting the case for legislative change.

B. How consumer behaviour and the marketplace is changing

21. Despite the rise in the cost of living, consumer spending on optical goods and services has increased. In 2008, £2.55bn was spend on optical goods and services compared to £2.82bn in 2013 and £2.93bn in 2014. This trend is predicted to increase over the next five years.¹²
22. Most consumers still buy glasses but there has been a shift to contact lenses and particularly daily disposables.¹³
23. In last year's report we cited research from the Association of Contact Lens Manufacturers (ACLM) and Optician, which stated that around 40 per cent of contact lens wearers would consider buying on-line in future.
24. In September 2014 we commissioned ComRes, a market research agency, to design, conduct and analyse a public perception research study for us.¹⁴ As part of our public perception research project, we asked a number of questions on product use and purchasing behaviour. Below are some of the key findings.

Use of glasses and contact lenses

- 24.1 70 per cent adults in the UK who have ever visited an optician say that they have been prescribed either glasses or contact lenses. This breaks down as:
 - 24.1.1 three in five (59 per cent) saying that they use glasses with a prescription;
 - 24.1.2 just over one in ten (12 per cent) saying they use reading glasses without a prescription ('ready readers'); and
 - 24.1.3 one in ten (10 per cent) saying that they use contact lenses.

Purchasing behaviour

- 24.2 97 per cent who have purchased corrective appliances and recall where they did so say that they are satisfied with their purchasing experience.

¹² Mintel, *Optical Goods Retailing UK* – 2010, 2013 & 2015

¹³ Ibid

¹⁴ In the first phase of the project ComRes held four focus groups and did six in-depth interviews to help scope and inform the questionnaire design. In the second phase ComRes carried out a survey of 2,250 UK adults aged 18 and over. The survey was telephone based and weighted to be representative of all UK adults aged 18 and over.

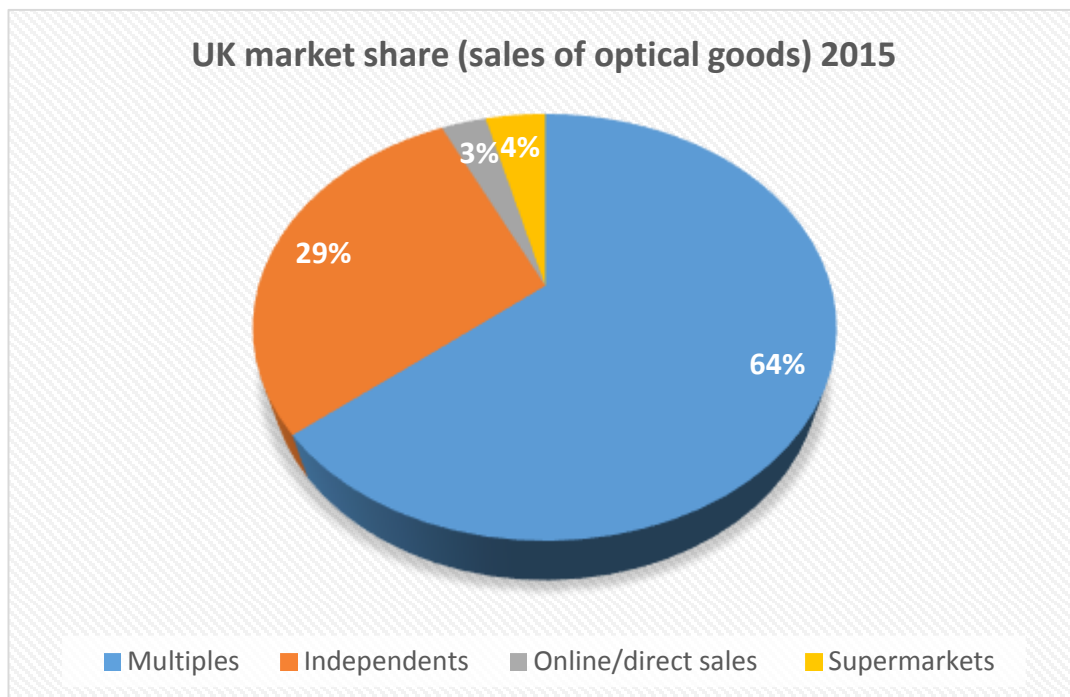
- 24.3 Adults in the UK who most recently purchased prescription glasses, and those who most recently purchased contact lenses, are each most likely to say that they bought them from the opticians they had their eye test in (85 per cent and 69 per cent respectively).
- 24.4 Fewer than one in ten reportedly purchased their products in a different optician to the one that conducted their eye test (8 per cent), from a supermarket or high street store that does not offer eye tests (4 per cent), or from the internet (4 per cent).
- 24.5 The main reason cited for purchasing glasses with a prescription or contact lenses from a particular location is convenience (35 per cent), followed by price (21 per cent) and habit (15 per cent), while for 10 per cent the relationship with the optician is cited as a driver.
- 24.6 One in five (21 per cent) of those who most recently purchased contact lenses say that they bought their contact lenses from the internet, compared to only 2 per cent of those who most recently purchased glasses.
- 24.7 Younger people are more likely to say that they purchased products from the internet than older people (8 per cent aged 18-29 and 9 per cent aged 30-44, compared to 1 per cent aged 45-59, 2 per cent aged 60-74 and 1 per cent aged 75+).
- 24.8 Pricing is the biggest driver of buying products from the internet.

Market share

25. In terms of the UK market share (sales of optical goods), the figures have remained fairly steady with the multiples continuing to dominate ahead of the independents.¹⁵ However, over the last couple of years the independents have continued to hold onto their market share. In 2010, the independents had approximately 40 per cent of the UK market, in 2013 that figure dropped to 28 per cent but has remained steady in 2015 at 29 per cent.¹⁶

¹⁵ Mintel, *Optical Goods Retailing UK* – 2010, 2013 & 2015

¹⁶ *ibid*



Implications and trends

26. Consumer spending on optical goods is likely to continue to increase over the next few years.
27. In terms of consumer behaviour, it is likely that the number of people wearing contact lenses and purchasing these on-line is likely to increase.
28. We already know that one of the main concerns in the industry is that many consumers within the UK are buying their contact lenses from websites based outside of the UK that do not, and are not required to, comply with UK law. As a result we launched a strategy for tackling illegal practice in the optical sector. A draft code of practice, drawn up by representatives from consumer groups, optical representative bodies, education providers, retailers and online suppliers, aims to make it safer for consumers to buy contact lenses online. The draft code of practice is designed to improve the practice of online contact lens suppliers and encourage people who buy online to have regular aftercare appointments and eye examinations. Similar to other online health channels, suppliers who sign up to the code will be able to display an endorsement logo, making it easier for the public to find online suppliers who follow good practice.
29. As part of this project we have carried out research with contact lenses wearers which will help us better understand the behaviour and purchasing patterns of this group. The findings from this research will be available in next year's report.

