
CPD (CET) review proposals

Overview

This consultation seeks stakeholder views on our proposals to introduce changes to our Continuing Education and Training (CET) scheme to make it more flexible and less prescriptive, allowing registrants greater freedom to undertake learning and development which is relevant to their own personal scope of practice.

These proposals are based on feedback from our 2018 public consultation: **Fit for the Future: A lifelong learning review** <https://standards-and-cet/fit-for-the-future-lifelong-learning-review/> , and further engagement with stakeholder organisations to develop our thinking. We are going to be seeking legislative change in order to be able to implement some elements of our proposals, in particular the proposal to enhance reflective practice for our registrants.

For more information about how the current scheme works, please visit our **website**.

<https://www.optical.org/en/Education/CET/index.cfm>

Why we are consulting

We know that some stakeholders will be wondering why we are consulting on such an important issue for the optical sector at a time of unprecedented change to the way we live our lives. Since the current CET scheme was introduced in 2013 the optical sector has changed quite a lot, and the work optometrists and dispensing opticians carry out has expanded and diversified. Devolution of healthcare policy in the UK means that we have already seen a difference in the way optical services are being commissioned and delivered in England, Northern Ireland, Scotland and Wales and it is likely that these trends will continue in future.

The COVID-19 pandemic has also highlighted the importance of having a highly skilled and flexible workforce, which is able to work effectively as part of multi-disciplinary teams across the healthcare sector.

In light of all these changes, we must ensure that our scheme is agile and able to support an optical workforce likely to see many changes in the coming years. We need to ensure that the scheme more effectively supports registrants to develop and diversify their skills throughout their professional career. We have already indicated that our timeframe for change will be at the start of the new cycle in January 2022. We need to consult now to allow us to finalise our plans and give stakeholders enough time to prepare for change.

Our initial consultation in 2018 and our engagement since then indicate a strong appetite to evolve our scheme in the following ways:

- Replace the competencies which currently underpin the scheme, as these are seen as overly prescriptive (and within the next cycle likely to be replaced by the new Education Strategic Review (ESR) requirements, 'Outcomes for Registration')
- Allow registrants more control over their learning and development and the ability to tailor it to their own personal scope of practice
- Enhance requirements for registrants to reflect on their practice
- Change the name of the scheme from CET to Continuing Professional Development (CPD). In line with this, from here on in this consultation, we will refer to any future scheme and activities within it as 'CPD', and the current CET arrangements as 'the current scheme'
- Introduce a new proportionate system of CPD approvals

We would like to hear your views on the proposals in the consultation to help us develop and finalise our policy changes - the consultation is divided into five main parts:

- Section 1: Change of name
- Section 2: Freeing up the scheme
- Section 3: CPD categories
- Section 4: Non-approved CPD
- Section 5: Reflection
- Section 6: CPD approvals

We encourage you to respond to all the questions, but you are free to respond to as many or as few as you choose.

Consultation data will be securely shared with our research partner for this work, **Enventure Research** <http://www.enventure.co.uk/> , for independent analysis and reporting.

Privacy Statement

The information you provide to us, the GOC (as data controller), will be processed and used in line with our statutory purpose under the Opticians Act as a public task in order to set standards for optical education and training, performance and conduct. For more information regarding how we process your data please see the full privacy statement on our website.

Right to Erasure

Article 17 of the General Data Protection Regulations provides data with the right to erasure; this is known as the right to be forgotten. Right to erasure requests should be sent to the Data Protection Officer (FOI@optical.org) and will be responded to within one calendar month of receipt.

Data Controller

We are registered as a data controller with the Information Commissioner's Office, registration number Z5718812. We are committed to maintaining robust information governance policies and processes to ensure compliance with relevant legislation. Any information you supply will be stored and processed by us or on our behalf, by approved and verified third parties, in accordance with the General Data Protection Regulations and Data Protection Act 2018.

Introduction

It is helpful for us to know a little bit about you.

1 What is your name?

Gary Robjent

What is your email address?

If you enter your email address, then you will automatically receive an acknowledgement email when you submit your response.

Gary.Robjent@fodo.com

2 Are you responding on behalf of an organisation?

(Required)

Please select only one item

☒ Yes ☐ No

Tell us who you are

Knowing who you are helps us to ask you the right questions.

