

Public views on refraction

Research report for
the General Optical Council
WA Research – February 2023



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An overview of the methodology



The research that informs this report consisted of three complementary methodologies:

1

Deliberative online research community – across five days in December 2022

- 36 participants—a spread of ages, genders, and ethnicities from across all four nations
- **Benefit of methodology:** *To allow time for respondents to learn more detail, discuss in depth, and give informed opinions*

2

Telephone interviews – December 2022 and January 2023

- With five visually-impaired individuals in the UK, spanning a range of conditions
- **Benefit of methodology:** *To capture the perspectives of people with different / increased needs*

3

Quantitative survey – 17 to 18 January 2023

- 2,003 UK residents, nationally representative by age, gender, and region
- **Benefit of methodology:** *To validate findings at scale*

Across all three methodologies, stimulus was used to upskill the participants on the topic of sight tests and the arguments for and against dispensing opticians being allowed to refract. The format and level of detail included in the stimulus was adapted for each methodology.

Please see [Appendix 1](#) at the end of this report for further information on the methodology and stimulus used.

Presentation of findings – a note for the reader



Throughout this report, findings from both the qualitative research (online community and interviews) and the quantitative research (survey) are presented alongside each other.

Qualitative research

- The online community research was deliberative in approach. This means that respondents were given carefully-designed, impartial briefing materials and ample time to develop considered views on a topic. The method produces genuinely informed opinions on complex and technical topics.
- Interview participants were provided with similar briefing materials and were able to talk through and reflect on the arguments.
- In this report, we do *not* use statistics or specific numbers when presenting results from the qualitative research. Instead, we use broad terms such as ‘most,’ ‘some,’ ‘several,’ and ‘a few’ (participants), as appropriate. These terms are *only* used with respect to the qualitative research.

Quantitative research

- The quantitative research—with its robust sample size and nationally-representative quotas and weighting—provides an overview of public attitudes.
- When presenting results from the quantitative research, we use numeric statistics (e.g., x% of people think y). Statistics are *only* used with respect to the quantitative research.

Please also note:

- Throughout the report, for ease of reading, we refer to ‘a change’—this means the proposed change that would permit dispensing opticians to conduct the refraction part of the sight test.
- The names used in case studies and quotes are pseudonyms to protect participants’ anonymity.
- The data collected tells a largely unambiguous story. While there are naturally some variations, sub-group differences are neither common nor notable. We have included commentary on these as applicable, but in their absence, the reader should assume that there is nothing to note beyond the headline level that changes the conclusions drawn.

Understanding the reliability of market research



The purpose of the research presented in this report is to make the GOC aware of potential public reactions and expectations, were dispensing opticians allowed to refract. We are confident that the samples used in this work give a good representation of society's views on this:

Quantitative research (the survey)

- Quantitative samples should always aim to be as representative of the population they are looking to describe as possible. However, unless a census is completed (i.e. all members of a given population are surveyed), sampling error will always be a consideration.
- Our sample is representative of the UK by age, gender and region e.g. the proportion of 18-24-year-olds in our sample matches what the Office for National Statistics says is the proportion in the UK overall (targets are drawn from the latest census data). As a result, we can be confident we are capturing how views vary across the nation in a scientific manner.
- Academic social scientists have developed a way of understanding potential bias, and these are known as "margins of error" (also, "confidence intervals"). The purpose of them is to quantify, for any given result, how sure we can be in drawing conclusions from it. In order to calculate the margin of error for any given result, the following are needed: the answer %; the sample size; the sample universe (i.e. total possible sample, UK adults in our case); confidence level (usually 95% or 99%). Margins of error describe a bell-curve: they are lower at answer %'s around 10 or 90% and highest at results around 50%. The margins of error in our survey of 2,003 (at a confidence level of 95%), are as follows:

Answer %	10% or 90%	30% or 70%	50%
Margin of error	±1.3 percentage points	±2.0 percentage points	±2.2 percentage points

- What this means in practice is that, for a result of 50% in the UK survey, we can say the following: "If we were to repeat this exercise with 100 different samples of people, at least 95 times this question would produce a result of between 47.8% and 52.2%".
- At an overall level, larger sample sizes are a law of diminishing returns. For example, if we doubled our sample to 4,000 the margin of error for an answer of 50% only decreases to ±1.6 percentage points. Therefore, sample size choice is about balancing accuracy with cost and feasibility.

Qualitative research (the online community and depth interviews)

- Qualitative samples are designed to provide representation across key demographics such as age, home nation and ethnicity – ensuring the research captures as many points of view as possible. Unlike quantitative samples, they are not designed to be perfectly representative, because:
 - Being perfectly representative would often be counterproductive. For example: hearing the views from Northern Ireland was an important part of this project, but NI has just 2.8% of the UK's population. Were the sample to be selected to be perfectly representative, then the 36 people in the online community would have 1 person from Northern Ireland (in reality, we had 6 to ensure a range of views).
- Therefore, analysis relies on the skill of the researchers to draw out commonalities and differences. It does not focus on counting up responses.
- The five depth interviews were in place to ensure the views of those with more serious eye problems were represented in the findings.

With appropriate training and safeguards, most of the public **supports** dispensing opticians being able to conduct refraction for the purposes of sight tests

Executive summary

This research has been careful to include a broad range of participants and provide them with sufficient information to dig deeply into the issues it raises.

From across the three methodological strands, the data has all triangulated towards the same overall conclusion: **most of the public supports dispensing opticians being able to refract, as long as appropriate safeguards are put in place.**

Uninformed reactions were mostly passively accepting, with participants not instinctively feeling that a change would have any detrimental impact on them.

When considered, support became more active, primarily as a result of the belief that expanding who can deliver parts of the sight test will make eye care more readily available and accessible for the public.

The wider context shows that the majority of the public spend little time thinking about eye care and have limited embedded knowledge about procedures during sight tests.

This context is reflected in the fact that only a small minority of the public are instinctively opposed to dispensing opticians being able to refract. This opposition is due in large part to concerns that they are not sufficiently qualified and trained to do so and that a split test could result in fewer people having their eye health checked.

While the majority recognises there may be potential negative consequences—depending on if and how businesses adapt to any change in guidance—they also feel that these are all surmountable with suitable safeguards put in place, with enhanced training being the most important of these.



Alex Plumb

Partner &
Head of
Research

A black and white photograph of an optician using a phoropter to examine a patient's eye.

2

The current situation:

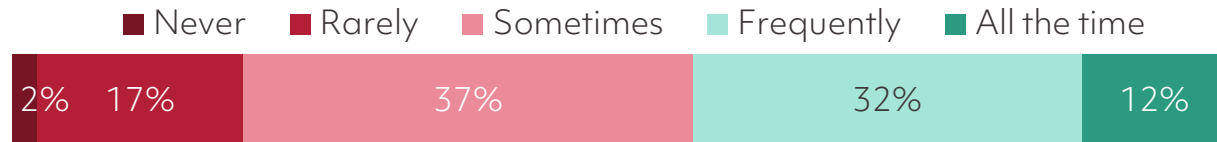
What do the public know about sight tests?



For most, eyesight and eye health is a low-level concern



Q. How often, if at all, do you think about your eyesight and eye health?



➔ **One in five—19%—think about their eyesight rarely, or never**

- Those who do not think about their eyesight often tend to be people who do not wear glasses or contact lenses, but they could also be those who *do* wear glasses or contact lenses whose vision is not markedly deteriorating.
- A minority thought about their eyesight or eye health more often. These individuals typically had eye health conditions (either personally or in their family) or deteriorating sight.
- Even those that were concerned about their eyesight or eye health found that they could deprioritise sight tests when life got in the way.

Case studies



Sam - 18-24 - Northern Ireland

She last went for a sight test two months ago and wears glasses. When asked about any concerns about her eyesight or eye health, she said:

Wearing glasses has been a part of my life since a young age, so I have come to accept it easily and don't really think about it too much.

Susan - 45-54 - Northern Ireland

She has glaucoma and cataracts in her family medical history and says she recently started wearing glasses as her sight has deteriorated. She is worried about her eyesight but has not been for a sight test in more than two years, saying:

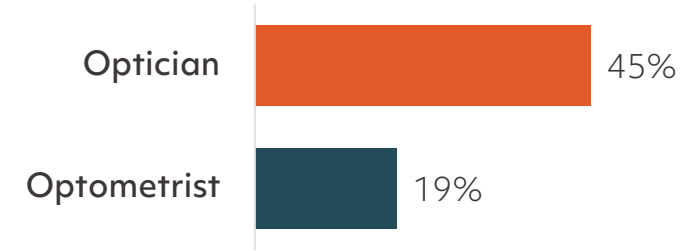


We moved six months ago, and I haven't got round to it!

Many think that dispensing opticians conduct sight tests



- **Across the research, knowledge of who conducts sight tests was limited, even among those that had recently had their sight tested.**
- Overall, people are more than twice as likely to spontaneously name an 'optician' rather than an 'optometrist' as the professional who conducts sight tests*:
- Survey participants who have gone for a sight test in the past two years are just as likely as those who have *not* to identify an 'optician' as the professional who performs the sight test (45% vs. 46%).



I went to Specsavers in the last six months [for a sight test]... The job title was an optician I believe. Michelle, Female, 25-34, Scotland, Sight test within the past two years

- Some noticed that 'assistants' supported the professional conducting the sight test. However, they did not question the seniority, training, or role of the assistant when thinking about the test.

There were two people who did the test. The start—when they blow the air on you—was done by [an] assistant and [the] actual eye test completed by the optician. Yasmin, Female, 35-44, Northern Ireland, Sight test within the past two years

Insight: The findings above suggest that some members of the public may be unlikely to notice if a dispensing optician conducted the refraction element of the sight test.