C. What we know about the profession and how it is changing

Registration figures

30. Tables 1, 2 and 3 show data from the GOC register as at 31 March 2015.

Table 1

	Optometrist	Dispensing Optician	Total	Optometrist IP ¹⁷	Dispensing optician CL ¹⁸
England male	4,940	2,207	7,147	78	582
England female	6,365	3,419	9,784	91	585
Scotland male	533	164	697	52	35
Scotland female	860	246	1,106	62	25
Wales male	305	101	406	4	23
Wales female	376	157	533	1	21
NI male	213	23	236	7	2
NI female	362	49	411	7	2
Non UK male¹⁹	184	20	204	1	3
Non UK female²⁰	216	44	260	1	8
Total male	6,175	2,515	8,690	142	645
Total female	8,179	3,915	12,094	162	641
Total	14,354	6,430	20,784	304	1,286

31. Overall, the number of optometrists and dispensing opticians has increased. On 31 December 2013, there were 13,766 optometrists and 6,101 dispensing opticians compared to 14,354 and 6,430 respectively as at 31 March 2015.

32. The number of optometrists with an independent prescribing qualification has increased as at December 2013 there were 233 compared to 304 as at 31 March 2015.

¹⁷ Independent Prescribing

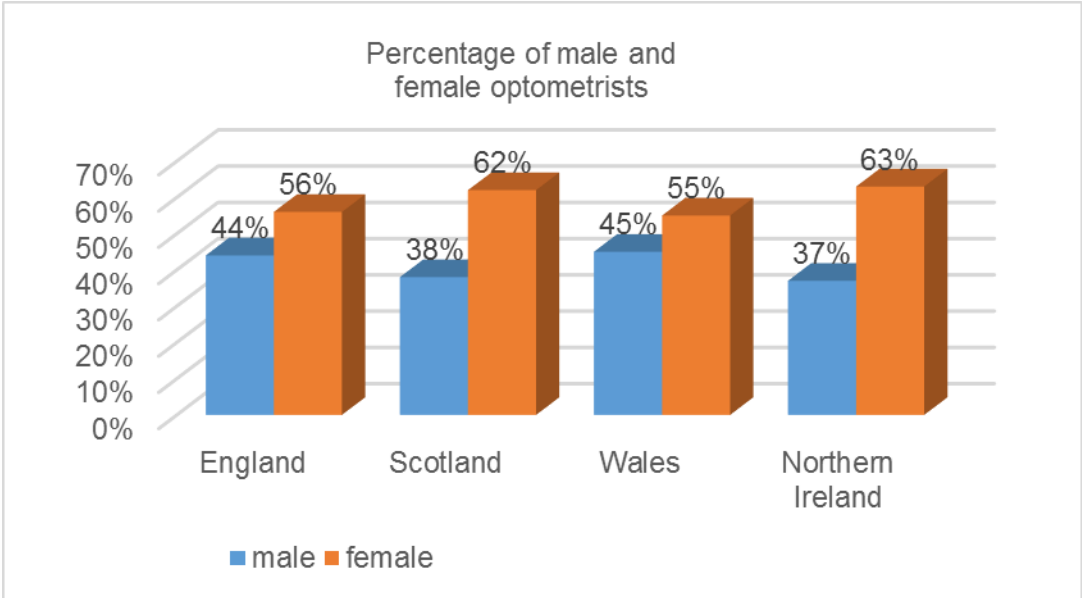
¹⁸ Contact Lens speciality

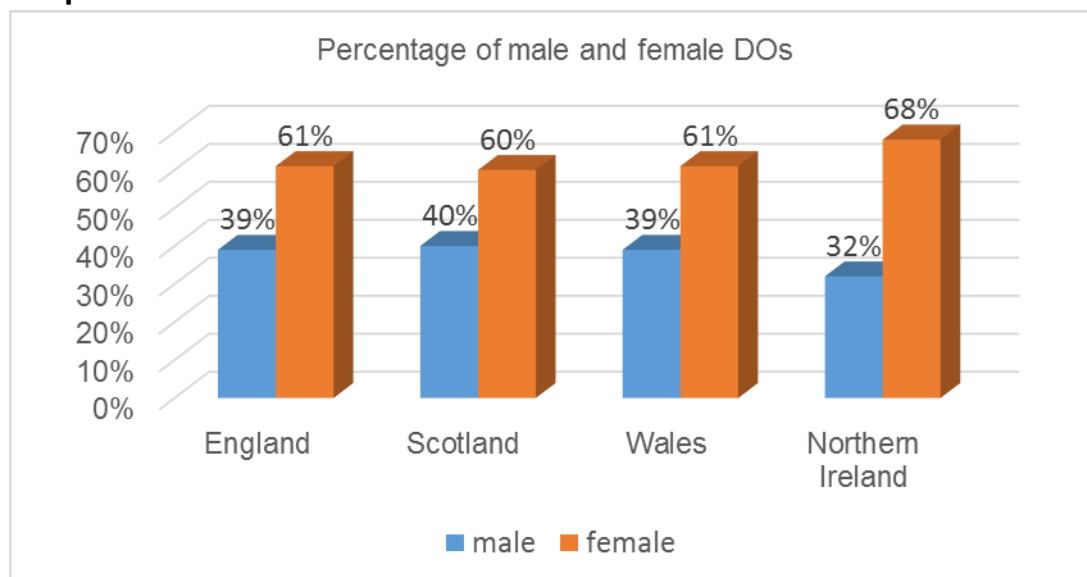
¹⁹ This is a GOC registrant with a non-UK address

²⁰ This is a GOC registrant with a non-UK address

- 33. There are more female optometrists and dispensing opticians than males. (In future reports we hope to include more data on all the protected characteristics once it becomes available).
- 34. The number of dispensing opticians with a contact lens speciality has increased slightly (as at December 2013 there were 1,283 compared to 1,286 as at 31 March 2015).
- 35. (Note: we are comparing data from two different periods in this report due to changes in our data collection methods. In future reports the data will be directly comparable. We also hope to include more information on our registrants, such as equality and diversity data, in future reports.)

