

The Optical Confederation submission to the Health Select Committee's Inquiry on Education, Training and Workforce Planning

Summary

We welcome the opportunity to contribute to the Committee's inquiry on the Government's plans for NHS education, training and workforce planning.

In many ways, when compared to the NHS, the planning and delivery systems for the optical workforce are considerably well developed. They already encompass the principles of best practice proposed by the Government in its White Paper, '*Liberating the NHS: Developing the Healthcare Workforce*'. Crucially, over the years, as a sector, we have managed to avoid chronic, workforce shortages or significant over-supply, always with a view to deliver an appropriate work force supply, earning a decent salary and with good career prospects.

We have been able to do this consistently as, in our sector, front-line needs are very closely connected to planning and supply and, by working with the seven UK optical universities, the College of Optometrists and the Association of British Dispensing Opticians College, we are able to flex numbers in training to meet likely future demand. As the same time, as optical professions, we have continually increased practitioners' skills and competences to the benefit of patients and the NHS. Our ambition is to continue that trend and to play an even greater role in the delivery of NHS eye care.

The system has served us, patients and the NHS community service far better than any central planning system would have done. For these reasons, we would wish to remain outside the proposed NHS planning system and its funding mechanisms, for community optometry and optics.

Nevertheless, there are areas for development where greater synergy between optical workforce planning and the wider NHS workforce planning could be developed with regard to public health, leadership development and in hospital optometry. In the latter case we would like to see the number of entry level and basic grade training posts for optometrists in hospitals, which has halved in recent years due to financial pressures, reversed to meet growing eye health needs.

As we indicated in our past response to *Liberating the NHS: Developing the Healthcare Workforce*¹, we hope that the Department of Health will work with our sector on all of the abovementioned areas, in order to see where we might mutually support one another for the benefit of all.

1. Public health

¹ http://www.epolitix.com/fileadmin/epolitix/stakeholders/stakeholders/Workforce_response_31_march_2011_FINAL_2.pdf

1.1 Historically neither the Department of Health, nor the NHS, has invested in the development, training or recruitment of ophthalmic public health specialists. As a result, ophthalmic public health is under-developed at all levels within the NHS and at local authority level.

1.2. Every day one hundred people begin to lose their sight in the UK. It is estimated that up to 50% of sight loss could be avoided through early diagnosis and early treatment, according to the Royal National Institute of Blind People. The historic absence of any ophthalmic public health expertise has resulted in a significant, expensive and expanding burden of visual impairment and blindness much of which could, through timely cost-effective intervention, have been avoided or reduced. This burden of preventable sight loss imposes significant downstream financial costs on both the NHS and social services, leaving aside the personal misery imposed on individuals and their families.

1.3 We would like to see what options there might be for including ophthalmic public health training within the wider Department of Health's programme with a view to increasing the availability to the NHS of these essential public health personnel.

2. Leadership Development

2.1 We have welcomed the Government's recognition that the clinical professions play a leading role at both at the local and national level in ensuring investment and skills through continuing professional and personal development and maintaining the structure and content of education programmes.

2.2 This is already the case in optics and the clinical training that is in place helps raise the standards of education and training at every level, securing safe and high quality care for patients. This however, is slightly different from leadership development per se and, to date, the optical sector has been not invited to participate within the work of the National Leadership Council. We would welcome an invitation to participate, if possible, in this area at reasonable cost, e.g. by buying into placed on training schemes.

3. Funding

3.1 We have found that the most effective and efficient means of planning, recruiting, training and developing the optometric and optical work force – entirely in line with the ambitions of Developing the Health Care Work Force - has been to fund the arrangements ourselves outside the Department of Health and NHS arrangements. As mentioned above, for many years this has been very successful in delivering an appropriate, trained, workforce to meet the needs of the sector and our patients. For this reason, we would be strongly opposed to being brought within the levy system on health care providers which will fund the new national arrangements.

4. Hospital Optometry

4.1 Training for hospital optometrists is the one area in which, as professions, we have had to interact with the NHS planning system and unfortunately our experiences have not been happy. Despite ever growing need, the number of entry level and basic grade training posts for optometrists in hospitals has been in decline in recent years due to financial pressures.

4.2 Specific training funding for around 50 two year hospital optometry training posts is needed to support postgraduate preregistration optometrist entry level, year 1, posts and a corresponding number of linked basic grade, year 2, training posts along with an appropriate element of funded supervisory time in order to develop a high level sustainable and effective optometry workforce of the future.

4.3 Optometrists can and do benefit from training in a hospital environment by gaining the widest possible experience of abnormal ocular conditions, diagnosis, treatment and management. This would help to modernise the delivery of hospital eye care through multidisciplinary working and would assist in developing the wider optometry workforce.

4.4 The previously available 50 hospital based pre-registration optometrists posts has reduced in recent years to fewer than 25 posts, despite the number of optometry students graduating continuing to increase. It is essential to see this reviewed and for training numbers to be increased and brought more in line with Foundation Trusts' likely future needs.

About us:

The Optical Confederation represents the 12,000 optometrists, 6,000 dispensing opticians, 7,000 optical businesses and 45,000 ancillary staff in the UK, who provide high quality and accessible eye care services to the whole population. The Confederation is a coalition of five optical representative bodies: the Association of British Dispensing Opticians, the Association of Contact Lens Manufacturers, the Association of Optometrists, the Federation of Manufacturing Opticians and the Federation of Opticians. As a Confederation, we work with others to improve eye health for the public good.