Knowledge is limited on the mechanics of sight tests



12% of the public are confident they could explain the 'refraction part of the sight test'*

- Those who have gone for a sight test in the past two years are significantly more confident they could explain the 'refraction part of the sight test' than those who have *not* had a sight test within this timeframe, however, both numbers are low (13% vs. 7%).
- Some recalled parts of the sight test. But most were unable to recall the details, spoke about the tests informally, and were often unable to explain what the different parts of the test achieve.
- Even those that had recently been to a sight test did not recall the experience in great detail.
- Consequently, some did not realise that there was an eye health element to the test, assuming that the sight test focused purely on vision. Discovering this fact changed a few participants' perceptions of the sight test and helped them to recognise its importance.

Case studies



Jake - 25-34 - England

He is partially colour blind, and last went for a sight test more than five years ago. When asked what happens in a sight test, he said:

I would assume that they would do the test where you read the letters from largest to smallest and perhaps do a colour blind test, but outside of these two, I have no idea!

Dean - 45-54 - England

Dean last went for a sight test in April 2021 at a supermarket. He described the process:



An optician invited me into one room to look at my eyes. After a few minutes I saw another optician who gave me an actual sight test, which involved reading the letters on a wall and looking from numbers in a green background to check for colour blindness.

A black and white photograph showing a close-up of an optician's hands as they work with a phoropter. The optician's eyes are visible, looking through the device. The background is bright and slightly out of focus.

3

Overview:

Should dispensing opticians be able to conduct refraction as part of a sight test?



The research journey: from general public to informed participant

Those taking part in all elements of the research followed a similar journey, providing their view on whether dispensing opticians should be able to conduct refraction in a sight test at three points as shown. This section summarises the findings from all strands at each of these stages.

1. Initial view:

Respondents are given basic information on what a sight test is, and how it covers both a vision quality (refraction) check and eye health check. The sample is split into two with half asked if they are comfortable with either the:

a. Current situation:

Seeing an optometrist for the full sight test.

b. Proposed change:

Seeing a dispensing optician for the refraction part of the sight test and an optometrist for the eye health check.

2. Informed view:

Respondents are given greater information on sight tests, including who currently conducts them. They are also given information on the current roles of optometrists and dispensing opticians.

Respondents are then asked if they support or oppose dispensing opticians conducting the refraction element of the sight test.

3. Informed and balanced view:

Respondents are given arguments both for and against dispensing opticians conducting refraction in a sight test.

They are once again asked if they support or oppose dispensing opticians conducting the refraction element of the sight test.

A majority of the public say they would be 'comfortable' in either scenario

While marginally more people said they would feel uncomfortable seeing a dispensing optician *and* an optometrist for a sight test, rather than just the latter, the majority were either fine or comfortable seeing both. This result broadly mirrored the balance of responses in the online community.



Q. How comfortable or uncomfortable would you be...

[Sample A] ...seeing an optometrist for both the [refraction part of the sight test] and the eye health check?

■ Very/somewhat comfortable ■ Neither comfortable nor uncomfortable ■ Very/somewhat uncomfortable



[Sample B] ...seeing a dispensing optician for the [refraction part of the sight test] and an optometrist for the eye health check?



Ultimately, I trust the process. While a dispensing optician sounds like someone who picks [the] glasses at the end of the eye test, ... if they were assigned to me then so be it. Cory, Male, 25-34, England, No sight test within the past two years

I'm still a bit on the fence because there are a few things that I am unsure of. The main thing is understanding the level of risk that this change might introduce. Alys, Female, 35-44, Wales, Sight test within the past two years

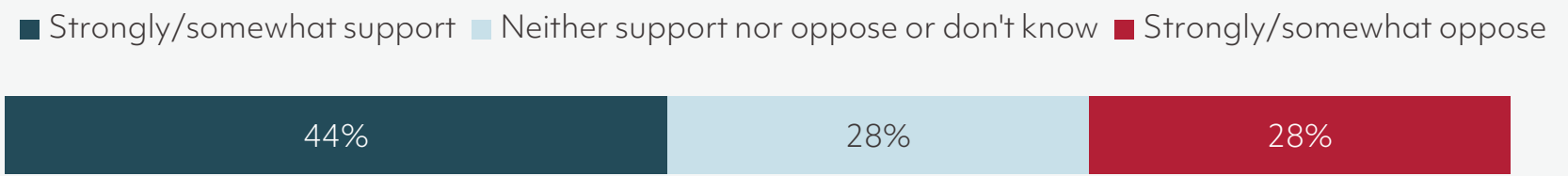
Support for a change remains, but more questions are raised

When informed about dispensing opticians' existing role, people raise more opposition (although they still support it on balance). Within the online community, participants began to discuss potential consequences and started to identify necessary safeguards in line with these concerns.



Respondents are given relevant information on sight tests including who currently conducts them. They are also given more information on optometrists and dispensing opticians.

Q. Would you support or oppose dispensing opticians being allowed to conduct [the refraction part of the sight test]?



[Dispensing opticians conducting refraction] would enhance my experience of going to the optician because there would be less [of a] wait time... I would support [a change]. I feel like it would benefit the customers, especially if it's just for a sight test. It wouldn't affect my experience so am all for it. Noah, Male, 35-44, England, Sight test within the past two years

I would want the one person I see to be able to perform every part of the inspection process, not passed around and delayed or repeating myself... [I oppose because] it feels like a skill decrease for no user benefit. I am unclear how this helps me. Tom, Male, 35-44, England, No sight test within the past two years

3 – Informed and balanced view

Most support a change but opposition highlights the need for safeguards

After being provided with arguments for and against, support for a change increased—though a minority continued to oppose a change. However, most members of the public are unlikely to have this much information about sight tests, and therefore the ‘initial view’ is likely to be our closest approximation of typical public attitudes.



Respondents are given arguments both for and against dispensing opticians conducting refraction in a sight test.

Q. After considering these arguments, overall, would you support or oppose dispensing opticians being allowed to conduct [the refraction part of the sight test]?

■ Strongly/somewhat support ■ Neither support nor oppose or don't know ■ Strongly/somewhat oppose



I would personally fully support dispensing opticians conducting [refraction], provided that they have been trained and passed all necessary industry examinations, like optometrists do now, to be able to conduct these tests. Duane, Male, England, 65+, Sight test within the past two years

If the dispensing opticians were to carry out this part of the sight test, mistakes might be made, things may be missed... One person needs to carry out the test, and it needs to be the person that has the most training and a better understanding of eye health and eye care. Michelle, Female, 25-34, Scotland, Sight test within the past two years

Q20. Base: All respondents (n=2,003)

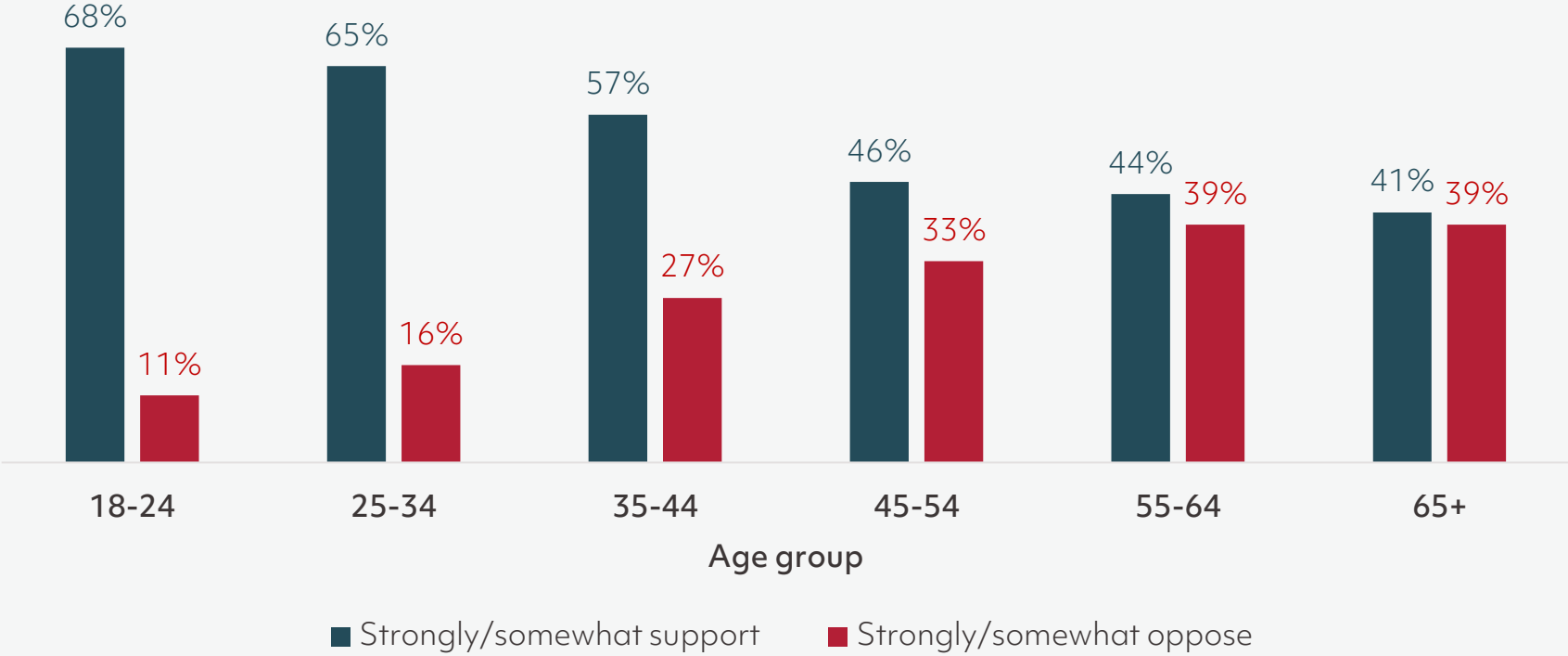


Older members of the public are less likely to support a change

Opposition to a change increases with age, from a small minority of 18-24-year-olds to two in five of those aged 65 and above.

Insight: While the data doesn't give a definitive answer, it is plausible that older participants' heightened opposition could reflect wider age trends surrounding openness to change and may relate to the increased relevance of eye care and eye health for the age group.