Graph 1



Graph 2**Table 2**

Registrant	Optometrists	Dispensing opticians	Total
Under 25	6% (765)	2% (127)	5% (892)
25 - 39	49% (7,041)	41% (2,623)	46% (9,664)
40 - 54	29% (4,205)	39% (2,500)	32% (6,705)
55+	16% (2,343)	18% (1,179)	17% (3,522)
Total	100% (14,354)	100% 6,430	100% (20,784)

Table 3

Specialty	Numbers
Contact lens	1,286
Independent prescribing	304
Additional supply	303
Supplementary prescribing	279

NHS Sight tests*England*²¹

36. In England a total of 12.8 million general ophthalmic service (GOS) sight tests were provided to patients during 2014-15, a decrease of 22,945 (0.2 per cent) from 2013-14. This is inconsistent with recent year-on-year increases in the number of sight tests. Of the sight tests provided:

36.1.1 there were 5.5 million sight tests for those aged 60 or over (this is down from 5.6 million in 2013/14);

36.1.2 the number of children aged 0-15 receiving a sight test has increased by 7.5 per cent to 2.7 million since 2013-14;

²¹ General Ophthalmic Services, Activity Statistic England, 2014/15(Health and Social Care Information Centre)

36.1.3 there were 417,537 (3.3 per cent) domiciliary sight tests, which is a small decrease from 2013/15 at 428,000; and

36.1.4 the balance of sight tests was for the remaining categories of those entitled to NHS sight tests such as students, adults receiving income support/tax credits, adults suffering from diabetes/glaucoma and those requiring complex lenses.

*Wales*²²

37. Overall 750,244 GOS sight tests were carried out in 2014/15, a slight decrease of 1.1 per cent from the previous year.

38. 123,697 examinations were carried out under Eye Health Examination Wales (EHEW). (The EHEW is a service provided by accredited optometrists in Wales. This means that optometrists have greater clinical freedom to manage patients in primary care and refer to secondary care only where appropriate.)

39. 7,790 assessments were carried out by the Low Vision Service Wales (LVSW) in 2014-15, 553 more assessments than in 2013-14. (The LVSW allows accredited optometrists and dispensing opticians to help manage and treat patients with low vision in primary care.)

*Scotland*²³

40. Overall the number of GOS eye examinations increased by 5 per cent from 1.93 million in 2012/13 to 2.04 million in 2013/14.

41. Of these 1.66 million were primary care eye examinations and 374,000 were supplementary eye examinations.

42. Most patients were not referred for any further investigation following their eye examination (1.64 million), illustrating that 80 per cent of all patients in 2013/14 were dealt with in primary care.

*Northern Ireland*²⁴

43. There were 445,750 GOS sight tests in 2013/14 (compared to 437,700 sight tests in 2012/13). (*Note: 2014/15 stats not available yet.*)

Workforce

*England*²⁵

44. There were 11,827 ophthalmic practitioners in England as at 31 December 2014, an increase of 370 (3.2 per cent) since 2013. Of these 97.7 per cent were

²² Eye Care Statistics for Wales 2014/15, Welsh Government

²³ Ophthalmic Workforce Statistics 2013.14 Information Services Division, National Services Scotland

²⁴ Annual Health Service Ophthalmic Statistics in Northern Ireland, 2013/14

²⁵ *General Ophthalmic Services: Workforce Statistics for England and Wales*, 31 December 2014, (Health and Social Care Information Centre)

optometrists and 2.3 per cent were ophthalmic medical practitioners. These are similar percentages to the previous year.

*Wales*²⁶

45. There were 776 practitioners carrying out sight tests paid for by the NHS at 31 December 2014, five fewer than the previous year but a 15.5 per cent increase since December 2004.

Scotland

46. (*Stats for 2014/15 not available yet*)

*Northern Ireland*²⁷

47. Statistics for Northern Ireland show that there were 643 ophthalmic practitioners in 2013. This is an increase of 23 or 3.7 per cent from 2012. (*Note: updated stats not available yet.*)

Education and training

48. The University of Portsmouth is planning to offer a new four year Masters course in optometry. The pre-registration year, run by the College of Optometrists and usually undertaken after graduation, will be incorporated into years three and four. This follows on from an announcement last year by the University of Hertfordshire that it too plans to offer a new four year Masters course in optometry.

Blue Book 2015

49. The European Council of Optometry and Optics (ECOO) published the Blue Book 2015 which provides data on optometry and optics across Europe, including the number of professionals in the field of optics and optometry, the scope of competence of the professionals in their respective countries as well as the regulatory and educational environment. The Blue Book was originally published in 2008 and this is the first time it has been updated since then. (*Note: the optical profession is not a homogenous group in Europe so comparisons between different countries should be treated with caution.*)

Numbers of optometrists and dispensing opticians

- 49.1 The book reveals both the current number of optometrists and dispensing opticians per 10,000 people. The UK is reported to have 2.27 optometrists per 10,000 people, lower only than Spain (3.64), Denmark (3.22), Norway (3) and Finland (2.59). However, according to the statistics, there are a much lower number of dispensing opticians per 10,000 people in the UK, with this number at 1.01.

Education

²⁶ Eye Care Statistics for Wales 2014/15, (Welsh Government)

²⁷ Annual Health Service Ophthalmic Statistics in Northern Ireland, 2013/14

49.2 The report gives details of both the number of students qualifying annually and of qualifying student optometrists per 10,000 people.

49.3 In the UK, 1,070 students (optometry and dispensing opticians) qualify every year; second highest only to France, which sees 2,500 enter the profession annually.

49.4 Most other countries have only one optometry school, while the UK has nine universities currently offering courses.

Scopes of practice

49.5 The UK was the only country in Europe where all of the scopes of practice identified in the Blue Book are permitted.

49.6 It is also the only country in Europe where the use of therapeutic drugs, by accredited optometrists, is permitted.

49.7 Furthermore, the UK is one of just seven countries surveyed in which the use of diagnostic drugs is permitted or practised.