FODO – the Association for Eye Care Providers

4 Which category best describes you?

(Required)

Please select only one item

- ☐ Member of the public ☐ Optical patient ☐ Optometrist ☐ Dispensing optician
- ☐ Specialist - therapeutic prescriber ☐ Specialist - contact lens optician ☐ Student - optometry
- ☐ Student - dispensing ☒ Other (please specify)

If other, please specify

Policy Manager

Organisation details

5 On behalf of which organisation are you responding?

(Required)

FODO – the Association for Eye Care Providers

6 Which of the following categories best describes your organisation?

(Required)

Please select only one item

- ☐ Optical business registrant ☐ Other optical employer ☐ Undergraduate education & training provider
- ☐ Current CET provider ☐ Other CPD provider ☐ Optical professional body
- ☒ Optical defence/representative body ☐ Optical insurer ☐ Commissioner of optical care
- ☐ Healthcare regulator ☐ Other (please specify)

If other, please specify

Click or tap here to enter text.

Section 1: Change of name

What are we changing?

We will change the name of the scheme from Continuing Education and Training (CET) to Continuing Professional Development (CPD) from 1 January 2022.

Why are we changing?

We know through our previous consultation with stakeholders that there is support for changing the name of our scheme from Continuing Education and Training (CET) to Continuing Professional Development (CPD). We support this change and will re-brand the scheme to CPD at the start of the new cycle in January 2022.

We think this change is important because the name of the scheme needs to reflect the changes that we are making from 2022, as we move away from a scheme that is perceived as maintaining core competencies and move towards one that promotes lifelong learning and development throughout a registrant's professional career.

Changing the name to CPD is also consistent with the approach of other healthcare regulators and would minimise any risk of our scheme being perceived as an inferior scheme.

7 What impact, if any, will changing the name of the scheme to CPD as of January 2022 have on you/your organisation?

Please select only one item

- ☐ Very positive impact ☒ Positive impact ☐ No impact ☐ Negative impact
☐ Very negative impact ☐ Don't know

8 Please use the box below to explain your answer above if required, thinking about what potential improvements or barriers this particular change could create.

A name change supported by a genuine shift to a CPD system – self-directed/owned, principles-based and flexible to advance learning - has the potential to have a very positive impact on the professions and therefore service users. This is something we would support strongly.

However, a name change underpinned by what is fundamentally a CET system – prescriptive, restrictive, points based etc - as seems to be proposed, would not achieve these aims or the culture change the sector and patients deserve

In our view the GOC should be bolder in helping individuals take greater responsibility for reflective practice and their own professional development. This may well require a longer run-in as the current CET system and mechanisms for achieving requirements have led to a culture and practice which is inappropriate for autonomous healthcare professionals.

As examples of true CPD systems for healthcare professions, we would cite

- the GMC which states “It is your responsibility to do enough appropriate CPD to remain up to date and fit to practise in your work and to be able to demonstrate this at your appraisals. This applies whether you are in full-time or less than full-time practice”¹
- the HCPC which states “We do not set a number of hours or points that you have to complete and we do not ‘approve’ or ‘endorse’ any CPD activities. Instead we want you to identify your development needs and choose appropriate activities to help you meet them. We are much more interested in the outcomes of your learning and how this has benefited your practice and the service users you work with. This means that you can plan your CPD based on the kinds of activities that are most relevant to you and your practice.”²

In contrast the GOC proposals remain proscriptive and restrictive of the autonomy we consider should be afforded regulated healthcare professionals, especially when taking into account the expanding clinical, leadership and multidisciplinary roles we envisage optical professionals undertaking.

This appears to be the result of trying to mould the existing CET system into a CPD system rather than designing a true CPD system for the sector from first principles as is evidenced by the consultation text that “Many of the components of our current scheme will remain the same. Our proposals [...] **allow** registrants more control and flexibility over what CPD they do, based on their own scope of practice” (our emphases). ‘Allow’ is a not very supportive or empowering term.

We appreciate the arguments in favour of moving in incremental steps from the existing points based and limiting CET system, we currently have, to a ‘CPD-lite’ model as proposed, before moving to a genuine CPD system as other health regulators have introduced. However, we do feel the GOC should show more leadership here as other healthcare regulators have done and have more confidence and trust in the professionals that it regulates.

Section 2: Freeing up the scheme

What are we changing?

Our current scheme is underpinned by the standards of competence for education, which can be found on the GOC website. We will replace these competencies with the **Standards of Practice for Optometrists and Dispensing Opticians** <<https://standards.optical.org/the-standards/optometrists-and-dispensing-opticians/>> from 1 January 2022.