Q. After considering these arguments, overall, would you support or oppose dispensing opticians being allowed to conduct [the refraction part of the sight test]?



- Women (33%) are also somewhat more likely than men (26%) to oppose a change.
- There are no significant differences in opposition levels based on income level, disability, or nation.

Q20. Base: All respondents (n=2,003). Age bases: 18-24 (n=212), 25-34 (n=341), 35-44 (n=322), 45-54 (n=338), 55-64 (n=317), 65+ (n=474)

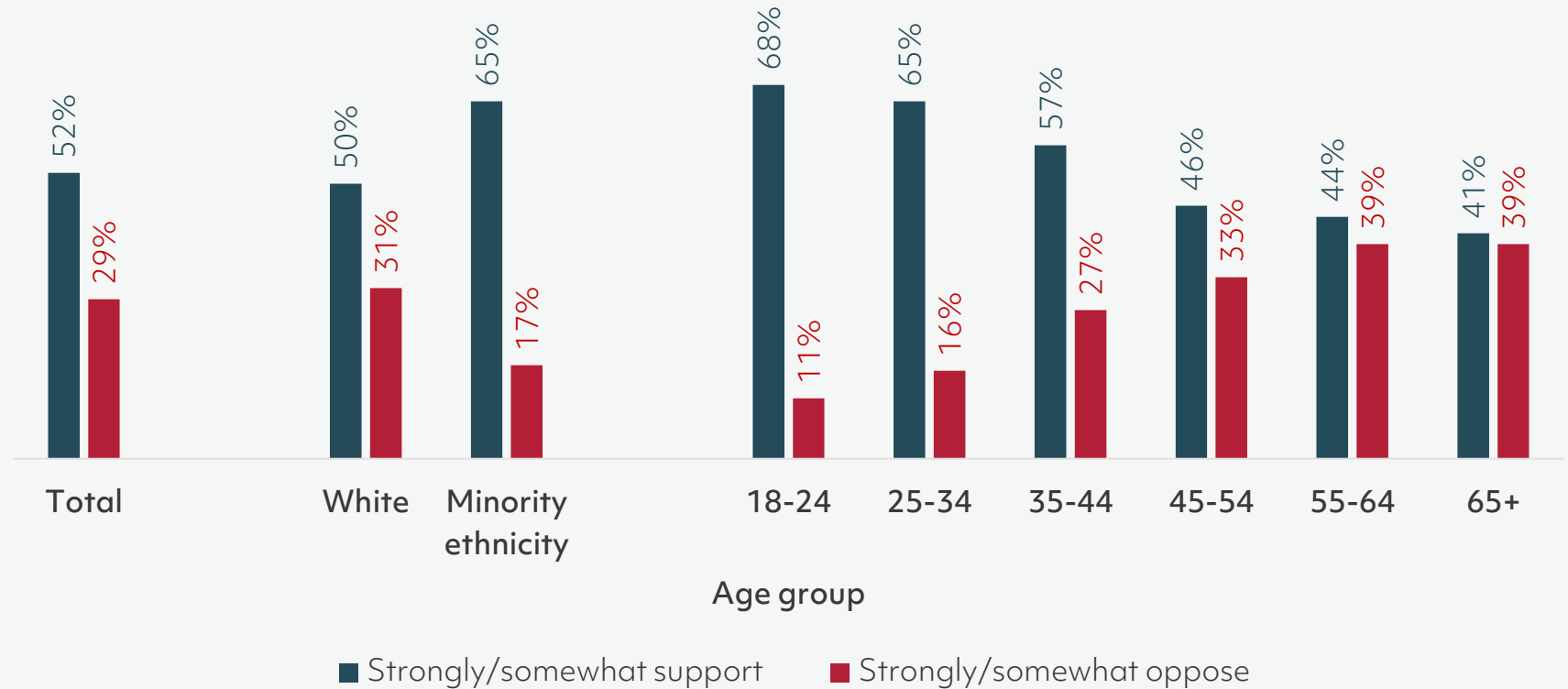


Respondents from a minority ethnicity more likely to support a change

Our interpretation of this data is that the difference by ethnicity is driven by age rather than ethnicity, as minority ethnic respondents tended to be younger than their white counterparts (this reflects wider trends in the UK). We found no difference in attitudes by ethnicity in the online community.

The 2021 Census shows that the median age of a white person in the UK is 43, whereas the average age of an Asian, Asian British, or Asian Welsh person is 32 and the median age of an individual with mixed or multiple ethnic groups is 19*.

Q. After considering these arguments, overall, would you support or oppose dispensing opticians being allowed to conduct [the refraction part of the sight test]?



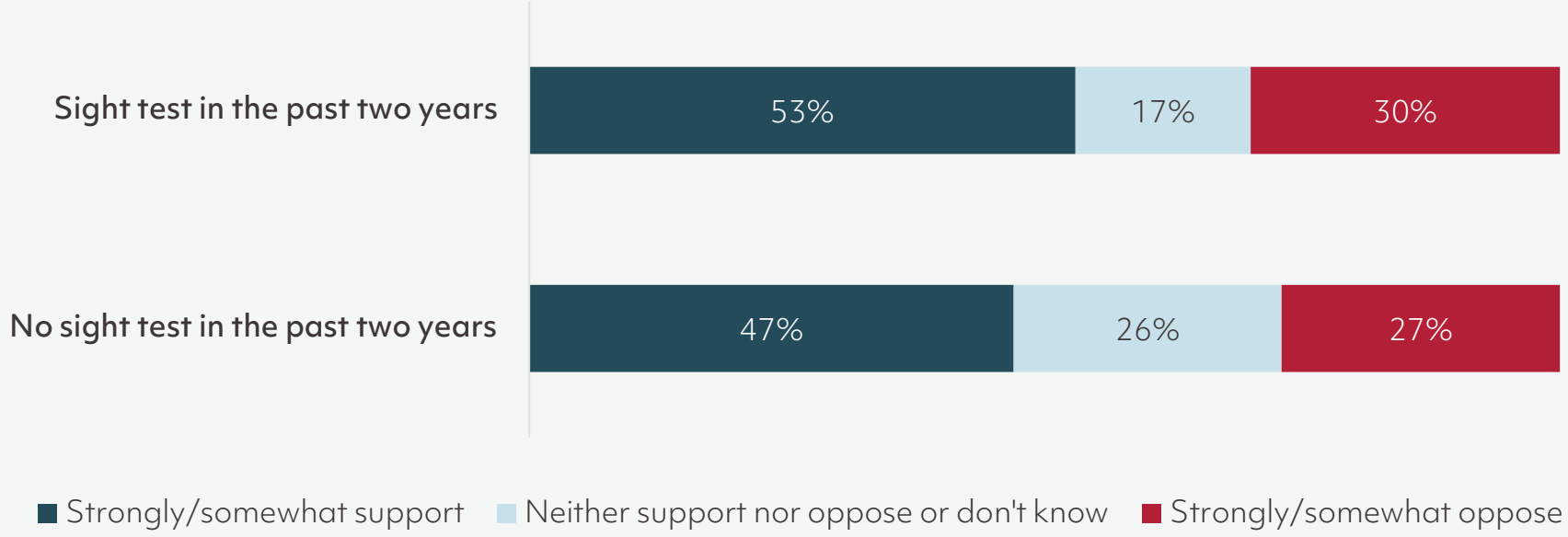
Q20. Base: All respondents (n=2,003). Ethnicity bases: White (1,712), Minority Ethnicity (275). Age bases: 18-24 (n=212), 25-34 (n=341), 35-44 (n=322), 45-54 (n=338), 55-64 (n=317), 65+ (n=474)
 *<https://www.ons.gov.uk/peoplepopulationandcommunity/culturalidentity/ethnicity/articles/ethnicgroupbyageandsexenglandandwales/census2021>



Those who have recently had a sight test are more likely to have an opinion on a change

Compared to participants who have *not* had a sight test in the past two years, those who *have* had one are slightly less likely to give a neutral answer or say they don't know.


Q. After considering these arguments, overall, would you support or oppose dispensing opticians being allowed to conduct [the refraction part of the sight test]?



Q20. Base: All respondents (n=2,003). Sight test in the past two years (n=1,556), no sight test in the past two years (n=447)

A black and white photograph of an optician's hands and face as they work on a pair of glasses at a workstation.

4

A black and white photograph of a hand holding a pair of glasses in front of a blurred vision chart.

The arguments in favour:
Why most believe that dispensing opticians
should be able to refract



Most initially feel that dispensing opticians should be able to refract, but do not feel strongly about this



Initial support was passive, rather than enthusiastic.

- Most stated that such a change would not impact them—either because they do not regularly go for sight tests, or because they did not think it mattered who conducted the refraction, as long as they were trained to do so (which most assumed would be the case).
- Rather than immediately seeing multiple benefits resulting from a change, many participants were inclined to be in favour because they could not see any reason *not* to be.
- For several participants, this support for a change stemmed from a deep trust in healthcare professionals and the British healthcare regulatory system to protect people's safety and act in their best interest.

Case studies



Christopher - 55-64 - England

Christopher has nystagmus and ocular albinism. He felt there wasn't any reason to oppose a change:

[During the refraction part of the sight test] I either see something or I don't see something, it's me reporting to them, so I don't think it makes any difference who does that.

Sonia - 25-34 - England

She did not think this change would have enough of an impact on her to make her worried. She assumed that the training processes would be adapted to ensure dispensing opticians were qualified.



Personally, I think I have enough trust in this sector not to make this adjustment without providing their workers with sufficient training.

Exposure to arguments in favour of a change solidifies supporters' positions



Passive, uninterested support



Confident, enthusiastic support



- After hearing the arguments in favour of dispensing opticians being able to refract, many participants noted that there were benefits they had not previously considered which convinced them that this change would be positive.
- Whereas initial support was indifferent and impassionate, participants came to feel more strongly about their conviction, referencing the arguments to explain why.