Implications and trends

50. Overall the number of optometrists and dispensing opticians has increased and there continue to be more female registrants in both professions.
51. As part of our Equality, Diversity and Inclusion (EDI) Scheme, we are looking to improve the quality of EDI monitoring data and its analysis.²⁸
52. The number of registrants with additional qualifications in independent prescribing and contact lens speciality has increased.
53. Table 1 indicates that Scotland has the most independent prescribers as a proportion of the total number of optometrists. This is likely to be because the Scottish Government enacting new legislation in 2014 giving optometrists' independent prescribing rights.
54. In Wales and England there was a slight decrease in the number of sight tests from the previous year which goes against previous trends. The number of sight tests in Scotland and Northern Ireland increased.
55. There is likely to be a continued focus on universities offering new optometry courses following the announcement by the University of Portsmouth this year and University of Hertfordshire last year. These courses are beginning to challenge the more traditional models of undergraduate education which is typically three years at undergraduate level followed, on graduation, by one year in clinical practice (referred to as the pre-registration year).
56. The introduction of new optometry courses has also caused some concern in the sector about the potential oversupply of optometrists and downward

²⁸ We will shortly be publishing an Equality and Diversity Monitoring Report for 2015
Paper Author: Angharad Jones

pressure on salaries.

57. We think that there would be value in collecting data on the optical workforce to better understand the make-up and skill set of the profession as well as the demand and supply side. The College of Optometrists is working with stakeholders to undertake a survey of the optical workforce to help build a picture of current workforce levels and the issues that will impact on its future.
58. We are conducting a strategic review of education and training to ensure that the system is fit-for-purpose and allows the profession the scope to evolve and provide more enhanced services.

D. How technology is changing

59. Over the past few years the sector has seen many advances in new technology, for example:
 - 59.1 many optometrists are now using Optical Coherence Tomography (OCT) cameras which provide 3D images of patients' retinas. This will help optometrists to diagnose ocular changes on the high street whereas previously a patient would have needed to go to hospital to see an ophthalmologist;
 - 59.2 smart contact lenses are being developed to monitor the glucose levels of diabetics.
60. Recently surgeons from the Manchester Royal Eye Hospital performed the first bionic eye implant in a patient with dry age related macular degeneration (AMD), which is the most common cause of sight loss in the developed world. This is the world's first patient with AMD to undergo the procedure. The patient is also believed to be the first human being to have the use of combined natural and artificial sight. The procedure works by converting video images captured by a miniature camera housed in the patient's glasses into a series of small electrical pulses, which are transmitted wirelessly to electrodes on the surface of the retina. These pulses stimulate the retina's remaining cells, resulting in the corresponding perception of patterns of light in the brain. The patient then learns to interpret these visual patterns to regain some visual function.
61. As stated previously (in Section A) there is some evidence to suggest that short sightedness (myopia) is increasing, particularly in children and younger people. There are various types of myopia correction including the use of soft contact lenses which, when worn at night by children, help to re-shape the eye and prevent the need for glasses in future. A new study has found that corneal reshaping contact lenses, which reshape the cornea, can stop the progression

of myopia in children, a practice known as Orthokeratology. The lenses, which are removed each morning, control the shape of the eye so that it grows in the correct manner so that glasses are never needed. However, although early studies have given promising results, larger studies are needed to prove the efficacy.²⁹

62. A new smartphone vision testing device has been developed. The device consists of a handheld unit about the size of a brick that clips on to a smartphone and is designed to be used by eye care professionals. The device uses wave front aberrometry to measure refractive errors, which determines the patient's prescription. Optometrists line up the device with the patient's eye and tap once to capture the images. The software on the smartphone will then calculate the patient's refractive error within a few seconds.
63. Another smartphone device is being used to conduct an eye exam instead of the usual ophthalmoscope. This allows anyone to conduct an eye test as the captured images are then sent to a qualified health care professional to interpret. The device is already being used in some developing parts of the world to help diagnose and treat conditions, such as diabetes and macular degeneration, that would otherwise result in blindness.

Implications and trends

64. In relation to our role as the regulator, we need to be aware of developments and ensure that regulation is flexible enough to allow changes that will benefit patients and the public. New technological developments are likely to challenge the boundaries of the current scopes of practice of optometrists and dispensing opticians. We may need to explore changes to our current legislative framework in order to allow the profession to evolve alongside technological advancements.
65. As new technology is emerging we also have a duty to be aware of any public protection issues that might arise, for example the risks from more remote diagnosis and treatment of patients. In future we might find that the nature of complaints changes so we should ensure that, for example, our fitness to practise process can effectively deal with potentially more complex cases involving the use of emerging technologies.

E. Developments in England, Wales, Scotland and Northern Ireland

England

66. Changes in the NHS in England, due to the Health and Social Care Act 2012, led to the abolition of primary care trusts (PCTs) and the creation of NHS England Area Teams and clinical commissioning groups (CCGs). Commissioning is split between:
- 66.1 NHS England - primary care ophthalmic services;
 - 66.2 CCGs - community-based eye care services and secondary ophthalmic services; and
 - 66.3 local authorities - responsibility for public health promotion activity and supporting and providing services for those registered as blind or partially sighted.
67. There are around 200 CCGs in England. Local eye health networks (LEHNs), supported by NHS England, were established across England in 2013. The aim of the networks is to improve eye health by supporting and working with CCGs and health and well-being boards to develop and design eye health services that meet national and local needs.
68. There are around 78 Local Optical Committees (LOCs) in England which help to design local eye health services. The Local Optical Committee Support Group (LOCSU) support the LOCs by giving advice and support. LOCSU have developed a number of eye care pathways which are examples of good practice for commissioners. One pathway that was developed helped to improve access to sight tests for adults and young people with learning disabilities.
69. Some CCGs have commissioned Primary Eyecare Assessment and Referral Service (PEARS) which aim to avoid unnecessary hospital appointments through early diagnosis by optometrists with enhanced training and skills.

General Ophthalmic Services (GOS) contract

70. General Ophthalmic Services (GOS) contracts are held centrally by NHS England, which holds a central performers list, and managed through the Area Teams. In August 2015 the Government said that it will impose a 1 per cent increase in fees for services provided under the GOS contract. The NHS sight test fee will be increased to £21.31 dating back to April 1 2015.