Why are we changing?

In our consultation in 2018, we asked stakeholders for views on how we could give registrants more control over their learning and development and move away from the current approach (which uses the standards of competence for education) as it is perceived to be too rigid and overly prescriptive.

Using the standards of competence for education to underpin the scheme has also given the impression that this is a maintenance scheme to keep registrants at the level they were at when they graduated.

We have listened to the views of our stakeholders, and we agree that moving forward, our scheme needs to be more flexible to help encourage and facilitate genuine learning and development throughout a registrant’s professional life.

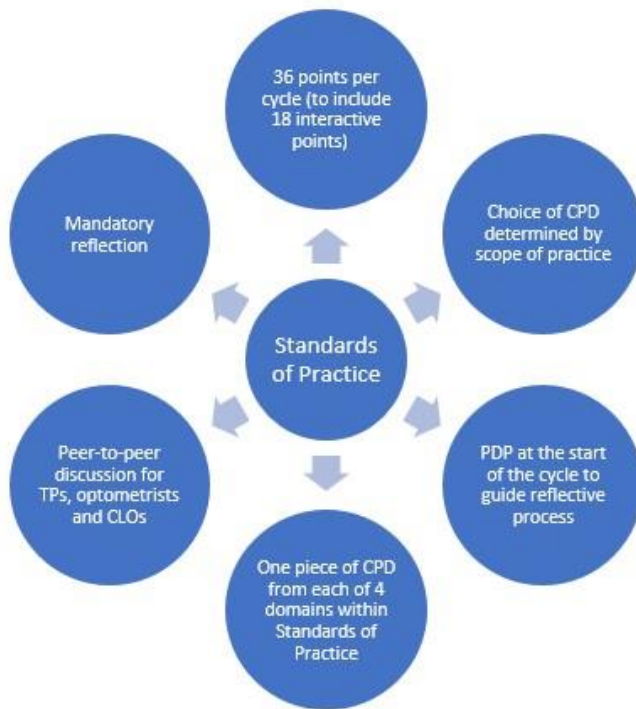
We think that a new CPD scheme should be underpinned by the **Standards of Practice for Optometrists and Dispensing Opticians** <<https://standards.optical.org/the-standards/optometrists-and-dispensing-opticians/>> as these are the standards that cover the wider set of professional skills and responsibilities required of all individual GOC registrants and set out the expectations of a professional in practice following registration. These are more appropriate for a scheme focused on professional development.

How will it work?

Many of the components of our current scheme will remain the same. Our proposals build on the current scheme with some new requirements to allow registrants more control and flexibility over what CPD they do, based on their own scope of practice.

We have outlined the key components of the scheme in the diagram and text below.

Diagram 1: Overview of key components of the CPD scheme



What we're introducing:

- The Standards of Practice will replace the standards of competence for education as an underpinning for the CPD scheme
- Registrants will be required to do at least one piece of CPD in each of the four main domains into which the Standards of Practice have been grouped (further details on the domains are below). This applies to all registrants, including those who are also contact lens opticians (CLOs) or therapeutic prescribers (TPs)
- A mandatory reflective exercise during the cycle (further details below)

What we're retaining from the current scheme:

- Registrants will have to obtain 36 points over a three-year cycle, of which a minimum of 18 must be interactive CPD
- TPs will still have to obtain an additional 18 points (54 points in total)
- CLOs will still have to complete 18 of their 36 points in their specialty
- Registrants will still need to plan their CPD for the three-year cycle
- Optometrists, TPs and CLOs will still have to undertake at least one peer-to-peer discussion per cycle

9 What impact, if any, will replacing the current CET competencies with the Standards of Practice for Optometrists and Dispensing Opticians have on you/your organisation?

Please select only one item

- ☐ Very positive impact
 ☐ Positive impact
 ☒ No impact
 ☐ Negative impact
☐ Very negative impact
☐ Don't know

10 Please use the box below to explain your answer above if required, thinking about what potential improvements or barriers this particular change could create.

We support the move to using Standards of Practice which as stated “cover the wider set of professional skills and responsibilities required of all individual GOC registrants and set out the expectations of a professional in practice following registration” as a baseline for CPD and agree in principle that “These are more appropriate for a scheme focused on professional development.”

It is less clear why the GOC then reverts to rigid categories and wishes to maintain a points-based model.