Case study

Maya - 25-34 - England

Maya initially supported a change, as it would have no impact on her and she didn't see any issues with it. Once shown the arguments in favour of dispensing opticians being able to refract, her position evolved to be energetically in favour of a change. She explained,



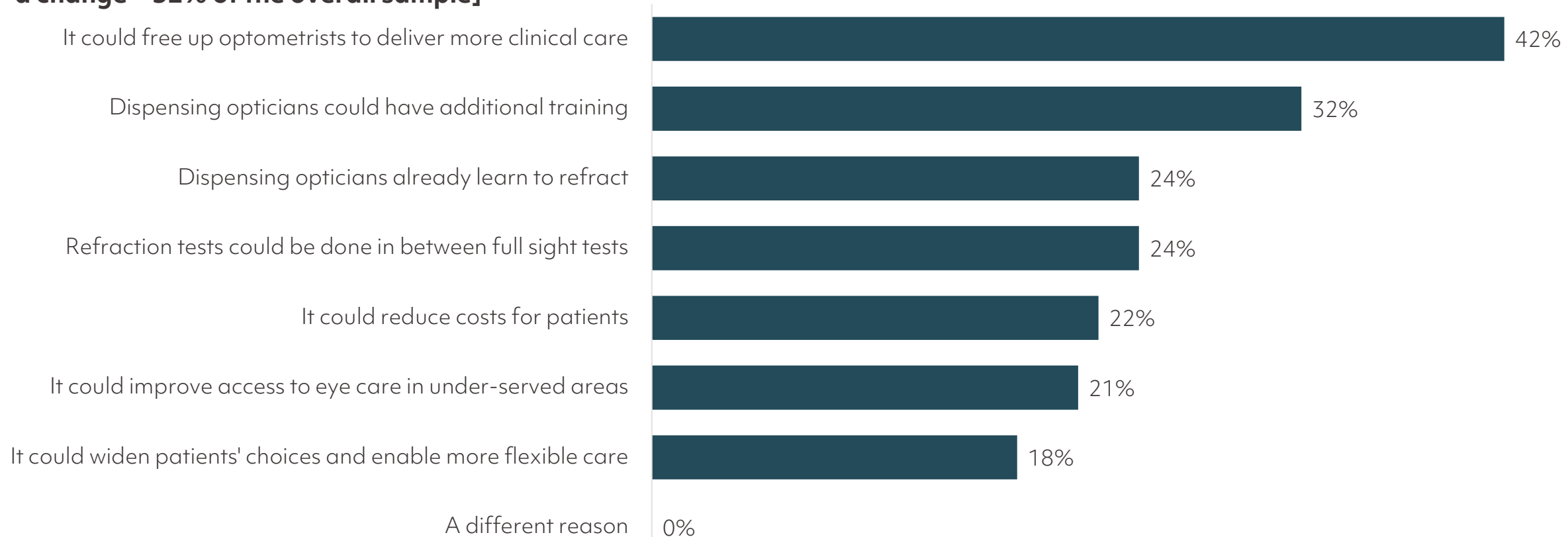
I was already in support of this change. However, this video just solidified this and made me certain that this would be the best option. I hadn't even thought of the fact that this could free up optometrists to help ophthalmologists and how it can support doctors in hospitals!

Overview: the most convincing arguments in favour of a change



Survey participants who supported a change (52% of the overall sample) were asked to identify which of the prompted arguments in favour of a change they found most persuasive:

Q. Which of the following arguments are most persuasive for why dispensing opticians should be allowed to conduct [the refraction part of the sight test]? You may select up to two.* [Asked to those who support a change—52% of the overall sample]



*Answer options have been shortened due to page space—see Appendix 1 for the full arguments given. Q21. Base: Respondents who support dispensing opticians being allowed to refract (n=1,037)

Optometrists being freed up to deliver other health services is the most persuasive argument in favour



42% of those in favour of a change say they are very convinced by the argument that it could free up optometrists to deliver more clinical care usually done by ophthalmologists

- Within the context of ongoing pressure on the NHS and long waiting lists, participants were most persuaded by the possibility that a change could free up optometrists to deliver more clinical care usually carried out by ophthalmologists, which could allow the latter to provide more medical care and thereby help reduce hospital waiting lists.
- Several people felt that it was important to change the ways things are currently done to find solutions that ease the strains on the clinical healthcare system.

Case study



Priya - 25-34 - England

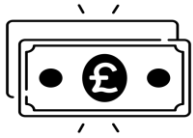
She is visually impaired due to rod-cone dystrophy and nystagmus. Priya found the argument that optometrists could be freed up to deliver clinical care usually carried out by ophthalmologists—thereby allowing ophthalmologists more time to provide medical care—to be the most convincing. She attested to the need to ease the pressure on eye health services:

It could positively result in there being a lot more opportunities for appointments to be made... Sometimes when you need an appointment, there's up to five weeks of waiting, and by that time, if there's something significant going on, it could become worse. By freeing up the time of optometrists, that could be prevented.

The potential to improve access to sight tests is an appealing argument for many



Instinctively, some participants believed a change would result in more appointments becoming available. Once prompted with additional arguments surrounding the cost of and rural access to sight test appointments, supporters of a change also identified these points as powerful reasons to allow dispensing opticians to refract.



Reducing the cost of sight tests

- Several participants referenced the current cost of living crisis and the pressing need to make the provision of healthcare as affordable as possible.
- Though others expressed doubt that any savings would be passed on to the public, many nevertheless saw the possibility of cheaper sight tests as a major reason to proceed with a change.



Improving access to eye care in rural and under-served areas

- Many were aware of the challenges surrounding accessing healthcare in rural communities, with some participants speaking from their own experience living in under-served areas.
- Participants understood and were convinced by how this change could address this issue.

Insight: Support for a change is largely rooted in its wider impact on society, rather than individual benefit, suggesting that the public will be on board with a change regardless of whether they see any direct improvements to their eye care experience.

Being a person who lives in a rural community and being a community first responder for that very reason, I can see the merits in greater flexibility in the provision of [sight tests].

Patrick, Male, 55-64, Northern Ireland, Sight test within the past two years

Seeing multiple healthcare professionals is not a new experience for people

Several participants explained their support for dispensing opticians being able to refract by saying that the public is already accustomed to interacting with several healthcare professionals in a given visit.

- They explained that they are well used to seeing a combination of nurses, assistants, and doctors in a hospital or GP setting.
- They also argued that nurses increasingly perform procedures previously done by doctors, a positive development which they viewed as evidence of the public's willingness to accept changes in medical professionals' responsibilities.
- This argument arose completely unprompted by any stimulus in the online community.



Sight Test Online Community

Yesterday at 12:00pm

Ultimately, would you support or oppose dispensing opticians conducting refraction?

21 Comments



Lucas (Male, 35-44) My sister is a nurse practitioner...and carries out all sorts of tasks [that were] previously doctor-exclusive...If expanding roles in all healthcare professions, with rigorous training of course, is a more effective use of resources, I think it's a great thing.



Like Reply 1h



Cassandra, (Female, 25-34) I think this is a good point, and would like to add that maybe we wouldn't even notice their job title? I went to a health appointment recently and saw a healthcare professional who I assumed to be a doctor. The only way I then discovered they were in fact a nurse was because I asked. They were excellent and I don't feel like I received worse care because they had a 'lower' rank.



Like Reply 1h



Maya, (Female, 25-34) I agree totally! These other staff members are really trained well and are experts in their own way! Nurses are more specialised in certain ways than doctors!

Like Reply 1h

A black and white photograph showing a close-up of an optician's hands as they use a phoropter to examine a patient's eye. The patient's face is partially visible on the left side of the frame.

5

A black and white photograph of a hand holding a pair of clear, rectangular-rimmed glasses. The background is a blurred vision chart with various letters and numbers.

The arguments against: Why some are opposed to dispensing opticians conducting refraction



Some are instinctively apprehensive about a change to who can conduct parts of the sight test



Unprompted reasons to oppose:



Concerns about dispensing opticians' qualifications



Potential for missed health conditions



Lack of clear benefit to the public



Fears that it is merely a cost-cutting measure



Discomfort with seeing two people

From the first mention of a change, some participants were opposed to dispensing opticians being able to refract.

- Whereas *support* for a change was fairly indifferent in tone and rooted in a mentality of 'why not?', those in opposition had much stronger, more emotional responses.
- These participants conveyed a sense of apprehension or anxiety about a change and its potential consequences, while outlining several reasons to justify their opposition.

I want my eyes diagnosed by the original and best, not a lesser version.
Stan, Male, 45-54, England, Sight test within the past two years

I would probably still turn up for my eye test, but I would rather have the tests done by an optometrist, because they are better qualified.
Andrew, Male, 55-64, Wales, Sight test within the past two years