National Institute for Health and Clinical Excellence (NICE)

71. NICE are in the process of developing guidance on the diagnosis and treatment of macular degeneration. All healthcare professionals should take the guidelines into account when treating patients and should help to deliver more effective and cost effective care. The guidance will be published in August 2017.

NHS England Five Year Forward View

72. NHS England published the *NHS Five Year Forward View* on 23 October 2014, which sets out the vision for the future of the NHS. (Optometrists and dispensing opticians were not mentioned in the report.) The report states that the NHS has changed dramatically over the last 15 years but more progress must still be made if health outcomes are to improve for all patients. Below is a summary of the key points.

- 72.1 The NHS will back hard-hitting national action on obesity, smoking, alcohol and other major health risks.
- 72.2 The NHS will give patients greater control of their own care - including the option of shared budgets combining health and social care.
- 72.3 The NHS will take decisive steps to break down the barriers in how care is provided between family doctors and hospitals, between physical and mental health, between health and social care. The future will see far more care delivered locally but with some services in specialist centres.
- 72.4 England is too diverse for a 'one size fits all' care model to apply everywhere but it must also avoid creating a postcode lottery. Different local health communities will instead be supported by the NHS' national leadership to choose from amongst a small number of radical new care delivery options, and then given the resources and support to implement them where that makes sense.
- 72.5 One new option will permit groups of GPs to combine with nurses, other community health services, hospital specialists and perhaps mental health and social care to create integrated out-of-hospital care – the Multispecialty Community Provider.
- 72.6 From January 2015 the NHS invited individual organisations and partnerships to become 'vanguard' sites which will take the lead in the development of new models of care and act as inspiration for the rest of the health and social care system. This is another step forward in delivering care away from hospitals and into the community and providing more joined up care between primary care providers. Closer integration between pharmacies and GP practises has already been seen.
- 72.7 A further new option will be the integrated hospital and primary care provider – Primary and Acute Care Systems – combining for the first time general practice and hospital services, similar to the Accountable Care Organisations now developing in other countries too.

Orthoptists

73. During February to May 2015, NHS England consulted on proposals to enable orthoptists who have undergone the appropriate training, to be able to sell, supply and administer medicines under exemptions within the Human Medicines Regulations (2012) across the United Kingdom. If all elements of the proposal are approved then there is a provisional date of 2016 for the first

intake of orthoptists on an exemptions education programme. (Orthoptists are regulated by the Health and Care Professions Council.)

Wales

74. In September 2013, the Welsh Government launched a five year plan to improve eye health (*Together for Health: Eye Health Care Delivery Plan for Wales 2013-18*). The key priorities are:
- 74.1 preventing avoidable sight loss and improving eye health;
 - 74.2 early identification of poor eye health and sight problems;
 - 74.3 providing high quality, efficient, accessible services;
 - 74.4 ensuring integration of services and patient focused delivery; and
 - 74.5 providing care and support for people living with sight/dual sensory impairment.
75. The Welsh Eye Care Service (WECS) is seen as the flagship of the Plan. The WECS is an enhanced service that allows optometrists greater clinical freedom and scope to manage their patients in primary care. Currently, around 90 per cent of optometrists in Wales are accredited (through the WECS) to provide enhanced services.
76. Implementation of the Plan is now well underway and in 2014-15 the Welsh Government will be investing £3.5 million in primary care services in Wales. The amount outlined for primary eye care services is estimated to be around £600,000 and will be accessible through the Eye Health Examination Wales (EHEW). These funds will help develop a more joined up and enhanced system of primary care to help reduce unnecessary hospital admissions and manage more patients in the community.
77. A new report from Public Health Wales was published in September 2015, *Distribution and Workload of Community Ophthalmic Practices within Deprivation Levels in Wales*.³⁰ The report highlights the following findings.
- 77.1 Ophthalmic practices are more likely to be located in areas of higher deprivation than areas of lower deprivation. This could be because overheads, such as rent and wages, are lower in areas of higher deprivation. There is also likely to be a higher incidence of people claiming benefits and therefore eligible for free (NHS) sight tests and vouchers towards the cost of optical appliances.
 - 77.2 The Welsh Eye Care Scheme has helped to reduce referrals to secondary care as it allows accredited optometrists to provide more enhanced services to patients in the community. The additional income

³⁰ *Distribution and Workload of Community Ophthalmic Practices within Deprivation Levels in Wales*, September 2015, Garwood, P et al

- stream from providing this service has also made it more viable for practices to set up in areas of low deprivation.
- 77.3 The location of community ophthalmic practices could provide an opportunity when introducing initiatives aimed at reducing inequalities.
78. In April 2015, the Welsh Government published an independent review of NHS education and training in Wales - *Health Professional Education Investment Review*. The review looked at the education and training of all healthcare professionals in Wales. Some of the key points are outlined below.
- 78.1 The panel want to develop a refreshed strategic vision for NHS Wales covering 2015-30, and develop an aligned workforce plan.
- 78.2 The panel proposed a single, arms-length all-Wales body with responsibility for all aspects of the commissioning of education and training for all health professionals.
- 78.3 The Welsh Government should seek to establish a forum where all health professions' regulatory bodies meet with the single body to discuss issues relevant to the Welsh agenda.
79. In April 2015 the Welsh Government published its health and care standards, following a prior consultation period with stakeholders. The standards provide a framework for delivering safe, effective and high quality care for all patients.
80. In August 2015 the Welsh Government published a Green Paper: *Our Health, Our Health Service* and launched a consultation to seek stakeholder views. One area raised in the consultation is around the development of a common set of standards that apply to all health services including dentistry, pharmacy and optometry. Stakeholders have been asked for their views on whether to develop such a framework, across both the NHS and independent sector, in a bid to improve patient outcomes and experiences.

Scotland

81. The Scottish Government remains committed to prioritising eye health and building on the developments that have already happened in improving eye care services. They have updated the *Scottish Vision Strategy (2013/18)* which outlines the second phase of the cross-sectoral strategy for tackling preventable sight loss.
82. The Strategy notes the future challenges for Scotland in delivering eye care services that meet the need of a growing and ageing population. Demographics continue to shift towards an ageing population at an even greater rate than in England. By 2020, there is likely to have been a 30 per cent increase in the population aged over 60 compared with 2000. Optometry Scotland estimate that by 2020 there will be a 70 per cent increase in

cataracts, 38 per cent in age related macular degeneration (AMD), 40 per cent in glaucoma and up to 200 per cent in diabetes compared with 2000.

