

THE NEED FOR RESEARCH

Recent manpower studies show clearly that the training institutions are *not* producing too few ophthalmic opticians. Rather there is a risk of training too many if care is not taken (French, 1985).

Workload projections give modest average figures for the future—typically up to 45 tests per week per Full-Time-Equivalent OO. Not only is this significantly below that estimated for recent graduates (French *et al*, 1981), but it is also short of an economic minimum of 60 suggested by some.

Despite this, many people have reported considerable difficulty in recruiting staff and argue that not enough optometrists are being trained—even that the profession is up to 20 per cent undermanned. Four points are often made:

- the GOG Register contains the names of many OOs who are over 65 years of age—who no longer practise or who do few tests;
- almost 60 per cent of the home students now entering the degree courses are women, who, it is said, will later 'abandon' their careers for domestic responsibilities;
- many of to-day's graduates do not make good practitioners and this exacerbates the problems of staff selection; and
- the full potential for sight tests and eye examinations in the UK has yet to be reached.

Natural caution

This debate is not new but the profession, possibly because of its schisms, has been tardy in initiating action to resolve the issues. There are at least two sides to any debate and many have suggested that recruitment problems are simply due to a natural caution and reluctance of OOs to join some of the new enterprises. Also, geographical factors can create a relative sufficiency of optometrists in some areas and insufficiency in others. Some companies have undoubtedly mounted their own private professional studies, but for commercial

reasons these are not published and as a consequence it is not possible to comment on their competence and validity.

Older optometrists

Older OOs are not as active as younger ones and the Register includes the names of many who have virtually ceased to practise, but manpower studies have always attempted to take this into consideration. Unfortunately the information on which this is based is almost 20 years out of date and the need to update our Full-Time-Equivalent statistics is well overdue.

Women professionals

There are relatively few older women OOs, but optometry along with other professions has become increasingly popular with the younger ones in recent years. Despite this, even if the current proportion of women amongst new recruits is maintained, we will not have equal numbers of men and women OOs before the next century. Again, this is a trend that has been taken into consideration by manpower studies which have attempted to allow for fecundity and subsequent loss of work-years. It has to be admitted that here one has been obliged to guesstimate these losses. With most women in optics being young there is little in the way of past experience that we can go on. Recent work suggests that the past experience of other professions may also be a poor guide as, despite the national rise in unemployment, there is now an increasing trend towards women continuing to work after marriage and after having children.

Quite a few employers have reported that women who left their employ a number of years ago have still not returned to work. They could be correct in their assertions that the loss to the profession has been underrated, but they could also be wrong. Such samples are often small and can be

biased. It is surprising that up to now so little has been done to look in detail at the future employment patterns of women.

Suitability

There has been little systematic enquiry on the quality and suitability of new recruits. Many will argue that it is impossible to select degree entrants to guarantee that all those qualifying four or five years later will make good OOs. I have heard it said that because of this we should train more students than we actually need. Then we could raise the standards of the degree or professional examinations and by failing higher numbers at these hurdles improve the quality of those surviving. Of course, this would probably improve their academic and clinical standards, but it would not necessarily improve their professional suitability. They might well *not* be more hard-working, more conscientious, more polite, more caring, or more 'professional'.

One way to improve these latter qualities might be to allow more to qualify and register and then let 'life' or employers pick and choose who meet the new higher criteria of 'professionalism'. My suspicion is that market forces might well enable many of the 'worst' OOs to prosper at the expense of some of the 'best'. And, of course, one would expect, salaries to fall.

At present, degree students are selected mainly by previous examination results, but attempts are also made to try and ensure that entrants are suitable for professional needs using other standards. The problem here is that there is no agreement (nor is there ever likely to be) on the character or personality that one ought to be looking for and how much it should compensate for lower abilities. One clearly wants hard-working, well-motivated, able, caring^{and}

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honest students who are familiar with what optometric work entails and who are likely to find it fulfilling.

Some information comes from the reference or school report in the UCCA form—other from the face-to-face interview. No source is completely reliable and valid, and admissions tutors have to use their judgment. Reports on candidates from qualified OOs may help but because of human nature it is unlikely that such measures can substantially improve selection.

Most members of the profession are reasonably happy with the way its new members are recruited and trained (French and Loran, 1983), but it would be strange indeed if everyone was content and we should not be complacent. Perhaps one should turn the question round. Instead of asking, 'Is it difficult to find optometrists of a suitable quality?' perhaps one should say, 'is it easy to find employment positions of a suitable quality?' Are those seeking OOs taking their needs and conditions of service sufficiently into account, and is this where the problem arises? Are the high salaries that are sometimes advertised to attract OOs really that important?

Full potential

At present, the National Health Service is under severe strain, and the young and old are most at risk. One would expect that commercial pressures could well lead to a neglect of domiciliaries for the old and house-bound. It is to its credit that Glasgow College of Technology is carrying out a study of this aspect of Health Care in Scotland. Roger Ackerley and* Andrew King have begun an important three-year investigation which should give a clearer picture of whether or not the old and infirm, an increasingly large group as longevity improves, are being neglected.

At the other end of the scale one has to ask if the vision of young children, particularly of those in the critical age range up to three years of age, is being adequately screened. Of course, it

could be argued that this is not the job of the OO or OMP. Some would say it is the concern of GPs or health visitors, or even teachers. But local authority cutbacks have put severe pressures on such services. Some would argue anyway that doctors, nurses and teachers often lack the appropriate skills.

It appears that relatively few of the under 5's (actually few of the under 10's) receive eye examinations from OOs (French, 1985) and potentially this represents a very significant (perhaps seven per cent) proportion of an ophthalmic optician's future work load. But how many OOs are equipped for this by their training? A recent survey (Dunn, 1986) suggests very few are even willing *in* see young children.

UK OOs in Register at January 1985

		1981	1982	1983	1984	1985
ENGLAND	M	4,041	3,972	3,947	3,942	3,903
	F	972	1,061	1,139	1,223	1,318
SCOTLAND	M	464	448	435	428	425
	F	95	97	108	125	130
WALES	M	284	275	264	255	243
	F	69	69	77	85	88
N. IRELAND	M	98	99	102	102	104
	F	14	16	15	19	26
TOTALS	M	4,887	4,794	4,748	4,727	4,675
	F	1,150	1,243	1,339	1,452	1,562
GRAND TOTALS		6,037	6,037	6,087	6,179	6,237

UK DOs in Register at January 1985

		1981	1982	1983	1984	1985
ENGLAND	M	1,700	1,787	1,810	1,848	1,917
	F	622	700	784	826	897
SCOTLAND	M	70	76	80	93	93
	F	22	26	25	28	32
WALES	M	41	41	48	52	54
	F	18	22	23	22	27
N. IRELAND	M	3	5	5	6	6
	F	4	4	3	4	2
TOTALS	M	1,814	1,909	1,943	1,999	2,070
	F	666	752	835	880	978
GRAND TOTALS		2,480	2,661	2,778	2,879	3,028

Future

The 1985 legislative changes caught the profession napping. The writing had been on the wall for many years for everyone to read. Let us hope the profession has learned its lesson and is going to be less complacent and do more to control its own future—for the benefit of health care.

References

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