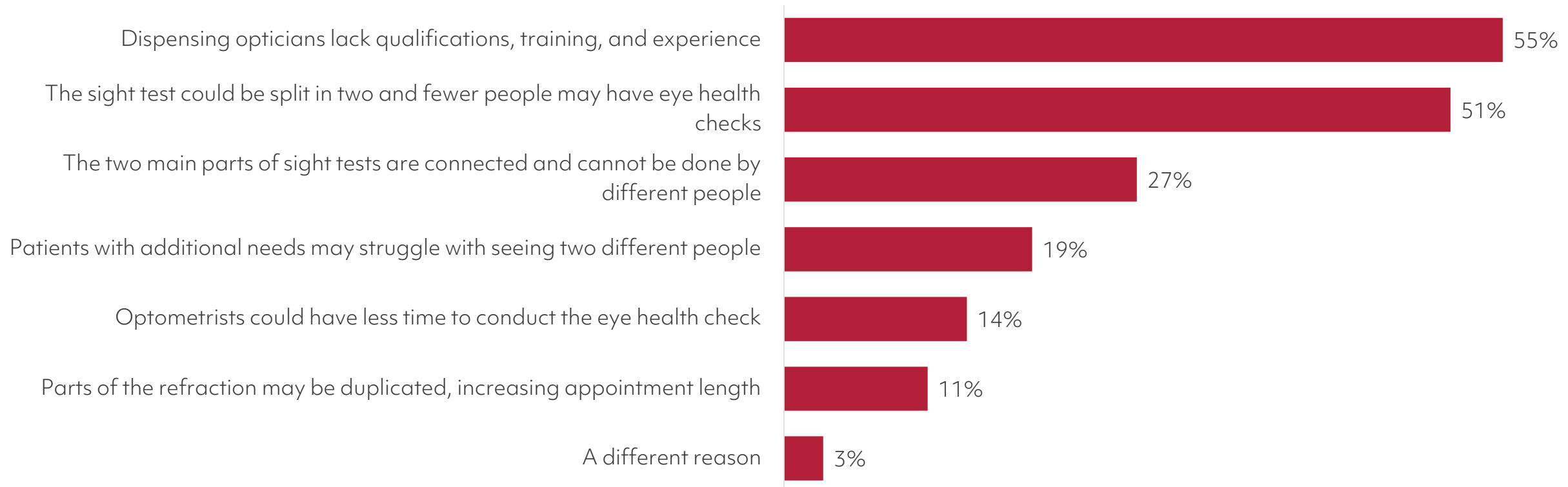
I feel eye tests and eye health can be quite intimate/sensitive and I would prefer to spend the entire process with one person so that I could feel more comfortable expressing concerns/being examined.
Sonia, Female, 25-34, England, Sight test within the past two years

Overview: the most convincing arguments against a change



Survey participants who opposed a change (29% of the overall sample) were asked to identify which of the prompted arguments against a change they found most persuasive:

Q. Which of the following arguments are most persuasive for why dispensing opticians should not be allowed to conduct [the refraction part of the sight test]? You may select up to two.* [Asked to those who oppose a change—29% of the overall sample]



*Answer options have been shortened due to page space—see Appendix 1 for the full arguments given. Q22. Base: Respondents who oppose dispensing opticians being allowed to refract (n=586)

Concerns about dispensing opticians' qualifications drive initial apprehension about a change



Among those opposed to a change, more than half are convinced by the argument that dispensing opticians lack the necessary qualifications, training, and experience to refract.

- Many of those opposed to a change believed that only the *most* qualified and highly-trained eye care professionals should be performing sight tests.
- These individuals doubted dispensing opticians' medical credentials and feared errors could be made—the risk of which was viewed as particularly harmful given the importance and sensitivity of eye health.

Eye health is far too important to risk errors. Patricia, Female, 65+, England, Sight test within the past two years

Case study

Archie - 18-24 - Scotland

Throughout the online community, he expressed opposition to a change because he doubted dispensing opticians had the right level of qualification to conduct a part of the sight test. He said,



I would not feel as confident in the results of the examination... [because] dispensing opticians are not qualified to prescribe. Therefore, this would hinder results in my mind and I would not want to be tested by them.

The possibility that sight tests could be split up is seen as a real risk by many



51% of those opposed to a change are convinced by the argument that the sight test could become split into two separate tests.

- Many opposed a change out of concern over the sight test being split into separate refraction and eye health tests.
- Participants worried that some people would not receive eye health checks—either by accident or by choice. Several stated that they could imagine people opting to only receive the refraction part of the test to save time or money, which concerned them due to the prospect of health conditions then going undiagnosed.
- Those in favour of a change also felt that steps should be taken to avoid this risk.

Case study



Michelle - 25-34 - Scotland

She originally said she would support a change, as long as further training was provided. However, the risk that sight tests could be split in two was enough to change her mind:

I believe [dispensing opticians should not be allowed to refract] because I think appointments may end up being split into two, which I wouldn't like. I also worry that eye health care would lose its focus based on the priorities of the business/company.

Those opposed to a change worry about difficulties that could come with two people conducting the test



Unprompted concerns:

- Harder to build rapport/trust with two people
- Frustrating/time-consuming to have to go through conversations twice

Prompted concerns:

- People with additional needs could struggle with seeing two people

- Once prompted with the potential challenges this change could pose for people with additional needs, several opponents to a change explained that this added to their conviction.
- A few made personal connections to themselves or people in their lives who they thought may struggle with seeing two people during a sight test.
- For people who supported a change, this argument was also noted as an important consideration, but one which could be easily accommodated by making exceptions for those who need them.

Case studies



Priya - 25-34 - England

Priya is visually impaired. She said that seeing lots of healthcare professionals for her eye conditions worsens her anxiety, especially when she has to re-explain everything to different people. She thought people may similarly struggle with seeing multiple professionals:

Seeing so many doctors can be quite anxiety-provoking for people, especially if they're anxious themselves about the actual appointment.

Tatiana - 45-54 - Northern Ireland

She said that she was very persuaded by the argument that people with additional needs may struggle with two professionals conducting the test. She explained,



I know people with [autism spectrum disorder] who would strongly struggle with this change. It may cause them too much stress which would result in them not wanting to attend an appointment, which then may lead to something more serious going undetected.

A black and white photograph of an optician using a phoropter to examine a patient's eyes.

6

The steps required to
make a change feel safe

A black and white photograph of a person wearing glasses looking at an eye chart. The chart has various letters and numbers on it.

Many feel that the GOC could mitigate against most potential negative consequences of a change

None of the arguments [against dispensing opticians conducting refraction] caused me great concern. For me, they are mostly challenges that need to be overcome and systems put in place to minimise the risk, rather than reasons not to do things. Alys, Female, 35-44, Wales, Sight test within the past two years

- Many that supported dispensing opticians being permitted to refract in a sight test felt that it was possible to put actions in place that mitigate against many of the negative consequences this change may bring.
- They assumed that if processes were changed to allow dispensing opticians to conduct refraction, there would be a number of other interventions alongside this change to ensure it was safe. These are detailed on the following slide.



The safeguard hierarchy

A number of steps were discussed as part of ensuring that dispensing opticians can safely conduct the refraction part of the sight test.

The steps that the public would like to see introduced alongside a change can be split into three categories, as follows:



Assumed – It is taken for granted that these measures would be introduced alongside dispensing opticians conducting refraction. These are:

A high level of training

Some level of supervision



General consensus – Many felt that introducing these steps is important to ensuring that members of the public would be safe after a change. These are:

All parts of sight test conducted in the same visit (i.e., splitting banned)

Those with additional needs being able to see an optometrist for the full test



Up for debate – Some, but not a majority, felt that introducing these steps would help to ensure members of the public would be kept safe if a change happened. These are:

People informed at booking which professionals would conduct the sight test

Anyone could request to see an optometrist for the full sight test

Assumed: The public expect dispensing opticians to receive a high level of training ahead of conducting refraction



'Additional training for dispensing opticians' was the most called for action to introduce alongside dispensing opticians conducting refraction.

- For many, training was a prerequisite for supporting dispensing opticians being permitted to refract—the bare minimum action that could be put in place to help make a change safe.
- Many felt that individuals should receive accreditation from a relevant body to certify that they are able to conduct refraction. This was often mentioned in the same breath as training.
- Whilst some called for dispensing opticians to have the same level of training as optometrists, particularly around the issue of refraction, others felt that giving the two professions the same level of training may blur the line between dispensing opticians and optometrists.
- A minority felt that training could only go so far and would not adequately prepare dispensing opticians to conduct refraction, as they would still lack the experience and expertise of optometrists.

Case study



Alys - 35-44 - Wales

When first presented with the idea of dispensing opticians conducting refraction, she was undecided and wanted to understand

[what] level of risk that this change might introduce.

For her, training was a given:

I would trust that the dispensing opticians are given the necessary training and have the right level of qualifications and experience to do this... The level of training they would receive on how to conduct the test should be of the same standard as the optometrist.

Assuming this level of training was in place, Alys supported a change.

Assumed: Whilst many think that supervision is essential, there is disagreement about what this would look like in practice

Many felt that supervision of dispensing opticians was important, as it allowed these individuals to gain experience in conducting refraction in an environment that was overseen by someone with relevant skills and experience.

- However, there was initial disagreement on what supervision was appropriate, including on the length of time optometrists should provide supervision, what supervision would entail, and who was responsible should something go wrong.

If you would need an optometrist to sit in on every examination, then dispensing opticians will never conduct these checks. This is just a waste of money as you now have two people doing the check and not one. Duane, Male, England, 65+, Sight test within the past two years

If they were to supervise, they'd need to be in the room surely? Cory, Male, England, 25-34, No sight test within the past two years

- Once the GOC's definition of supervision (see [Appendix 1](#)) was presented, many felt that this would ensure that refraction would be conducted safely.

Case study



Sonia - 25-34 - England

Sonia was originally opposed to dispensing opticians being able to refract, but when shown the GOC's definition of supervision, she felt that, if it were to go ahead,

Supervision... is an integral part of the process of ensuring safe conducting of tests and also staying on top of the quality of such tests... The above supervision [definition] outlines a way of maintaining safety and quality.

General consensus: Many call for a ban on splitting up different parts of the sight test



- One key concern among those opposed to dispensing opticians conducting refraction was that it could lead to the sight test being split up into different parts (i.e. the refraction being done separately to the eye health check). They believed that the refraction-only test could be offered as a quicker service and at a cheaper price, making it more attractive to customers and businesses.
- Many worried that splitting up the test could lead to missed pathologies, causing health issues to go undetected and worsen over time.
- This led to many calling for a ban on splitting up the different parts of the test, ensuring that the full test was conducted within the same visit.

Case study



Fleur - 55-64 - Wales

Personal experience with her own family meant that she was wary of the test being split:

The one that made me less likely to support a change was that people may opt out of the eye health check and disease may go undetected...I think people would prioritise vision quality and maybe not bother having the eye health check. My son was diagnosed with non-symptomatic uveitis at the age of 8 at a routine eye examination... I feel very fortunate that there was a vigorous eye health element to the standard eye check otherwise the disease would have gone undetected.