83. Over the past five years there has been a significant push towards developing and embedding community optometry to help relieve the pressure on general practice and secondary care. The profession is continuing to develop their skills and, in 2014, the Scottish Government enacted new prescribing legislation to facilitate the prescribing process for optometrists. This means that optometrists with an independent prescribing qualification are issued with a prescribing pad which allows them to prescribe eye-related medicines to patients under the NHS without them having to visit their GP or hospital.
84. Scotland has established Teach and Treat clinics. In the clinics, community optometrists help manage and treat patients, under the supervision of an ophthalmologist, who would normally have been referred to an Acute Eye Clinic.
85. In March 2015, the Scottish Intercollegiate Guideline Network published a *Guideline for glaucoma referral and safe discharge*. The guideline provides evidence-based recommendations on the primary-care examination and assessment of patients with suspected glaucoma. Best-practice guidance is provided on which patients should be referred into secondary eye-care services. The guideline also provides guidance on which patients may be discharged from secondary care and safely followed up in the community.

Northern Ireland

86. In 2012, the Department of Health Social Services and Public Safety (DHSSPS) launched a five year strategy for eyecare services (*Developing Eyecare Partnerships Improving the Commissioning and Provision of Eyecare Services in Northern Ireland, (DEP)*). DEP aims to facilitate an integrated approach to the development of eyecare services in Northern Ireland. DEP adopts a pathway approach to this integration across all sub-specialties where appropriate, from primary care through to specialised secondary care utilising the expertise of a varied skill mix. Supporting these pathways will be the use of new and emerging technologies with seamless communication between those providing the care. The resultant will be a patient-centred service with emphasis on clinical leadership, training and development giving improved patient experience and outcomes. Information technology is a major enabler for the delivery of DEP.
87. Within Northern Ireland work is progressing to establish eReferral for primary care optometrists and access to secure HSC email accounts for GOS contractors. A further initiative to support the integration of eyecare services is Project, Extension for Community Healthcare Outcomes (ECHO). This is a model of shared education which demonopolises knowledge, facilitating

learning using a 'one to many' approach between specialists and generalists. This pilot project is the first Optometry/Ophthalmology Project ECHO in the world and the aim is to build knowledge, skill and trust between ophthalmic clinicians in an educational safe-zone using a hub and spoke approach.

88. The SPEARS (Southern Primary Eye Assessment and Referral Service) pilot was introduced in the Armagh and Dungannon areas in September 2014. The SPEARS service is an alternative option to Accident & Emergency for the diagnosis and treatment of minor eye conditions. SPEARS can be accessed on a self-referral basis or alternatively a GP or pharmacist may refer a patient to SPEARS when appropriate. The SPEARS pilot is currently being evaluated with the following elements central to this evaluation -patient access, clinical outcomes, patient experience and value for money.

Implications and trends

89. All four UK governments continue to focus on providing more integrated care in the community away from secondary care settings. Scotland in particular is leading the way in terms of developing its workforce to gain additional qualifications in independent prescribing. Wales and Northern Ireland also continue to embed enhanced community eye care services. In England, NHS England published its *Five Year Forward View* which outlines its plans to deliver more community based care.

F. *Public awareness and confidence the optical profession and the GOC*

90. The Francis Inquiry suggested that regulators should raise public awareness of their role and public perception research is increasingly being seen as a research priority by the other health and care regulators and the Professional Standards Authority (PSA).
91. In our Strategic Plan 2014/17 we highlighted the need for us to introduce a research programme to understand the views and experiences of members of the public if we are to fulfil our statutory role in protecting and promoting the public's health and safety. Our Strategic Plan outlines one of our strategic objectives as an *'improved evidence base – ensuring that our work is informed by an understanding of the public's perspective and how optical care is changing'*.
92. Our research report, *Public Perceptions of the Optical Professions*, was published in July 2015. We will be commissioning a second public perceptions project in autumn 2015. Some of the key findings and conclusions from the reserach are outlined below.

Levels of confidence and satisfaction

- 92.1 Adults in the UK have a high level of confidence in the standards of care provided by opticians.
- 92.2 The vast majority (96 per cent) of patients say that they were satisfied with their overall experience of the opticians.
- 92.3 In addition to our research, the Royal College of Veterinary Surgeons and the British Veterinary Association conducted research into levels of trust in the veterinary profession.³¹ Just over 2000 people across Great Britain took part in the online omnibus survey. As part of the research, satisfaction levels were compared between professions. The research showed a high level of trust and satisfaction in opticians, with 95 per cent of the public saying that they completely trust or generally trust opticians – second only to pharmacists (97 per cent) and above other professions such as GPs (93 per cent) and dentists (90 per cent). The survey also showed that 82 per cent of the public are either very satisfied or satisfied by the service they receive from opticians. Again, this was second only to pharmacists (87 per cent) and above corresponding scores for dentists (79 per cent) and GPs (77 per cent). These results mirror the findings in our own public perceptions research which found that 92 per cent of respondents were confident of receiving a high level of care and 96 per cent were satisfied with the overall experience of visiting their optician.

Understanding the roles of opticians

- 92.4 A significant proportion of adults in the UK are aware that people should visit the opticians at least every two years, as recommended by the College of Optometrists. The majority (80 per cent) say that you should go 'regularly' to an optician, compared to 20 per cent who say you should go only when there is something wrong with your vision or eyes.
- 92.5 Two thirds (68 per cent) of adults in the UK say that their main association with opticians is providing sight tests.
- 92.6 GPs rather than opticians are the first port of call for eye health problems. More than half (54 per cent) say that they would go to their GP first if they woke up with an eye problem tomorrow. One in five (19 per cent) UK adults say that they would go to the optician. Only 5 per cent of UK adults say that they would go to A&E.
- 92.7 Findings from the qualitative research suggests that people distinguish between 'frontline NHS services (such as GPs, paramedics, nurses) and 'high street', 'ancillary' or 'self-referral' services such as opticians (and also dentists and pharmacists).