In our view a CPD system for autonomous professionals should facilitate learning, reflection and self-validation as an inherent part of professionalism and daily practice. Such a system, perhaps based on an audit sample of portfolios, would be more likely to be relevant and embraced as normal by most professionals, leading to better practice overall.^{3,4}

The points-based approach risks undermining the reflective approach which we are keen to see develop. In our view this is a retrograde step and misses the opportunity to move to a CPD system that is more agile and comprehensive in scope, and ultimately more fit for purpose for the future of healthcare in our sector as envisaged by the Education Strategic Review.

In similar vein, given the growing uptake of peer-to-peer discussion as a form of inquiry, learning and development (see Section 5 below), it is disappointing that this is still deemed to need to be mandatory rather than a form of development clinicians are embracing naturally and should simply log in their portfolio as an integral aspect of their learning, reflection and development.

Please also see our response to question 8.

Section 3: CPD domains

What are we changing?

The 19 Standards of Practice will replace the standards of competence for education and registrants will need to complete all 36 points with CPD based on this new framework. For the purpose of our CPD scheme, the Standards of Practice will fall into four main domains. Registrants will be required to do at least one piece of CPD in each of the four main domains:

- Domain 1: Professionalism
- Domain 2: Communication
- Domain 3: Clinical practice
- Domain 4: Leadership and accountability

We will then have two additional areas to help ensure that we are able to target known or emerging risks in registrant groups and/or areas of practice if the need arises:

- A: Specialty requirements. We will maintain current requirements for contact lens opticians and therapeutic prescribers to undertake CPD in relation to their specialty.
- B: Addressing current risks. We want to give ourselves the ability to set targeted CPD for a cycle and specify who does this CPD in areas related to risk, for example, we could require newly qualified registrants to undertake CPD targeted at their transition into clinical practice (instead of CPD in the four main domains), to address or fill known gaps in skill-sets, or perhaps target all registrants as a result of issues raised through our FTP processes.

We are not planning to require registrants to undertake any CPD under area B at present (i.e. as part of the 2024 cycle), however, including it as an option within our new scheme will make sure that we can respond to risks if evidence emerges that we should do so.

Table 1 below indicates how the Standards of Practice correspond with the four domains.

Table 1

Domain	Standards of Practice linked to
1: Professionalism	Show care and compassion for your patients (s.4) Work collaboratively with colleagues in the interests of patients (s.10) Protect and safeguard patients, colleagues and others from harm (s.11) Show respect and fairness to others and do not discriminate (s.13) Maintain confidentiality and respect your patients' privacy (s.14) Maintain appropriate boundaries with others (s.15) Be honest and trustworthy (s.16)

	Do not damage the reputation of your profession through your conduct (s.17) Be candid when things have gone wrong (s.19)
2: Communication	Listen to patients and ensure they are at the heart of decisions made about their care (s.1) Communicate effectively with patients (s.2) Obtain valid consent (s.3) Respond to complaints effectively (s.18)
3: Clinical practice	Keep your knowledge and skills up to date (s.5) Recognise, and work within, your limits of competence (s.6) Conduct appropriate assessments, examinations, treatments and referrals (s.7)
4: Leadership and accountability	Maintain adequate patient records (s.8) Ensure that supervision is undertaken appropriately and complies with the law (s.9) Ensure a safe environment for your patients (s.12)

11 What impact, if any, will requiring registrants to undertake CPD in the domains identified above have on you/your organisation?

Please select only one item

- ☐ Very positive impact
☐ Positive impact
☐ No impact
☒ Negative impact
☐ Very negative impact
☐ Don't know

12 Please use the box below to explain your answer above if required, thinking about what potential improvements or barriers this particular change could create.

This model appears to be another legacy issue of CET rather than an aspiration to develop a genuine CPD system.

For example, it is hard not to envisage these domains leading to repetition and 'tick boxing' after one cycle. If the GOC is committed to going with this model we propose it should be made clear that CPD is encouraged in these four domains, that the standards are guides to minimum competences and that more stretching CPD is encouraged (e.g. if the individual has already amply demonstrated competence in the standards areas). This will support more positively clinicians to expand their skills towards future skills, roles and ambitions. It is also a model used by other healthcare regulators who empower registrants to undertake targeted learning and use this to reflect on their current practice (see our response to question 8 for examples from the GMC and HCPC).