General consensus: Many also call for allowances for some people to see an optometrist for the full sight test



Many in the online community were concerned that certain members of the public with additional needs may struggle with seeing two different professionals during the sight test. To mitigate against this, many felt that certain groups of individuals should continue to have the ability to see an optometrist for the full sight test.

Up for debate: Some went further, arguing that anyone who wanted should be able to see an optometrist for the full sight test. These individuals often fit into two camps:

- **Understanding invisible characteristics:** Some believed this because they felt that not everybody who may struggle with seeing two people for the sight test would wish to identify themselves as such.
- **Believing in freedom to choose:** Others simply felt that the public should be offered a choice, particularly as this impacts their health.

Up for debate: Linked to this, some felt that members of the public should be informed which professionals would be conducting the sight test.

- Assuming that people are given the choice, some thought that people should be empowered with the relevant information to make the best choice for them—whether that is to see an optometrist for the full sight test, or a dispensing optician for the refraction and an optometrist for the eye health check.

My only concern would be: can concessions be made to accommodate people with special needs who would feel uneasy with two people working on their sight test? Dean, Male, England, 45-54, Sight test within the past two years

Case study



Ellie - 25-34 - England

She has anxiety and can find social interactions challenging. She felt empathetic towards those with additional needs.

Seeing two professionals rather than one would be doable for me, but I can imagine this would be a challenging experience for those with more acute additional needs.

Whilst thinking about this made her more cautious about dispensing opticians conducting refraction, on the whole, she felt it was still a good idea.

A black and white photograph showing a close-up of an optician's hands as they examine a patient's eyes using a phoropter. The patient's face is partially visible on the left.

7

Conclusions

A black and white photograph of a hand holding a pair of clear-rimmed glasses. In the background, a blurred vision chart is visible, showing various letters and numbers for testing.

Conclusions and implications



1. People support allowing dispensing opticians to conduct refraction as part of the sight test—particularly if this change frees up more resources that the NHS can use.
2. Minimising any potential harm is key, so a sufficient level of training and accreditation from a relevant body and supervision from optometrists are important safeguards that need consideration around how they are implemented.
3. Alongside these, the GOC should consider mitigating against the risk that sight tests become split, i.e., business models determine that the refraction and eye health check parts become separated. The public is concerned about the potential of missed pathologies, but the likelihood of this manifesting is extremely hard for them to comment on, given the dependence on how businesses interpret any change.
4. For a number of reasons, a minority of people will always have a preference to see an optometrist. This raises the question of if and how individuals are told during the booking process so they can make an informed choice. Unlike the safeguards above, an industry standard approach to this is not a pre-requisite in the public's eyes, but should be taken into consideration by the GOC, especially for those with additional needs (whether hidden or stated) for whom having the flexibility to choose is more important.

The background is a collage of three images: a close-up of an eye being examined with a phoropter, a hand holding a pair of glasses in front of an eye chart, and a silhouette of a person standing on a hill under a starry night sky.

Appendix 1:

Detailed methodology

Detailed methodology: Who participated in the research



Online community

36 participants from the following demographic backgrounds:

- 18 in England, 6 in Scotland, 6 in Wales, 6 in Northern Ireland
- 18 male, 18 female
- 3 aged 18-24, 13 aged 25-34, 8 aged 35-44, 4 aged 45-54, 4 aged 55-64, 4 aged 65+
- 6 with ethnic minority backgrounds
- 12 with annual incomes under £20,000
- 18 who had gone for a sight test within the last 2 years, 15 who had gone for a sight test more than 2 years ago, 3 who had never gone for a sight test

Telephone interviews

5 participants from the following demographic backgrounds:

- 5 in England
- 1 male, 4 female
- 1 aged 25-34, 4 aged 55-64
- 1 with high myopia, rod-cone dystrophy, and nystagmus; 1 with ocular albinism and nystagmus; 1 with diabetic retinopathy and glaucoma; 1 with macular degeneration; 1 with retrolental fibroplasia
- All had gone for a sight test within the last year

Survey

2,003 participants

- Data weighted to be representative of the UK by age and gender (using interlocking quotas, i.e., females aged 18-24, etc.) and region
- Targets for the weighted data derived from Office of National Statistics figures

Detailed methodology: How the research was structured



Online community

Participants logged on to an online platform and completed a series of tasks over five days. Some tasks' responses were only visible to moderators, while others were posted for all participants to see, allowing them to engage in discussions with one another. The structure of the online community was as follows:

Day 1

- Participants introduced themselves and were welcomed to the community.
- Participants who had had a sight test in the last 2 years were asked how often they think about their vision and eye health and about their last trip to an optician, including who conducted the sight test and the different parts of the test.
- Participants who had not had a sight test in the last 2 years were asked how often they think about their vision and eye health, why they had not visited an optician recently, and to explain the different parts of the sight test as far as they were aware.

Day 2

- Participants were asked to imagine they were booking a sight test, and could choose between three options:
 1. See a dispensing optician for the 'vision quality check' part of the sight test, then see an optometrist for the 'eye health check' part
 2. See an optometrist for both the 'vision quality check' part of the sight test and the 'eye health check' part of the sight test
 3. No preference
- Participants watched a video explaining what happens during the sight test, including the two main parts (the vision quality check and the eye health check) and what each entailed. They were told about optometrists' and dispensing opticians' roles and how they qualify.
- Participants were asked to consider a change in which dispensing opticians *would* be able to conduct the vision quality check part of the sight test. They were asked how this would impact them personally, what unintended consequences may result, and whether they would support or oppose a change.

(cont.)

Detailed methodology: How the research was structured



Online community, continued

Day 3

- Sample A (half of participants, selected randomly) watched a video outlining arguments made for why dispensing opticians *should* be able to conduct the vision quality check.
- Sample B (other half of participants, selected randomly) watched a video outlining some arguments made for why dispensing opticians should *not* be able to conduct the vision quality check.
- Participants were given each of the arguments shown in the video they watched and asked to place them on a grid according to 1. how persuasive they found the argument and 2. how relevant it was to them personally.
- Participants were asked if the points presented today made them more or less likely to think that dispensing opticians should be able to conduct the vision quality check, and if they would ultimately support or oppose a change. They were asked if they had any questions they would ask someone who knows a lot about sight tests about this.
- Sample B was asked a series of questions about mitigating actions, including what steps could be taken to make sure vision quality checks conducted by dispensing opticians would be done so safely. They were asked about the idea of optometrist supervision, and what they would expect that to look like.

Day 4

- The same tasks as Day 3, but with Sample A and Sample B reversed so that each sample was shown and asked to reflect on the other side of the debate.

Day 5

- Participants' questions from Day 3 and Day 4 were collated and, where possible, responded to.
- Participants were asked to upload a video of themselves in which they stated whether dispensing opticians should be able to conduct the vision quality check or not, whether they would want to see any conditions put in place to let this happen, and how they would feel as a consumer having the vision quality check conducted by a dispensing optician.

Detailed methodology: How the research was structured



Telephone interviews

We spoke to each participant for about 45 minutes over the telephone. The discussion followed approximately the same structure as the online community, adapted for the format. Visual stimulus used in the online community was instead read out to participants. The structure of the interviews was as follows:

Section 1

- Participants introduced themselves and were asked about their visual impairment.
- Participants were asked how often they go to the opticians and about their last visit to the opticians, including who conducted the sight test and the different parts of the test.

Section 2

- Participants were asked to imagine they were booking a sight test, and could choose between three options:
 - 1) See a dispensing optician for the 'vision quality check' part of the sight test, then see an optometrist for the 'eye health check' part
 - 2) See an optometrist for both the 'vision quality check' part of the sight test and the 'eye health check' part of the sight test
 - 3) No preference
- Participants were asked why they selected the option they chose, and how they felt about being offered the choice.
- Participants were given greater detail defining sight test, vision quality check, eye health check, optometrist, and dispensing optician, using the content included in the online community video.
- Participants were asked what the impact on them would be if dispensing opticians could conduct the vision quality check, if there would be any benefits or consequences, and if they would support or oppose a change.

Detailed methodology: How the research was structured



Telephone interviews, continued

Section 3

- Participants were told the arguments in favour and against a change, using the content included in the online community videos. Only the top three arguments for each side of the debate were given due to time constraints; these arguments were selected based on online community participants' responses. Participants in favour of a change were given the arguments *against* first; participants against a change were given the arguments *in favour* first.
- Participants were asked which arguments were most and least convincing, and which, if any, changed their attitudes.
- Participants were asked a series of questions about mitigating actions, including what steps could be taken to make sure the vision quality checks conducted by dispensing opticians would be done so safely. Participants were asked if they would want to be informed of a change before receiving a sight test.

Section 4

- Participants were asked if they would ultimately support or oppose a change, and if they would want to see any conditions put in place to let it happen.
- Participants were asked if they thought this change would have a particular impact on them as someone with a visual impairment, and if a change would be a good thing, bad thing, or neither for people with visual impairments.

Detailed methodology: How the research was structured



Survey

Survey participants answered 23 questions, taking approximately 10 minutes. The structure of the survey was as follows:

Section 1

- Participants were asked about their demographics (age, gender, region, ethnic group, income, disability).
- Participants were asked whether they wear glasses / contact lenses, when their last sight test was, the most important features when booking a sight test, how often they think about their eyesight and health, their concern about their eyesight and health).

Section 2

- Participants were asked to write who conducts sight tests.
- Participants were asked if they could confidently define various eye care terms, including refraction, and to identify which job title was most qualified to conduct sight tests.

Section 3

- Participants were informed of the two main parts of the sight test (vision quality check and eye health check) and what each entails.
- Sample A (roughly half of the sample) was asked if they would be comfortable or not seeing an optometrist for both the vision quality check and the eye health check; if uncomfortable, why?
- Sample B (other half of the sample) was asked if they would be comfortable or not seeing a dispensing optician for the vision quality check, then seeing an optometrist for the eye health check; if uncomfortable, why?
- Participants were shown optometrists' and dispensing opticians' respective roles and qualifications using visual stimulus. They were told dispensing opticians are currently *not* allowed to conduct the vision quality check part of the sight test and were reminded what this entails.
- Participants were asked if they would support or oppose dispensing opticians being allowed to conduct the vision quality check part of the sight test.