Perceptions of effective regulation

³¹ *Public Trust in the Veterinary Profession*, British Veterinary Association & Royal College of Veterinary Surgeons, 2015

- 92.8 Most adults in the UK say that opticians are regulated (79%), however UK adults are less certain that opticians are regulated compared to GPs (93%), nurses (90%), dentists (88%) or pharmacists (84%).
- 92.9 Nine in ten (92 per cent) of those who have ever been to the opticians say that they have never complained or considered complaining about their experience.
- 92.10 A quarter (26%) of UK adults say that they are either not very confident or not at all confident that they would be able to find information about how to complain about an optician.
- 92.11 Three in ten (31%) UK adults say that they are not very or not at all confident that they would be able to find information to check the qualifications of an optician.
- 92.12 Most adults in the UK think each of the three statements tested are true: that opticians have recognised academic qualifications (92%); that opticians undergo regular training to update their skills (80%); and that opticians are monitored by a regulatory body (81%).

Groups which may be more at risk

- 92.13 Men, younger people, and Black and Minority Ethnic (BME) groups – are less likely to have visited an optician two years ago or more recently, and more likely to say that you should only visit an optician if there is something wrong with your vision or eyes.

National differences

- 92.14 Adults in Wales and Scotland are more likely than adults in the UK overall to say that they are very confident of receiving a high standard of care from opticians (61 per cent and 59 per cent, compared to 51 per cent of UK adults)
- 92.15 Adults in Wales (81 per cent) are more likely than adults in England (72 per cent) to say that they last visited an optician two years ago or more recently.
- 92.16 Adults from Northern Ireland and Wales are more likely than adults in the UK to say that they don't know how often it is recommended you visit the optician (12 per cent and 11 per cent compared to 6 per cent overall).

Implications and trends

93. The findings from our public perception research suggest that overall confidence in and satisfaction with opticians is high, and the two metrics are closely related, with those who report higher levels of confidence also tending to be more satisfied. However, the research also indicates that there is limited understanding among the public about the role performed by opticians in promoting eye health as well as improving vision, and therefore the expectations against which satisfaction is being judged may be limited.

94. The findings show that many people view the optical profession largely in terms of providing sight tests. The majority of people would turn to a GP rather than an optician if they had a problem with their eye. It may be a challenge for the sector to raise awareness of the wider role of the optical professions beyond the provision of sight tests and dispensing of corrective appliances.
95. In terms of looking at our role as the regulator, the findings suggest that people are less sure that opticians are regulated compared to other professions such as GPs, pharmacists and dentists. Over a quarter of those surveyed said that they are not confident about finding information on where to complain or checking the qualifications of an optician.

G. Key legislative and regulatory developments

Legislative update

Professional Accountability Bill

96. In April 2014 the UK Law Commissions produced a draft Bill intended to replace the legislation covering the UK's nine healthcare regulators – including the Opticians Act – with a single statute to promote consistency and ensure the overall aim of public health and safety.
97. The Bill was then handed over to the Department of Health to progress, who had been working (with the healthcare regulators) on the Bill to get it ready to present to the new Government in May 2015 after the election. Unfortunately the Queen's Speech on 27 May 2015 did not contain reference to what has now been titled the *Professional Accountability Bill*. Legislative change would also have helped to facilitate progress on key strategic projects such as business regulation and student regulation.

Health and Social Care (Safety and Quality) Bill

98. The *Health and Social Care (Safety and Quality) Bill* 2014-15 (a Private Member's Bill) received Royal Assent on 26 March 2015, at which point it became the Health and Social Care (Safety and Quality) Act 2015. This amends the healthcare professional regulators' objectives, with an overarching objective of public protection and specific objectives to:
 - 98.1 protect, promote, and maintain the health, safety and well-being of the public;
 - 98.2 promote and maintain public confidence in the professions; and
 - 98.3 promote and maintain proper professional standards and conduct.
99. In terms of implications for the GOC, there is an objective to promote and maintain proper standards and conduct for business registrants. The Bill will

need to be brought into force by statutory instrument but DH has not yet made any decision on when this will be.

Regulatory update

100. In August 2015, the PSA published a report entitled *Rethinking regulation*. The report states that regulation needs to be radically overhauled if it is to support rather than stand in the way of the serious changes being proposed for the health and care services. The report explains why regulation isn't fit for purpose now. It argues that regulation of professionals cannot be changed in isolation but must take account of the places in which they work. It calls for deregulation, less regulation and better regulation. The report makes a series of recommendations intended to reshape how regulation works so that it is able to face the challenges of the future. These include:

- 100.1 shared objectives for system and professional regulators;
- 100.2 transparent benchmarking to set standards;
- 100.3 a rebuilding of trust between professionals, the public and regulators;
- 100.4 a reduced scope of regulation so it focuses on what works;
- 100.5 a proper risk assessment model;
- 100.6 drive for efficiency and reduced cost which may lead to mergers and deregulation; and
- 100.7 to place real responsibility where it lies with the people who manage and deliver care.

101. We responded to the report and welcomed the idea of having an open discussion on the future direction of healthcare regulation. We noted that we already apply the principles of *right touch regulation* across all our regulatory functions and in key strategic projects such as business and student regulation and illegal practice. We also welcomed the emphasis on taking a forward-looking approach to regulation, taking into account potential risks and ensuring that regulation is 'future-proof' so far as possible.

New fee for regulators

102. In 2010, after the Department of Health conducted a review of its arm's-length bodies to help realise savings and increase accountability and transparency. In relation to the PSA, no compelling reason was found for the PSA to be funded by the Government and devolved administrations. The review recommended that the PSA be funded through a compulsory levy on the regulatory bodies it oversees. This policy was enshrined in the Health and Social Care Act 2012 although it has yet to be implemented. In October 2014 the Government published a consultation on the process which the PSA will use to raise fees from the regulators it oversees. The implementation date for the fee scheme is 1 August 2015.

103. We responded to the consultation and stated that given that the PSA will now be able to charge the regulators we think it would be appropriate for them to be:
- 103.1 given a duty to consult regulators annually on their strategic and business plans, budget, and proposed levy (insofar as the matters covered are to be funded from within the levy); and
 - 103.2 required to report to regulators annually on business and financial performance generally, and performance against their strategic and business plans (which have been produced following consultation).

Duty of candour

104. In October 2014, all eight regulators signed up to a joint statement on the duty of candour. This helped to align and strengthen their commitment to put honesty and openness at the heart of healthcare. A 'duty of candour' for optometrists and dispensing opticians will mean they must be open and honest with patients when something goes wrong with their treatment or care which causes, or has the potential to cause, harm or distress.