Detailed methodology: How the research was structured



Survey, continued

Section 4

- Participants watched a video outlining the arguments in favour and against dispensing opticians being allowed to conduct the vision quality check. The video was adapted from the videos shown to online community participants. Sample A was shown the arguments against a change first; sample B was shown the arguments in favour first. Participants could not skip the video.
- Participants were asked, after considering these arguments, if they would support or oppose dispensing opticians being allowed to conduct the vision quality check part of the sight test.
- Those who said they would support a change were asked to select up to two of the 'in favour' arguments they found most persuasive; those who said they would oppose a change were asked to select up to two of the 'against' arguments they found most persuasive.

Section 5

- Participants were asked which conditions, if any, they would like to see implemented alongside a change, if dispensing opticians *were* allowed to conduct the vision quality check part of the sight test.

Detailed methodology: What information was given to qualitative participants



Online community and interview participants were provided with the following terms and definitions:

Term	Definition provided
Sight test (eye examination in Scotland)	Whilst there are lots of elements to a sight test, they can be split into two main parts. The first part we are calling a vision quality check, which checks how well you can see. The other main part of the sight test is the eye health check.
Vision quality check (term used in place of 'refraction')	We are calling the first part of the sight test a vision quality check, which checks how well you can see. During this part of the test, the optometrist will ask you to read letters or identify symbols on a letter chart to work out if you need glasses or contact lenses. The optometrist may ask you to try out different lenses to determine which lens provides the clearest vision. They may also shine a light into your eyes to help determine the prescription of the lens you need.
Eye health check	The other main part of the sight test is the eye health check. Here, the optometrist will check your eyes for signs of eye conditions. They will carry out a physical examination of the inside and outside of your eyes using specialist equipment. They may take a photo of your eyes, check your eye pressure, and check how your eyes work together.

Detailed methodology: What information was given to qualitative participants, continued



Term	Definition provided
Optometrist	<p>Optometrists are the healthcare professionals responsible for all parts of the sight test. They are trained to detect vision issues and eye diseases and conditions, and to prescribe glasses and contact lenses. Along with registered medical practitioners, they are the only people who can currently perform a sight test.</p> <p>The most common route to qualifying as an optometrist is a three or four-year optometry degree and a year of treating patients in high street opticians, hospitals, and other settings, working under supervision.</p>
Dispensing optician	<p>Another type of eyecare professional is a dispensing optician. They are trained to advise you on which glasses and contact lenses are best for you and to take measurements so that your glasses fit well. There are several ways to qualify as a dispensing optician—this usually takes three years and includes periods of training and working in an opticians practice.</p> <p>Dispensing opticians cannot perform sight tests, but in some other situations, they are allowed to perform a vision quality check to make sure that the prescription of your glasses is correct.</p>
Supervision (by an optometrist)	<p>That an optometrist would be on hand during the vision quality check conducted by dispensing opticians. This means that the supervisor must be on the premises, exercising their professional judgement as a clinician and in a position to intervene in the patient's interests, though not necessarily in the room as the test is conducted. The supervisor would also:</p> <ul style="list-style-type: none">• Have sufficient levels of qualifications and experience.• Have overall clinical responsibility for the patient.• Be on the premises, in a position to oversee the work undertaken and ready to intervene if necessary in order to protect patients.• Be able to address and manage poor clinical and professional performance.• Be available to provide advice or sign-post.

Detailed methodology: What information was given to survey participants



Survey participants were provided with the following terms and definitions, which are abbreviated versions of those provided to qualitative participants, adapted to fit the time constraints of the survey:

Term	Definition provided
Sight test (eye examination in Scotland)	There are two main parts to the sight test: the <u>vision quality check</u> (testing how well you can see by reading letters on a chart while trying out different lenses) and the <u>eye health check</u> (looking for signs of eye conditions and diseases using specialist equipment).
Vision quality check (term used in place of 'refraction')	Testing how well you can see by reading letters on a chart while trying out different lenses.
Eye health check	Looking for signs of eye conditions and diseases using specialist equipment.

Detailed methodology: What information was given to survey participants, continued



Term	Definition provided
Optometrist	<p>Optometrists...</p> <ul style="list-style-type: none">• Detect vision issues and eye diseases and conditions, and prescribe glasses and contact lenses• Qualification usually involves a 3 or 4-year optometry degree + a year treating patients under supervision• <u>Can</u> conduct sight tests
Dispensing optician	<p>Dispensing opticians...</p> <ul style="list-style-type: none">• Advise on, fit, and supply glasses frames and lenses• Qualification usually takes 3 years and includes periods of training and working in a practice• <u>Cannot</u> conduct sight tests, but can perform vision quality checks in some other situations

Detailed methodology: What information was given



In video stimulus, participants were provided with the following arguments *in favour* of dispensing opticians being able to conduct the vision quality check part of the sight test (interview participants were provided with arguments 3, 4, and 6 only, due to time constraints. The top three arguments were selected based on online community participants' responses):

- 1 Some point out that dispensing opticians already learn how to perform vision quality checks during their training, with some dispensing opticians already doing these checks for purposes other than sight tests.
- 2 Some say that the Association of British Dispensing Opticians can provide further training, so that dispensing opticians can become accredited to do vision quality checks for the purpose of sight testing. This could include training on raising concerns for the optometrist to consider.
- 3 Some argue that allowing dispensing opticians to do this part of the test could free up optometrists to deliver more clinical care that is usually carried out by ophthalmologists, who are medical doctors specialising in eyecare. This could therefore free up doctors to provide more medical care and reduce long hospital waiting lists.
- 4 Some feel that this change could also improve access to eye care in rural and under-served areas, by allowing more sight test appointments to become available.
- 5 Some people say that expanding who can conduct sight tests to include dispensing opticians could widen patients' choices and enable care to be provided more flexibly.
- 6 Those in favour of this change also argue that it could reduce costs for patients, since dispensing opticians are cheaper to employ than optometrists.
- 7 Lastly, some argue that that standalone vision quality checks could be done in between full sight tests, which could identify symptoms that flag that the patient needs an eye health check sooner.

Detailed methodology: What information was given



In video stimulus, participants were provided with the following arguments *against* dispensing opticians being able to conduct the vision quality check part of the sight test (interview participants were provided with arguments 1, 4, and 6 only, due to time constraints. The top three arguments were selected based on online community participants' responses):

1 Some people argue that dispensing opticians currently lack the necessary qualifications, training, and experience to perform the vision quality check and to identify and flag possible warning signs of eye health conditions or diseases.

2 Some say that parts of the vision quality check may need to be duplicated by the optometrist when they conduct the eye health check, which could increase the appointment length and potentially reduce patient satisfaction.

3 Some also think that optometrists could end up being provided with less time to both robustly confirm the vision quality check and conduct the eye health check. This could have an impact on patient care and the identification of health conditions or diseases.

4 Some people feel that patients with additional needs such as dementia, learning disabilities, or social anxiety could struggle with two people carrying out different aspects of the sight test.

5 In fact, some believe that two people carrying out the different aspects could be bad for everyone, arguing that the two main parts of the sight test are connected and could not be done by two different people without risking patient safety.

6 Some people also fear that sight tests could become split into two different tests, booked separately (a vision quality check done by a dispensing optician, and an eye health check done by an optometrist). If the sight test is split, this could lead to health conditions or diseases going undetected, as fewer people may have eye health checks. This could arise because people may be discouraged from having a full sight test or may mistakenly think they had both parts. It could also arise because businesses may prioritise the vision quality check over the eye health check, as dispensing opticians are cheaper to employ than optometrists. If the sight test were split and fewer people had eye health checks, this could lead to more avoidable sight loss and more pressure on hospital eye services, as conditions or diseases could worsen without being detected.



Appendix 2:

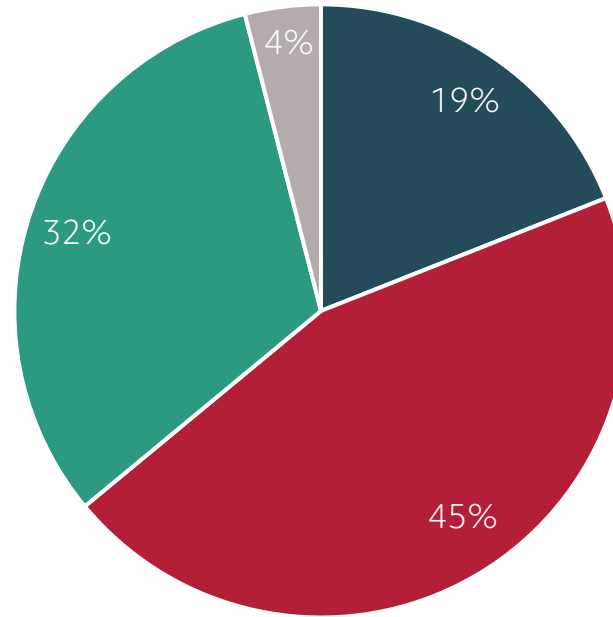
Expanded survey findings



Spontaneous knowledge of who conducts sight tests



Q. To your knowledge, who conducts sight tests in the UK? Please write in the job title(s) of the person(s) conducting the test.*