Registration of graduate doctors

105. A new report, *The Shape of Training Review*, looked at potential reforms to the structure of postgraduate medical education and training across the UK. The review recommended that full registration for doctors should move to the point of graduation at the end of medical school provided there are measures in place to demonstrate graduates are fit to practise. Currently a doctor becomes registered with the GMC after their pre-registration year. However, the British Medical Association (BMA) junior doctor's conference warned against plans to move the point of registration. The conference warned that 'in doing so, they risk changing and degrading the requirements of entry to the register and demeaning its significance'. The conference also queried how removing the pre-registration year was likely to affect the four-year graduate entry medical degree programmes.

GMC and on-line register

106. The GMC has published new research suggesting that its online register of doctors could be improved and made more useful and accessible. The research findings show that most stakeholders are keen to see the register offer a greater range of information, particularly for members of the public, although it was divided on how much data should be made public. It was also found that the GMC's register offers only limited information compared with the registers of other jurisdictions. The research has been commissioned in line with the GMC's corporate strategy, which committed to explore how the register could be improved upon as it has not changed much since it was first introduced in 2006. A wider consultation on the register will be launched later in the year.

Implications and trends

107. We will continue to work with the other regulators to push for legislative change following the delay to the *Health Accountability Bill*. However, as it is uncertain whether the Bill will be scheduled at all in the next five years, we will also need to explore other avenues for legislative change.

H. The European agenda

108. We are a member of the Alliance of UK Health Regulators on Europe (AURE), which brings together nine health and social care regulators in the UK to work collaboratively on issues in Europe affecting health and social care regulation. We are also a member of the Joint Optical Committee for the European Union (JOCEU), working alongside the optical professional bodies.

European Union directive on the recognition of professional qualifications

109. The revised directive on the recognition of professional qualifications came into force in January 2014 and must be implemented by EU member states by January 2016. We have been working with the UK Government and the other healthcare regulators (through our membership of the Alliance of UK Healthcare Regulators on Europe (AURE)) to implement the directive. The European Commission has recognised that there are different regulatory systems for opticians in Europe. The Department of Health is reviewing all of the healthcare regulators' legislation to determine whether any changes are required to implement the provisions of the revised directive.

I. Trends and implications for the GOC and optical sector

110. The following trends emerge from our analysis of the developments in the optical sector over the last year:

- 110.1 The demand for optical service is likely to increase as the proportion of older people in the population increases and, as is suggested, the number of younger people with myopia.
- 110.2 In England and Wales there was a slight decrease in the number of sight tests which goes against previous trends. The number of sight tests in Scotland and Northern Ireland increased.
- 110.3 The number of optometrists and dispensing opticians continues to increase and both still have a greater proportion of females than males.
- 110.4 The number of registrants with additional qualifications in independent prescribing and a contact lens speciality also continues to increase.

- 110.5 Over the last two years, the University of Portsmouth and the University of Hertfordshire announced their plans to offer a new four year Masters course in optometry. There may be a move away from the more traditional models of undergraduate education.
- 110.6 There has been an upward trend in the amount spent by consumers on optical goods and services and it is suggested that this is likely to increase over the next five years. Consumer behaviour, coupled with the internet as a delivery channel, will probably continue to put pressure on traditional business models with consumers becoming harder to retain through, for example, direct debit schemes.
- 110.7 Technological innovation will continue to change the way patients are diagnosed and treated in future. We need to ensure that the regulatory system is flexible enough to allow changes that would benefit patients but we must also be aware of any risks.
- 110.8 All four UK governments continue to focus on providing more integrated care in the community away from secondary care settings.
- 110.9 No significant changes have been made to the GOS contract in England. In August 2015 the Government said that it will impose a 1 per cent increase in fees for services provided under the GOS contract
111. As the regulator for the optical professions across the UK, we need to take account of these trends in protecting and promoting the health and safety of the public:
- 111.1 In July 2015, Council agreed and approved our new standards of practice for optometrists, dispensing opticians and optical students. Our new standards are flexible enough to enable developments in the delivery of eye care that are in the interests of patients and the wider public. The new standards are also flexible enough to deal with the changing scopes of practice within the UK.
- 111.2 Our public perception research found that only around one third of people in the UK associate opticians with detecting eye health problems and less than one in five said that the opticians would be their first port of call if they had an acute eye problem. Overall the research suggests that the optical profession are still viewed primarily as somewhere to go to test sight and buy glasses and are viewed as a 'high street' or 'ancillary' service which is different to the more 'front-line NHS services' such as GPs, nurses or paramedics. Moving forwards, it will be important for the sector to raise

- awareness of the wider role of the optical profession beyond the provision of sight tests and dispensing of corrective appliances.
- 111.3 We must continue to be aware of the change in consumer behaviour towards a growth in on-line sales. We launched a consultation on a voluntary code of practice for on-line contact lens suppliers and we are carrying out research into the views and experiences of contact lens wearers to help us further understand the potential risks.
- 111.4 The introduction of new optometry courses is challenging the more traditional course structure and also causing some concern in the sector about the potential oversupply of optometrists and downward pressure on salaries. We think that there would be value in collecting data on the optical workforce to better understand the make-up and skill set of the profession as well as the demand and supply side.
- 111.5 We are undertaking a strategic review of education and training to ensure that the system is fit-for-purpose, with registrants being trained to meet the needs of patients now and into the future.
- 111.6 We need to make sure that competitive pressures do not lead to any diminution in professional conduct and that we deal with complaints quickly and effectively. More specifically, we have identified the need for a new system of business regulation that provides a level playing field for optical business, with common standards that are proportionate to the risks associated with business practices. However, changes to our system of business regulation are dependent on legislative change.
- 111.7 The general election in 2015 saw the formation of a new Conservative Government. The *Professional Accountability Bill* (formerly the Law Commissions' Bill) has not been scheduled into the current Parliamentary timetable. We will continue to work with the other regulators to push for legislative change and explore other means of achieving it.
- 111.8 We must continue to be aware of and anticipate changes that are occurring within the optical sector and broader external environment. Moving forwards we will continue to engage with stakeholders and explore the need for broader legislative change which will benefit patients and the public. We must ensure that the system of regulation continues to evolve alongside developments in the sector.