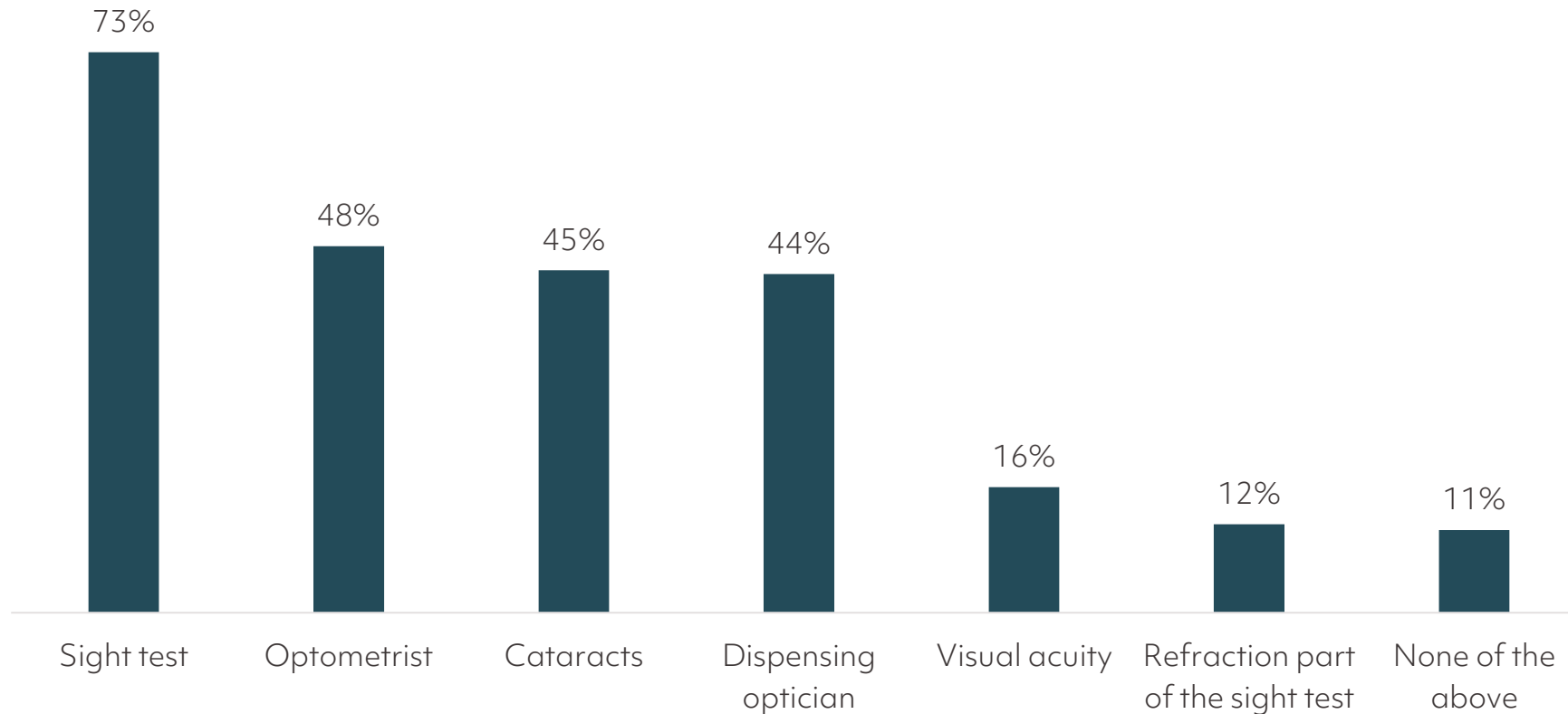
■ Optometrist ■ Optician ■ Other ■ Don't know

*Responses that misspelled 'optometrist' or 'optician' but were clearly intending to spell those job titles were categorised as the intended job title. The 'don't know' category includes all written responses along the lines of 'not sure,' 'no idea,' etc. Q12.
Base: All respondents (n=2,003)

Ability to confidently define eyecare terms



Q. For each of the following terms, please click the checkbox if you feel confident that you could accurately explain what the term or job entails.



Few changed their view after seeing arguments for and against dispensing opticians being allowed to refract



Impact of arguments for and against dispensing opticians being allowed to refract in a sight test on overall attitudes towards a change

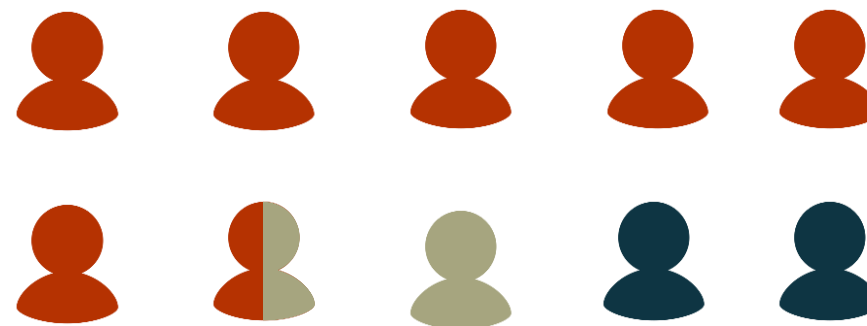
Among supporters of a change at the 'informed view' stage



After seeing arguments for and against...

81% remained supporters
9% said neither nor, or were unsure
10% became opponents

Among opponents of a change at the 'informed view' stage



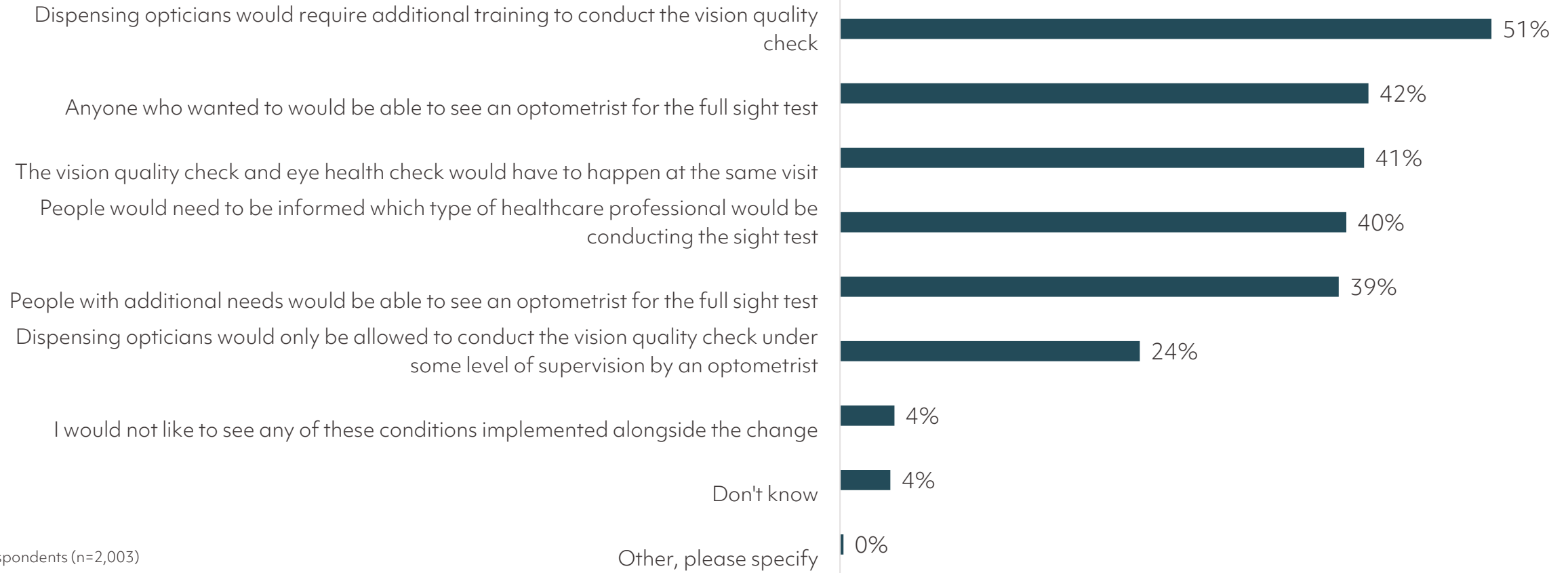
After seeing arguments for and against...

64% remained opponents
14% said neither nor, or were unsure
22% became supporters

Mitigating actions as selected by survey participants

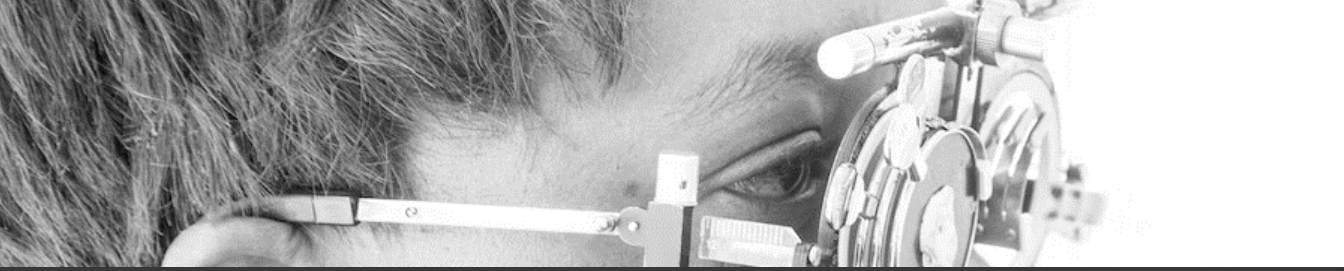


Q. If dispensing opticians were allowed to conduct the vision quality check part of sight tests, which of the following conditions, if any, would you like to see implemented alongside a change? Please select all that you would like to see implemented.



Q23. Base: All respondents (n=2,003)

Note: Analysis of mitigating actions in the report draws mainly from online community findings, as it was ultimately determined that survey participants did not have sufficient understanding of what the presented conditions would entail or space to consider each option. This was simply because there was not enough time in the survey to address this aspect of the topic fully. For example, insights from the online community demonstrate that there are many interpretations of 'supervision' and once presented with a specific definition of the term, most participants were in favour of implementing that condition. Without this nuanced understanding of 'supervision' and time to consider the implications of each condition, survey participants were less equipped to answer this question, which likely accounts for the differences between online community responses and survey responses on this matter. The main takeaway from this question is that most want to see some action taken to ensure a change is implemented safely.



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