We have previously expressed support for a more responsive model of professional regulation which can adapt swiftly to changing patterns of health care, new roles and new ways of working⁵ and welcome the introduction of the more dynamic 'additional area B'. We are concerned however that it will not be available until after 2024.

Covid-19, for example, has thrown up some significant challenges which affect the whole sector and where some broad themes might be agreed for common development – e.g. skills in the possibilities, limitations and communications skills needed for remote practice, managing infectious respiratory disease outbreaks in optical practices, etc.

Section 4: Non-approved CPD

Why are we changing?

In our current scheme, we approve all CET before registrants complete it. Following consultation in 2018, we heard clearly that the sector thought we needed to retain a core of CPD to prevent deskilling. However, a lot of registrants undertake CPD with other professionals or as part of their contracts with the NHS which cannot be counted under the current scheme. This interprofessional learning is extremely valuable and we want our new scheme to acknowledge and recognise this.

What are we changing?

In the next cycle, starting in January 2022, we will allow registrants to undertake participate in CPD that has not been formally approved for the purposes of the GOC CPD scheme as long as:

- it is at least one hour in length; it has been
- developed for healthcare professionals;
- a short written statement is completed after completing the CPD to explain why it is relevant to a registrant's own CPD; and no more than 50% of a registrant's overall total CPD should come from non-approved CPD sources. A
- minimum of 50% of a registrant's CPD must come from approved CPD sources.

All non-approved CPD will gain a standard one point for every hour undertaken up to a maximum of three points per activity. We will introduce an audit system for registrants undertaking non-approved CPD whereby 10% of registrants completing non-approved CPD are audited each year.

13 What impact, if any, will allowing registrants to use non-approved CPD to count as points towards their CPD have on you/your organisation?

Please select only one item

- ☐ Very positive impact ☒ Positive impact ☐ No impact ☐ Negative impact
- ☐ Very negative impact ☐ Don't know

14 Please use the box below to explain your answer above if required, thinking about what potential improvements or barriers this particular change could create.

We welcome this as a positive move in the right direction and a positive signal that the GOC wants to modernise its approach. It will still, however, lag some way behind more progressive health regulators when it comes to trusting and supporting registrants to do the right thing for the right reasons. Take for example the HCPC's approach which sets out:

- "CPD is not just formal courses. A CPD activity is any activity from which you learn and develop. This might include the following. – Work-based learning. For example, reflecting on experiences at work, considering feedback from service users or being a member of a committee. – Professional activity. For example, being involved in a professional body or giving a presentation at a conference. – Formal education. For example, going on formal courses or carrying out research. – Self-directed learning. For example, reading articles or books."
- "We do not set a number of hours or points that you have to complete, and we do not 'approve' or 'endorse' any CPD activities. Instead we want you to identify your development needs and choose appropriate activities to help you meet them. We are much more interested in the outcomes of your learning and how this has benefited your practice and the service users you work with. This means that you can plan your CPD based on the kinds of activities that are most relevant to you and your practice"⁶

The GOC by contrast plans to adhere to a points-based system for approved courses based on specific categories and, where it does decide to 'trust' registrants to undertake non-approved CPD, it proposes doing so based on another formulaic system.

We fully appreciate the concept of small steps for conservative professions but genuinely consider the GOC could be more ambitious and empowering here for the benefit of the patients it safeguards and the professions it regulates.

To help find a better balance, perhaps the GOC could approve course providers and remove the need for points? This would remove the incentive to "chase high points" and enable a focus on what meets genuine CPD objectives.

Other feedback

As FODO has previously commented, reflective learning statements should be a requirement of all CPD activity provided this is not translated into a 'reporting industry' or technically complex exercise which will discourage registrants from engaging.⁷

We would also query the modesty of the ambition for three hours of inter-professional CPD across the entire cycle. Given the aspiration within primary care and across ophthalmology and optics towards a multidisciplinary approach should there not be stronger encouragement for multidisciplinary working to become embedded in daily practice? Three hours over three years seems more grudging than a whole-hearted commitment to embrace multidisciplinary working across the sector. General encouragement rather than a ceiling might generate a more positive response from the professions.

Section 5: Reflection

Why are we changing?

Reflection has become an increasingly important part of CPD schemes for many healthcare professionals as a mechanism for embedding good practice and improving patient care. In our consultation in 2018, we made it clear that we would be enhancing our requirements for registrants to reflect on their practice and ensure this was a core part of the CPD scheme from January 2022.

We have listened to stakeholders and overall there is support for further embedding reflective practice. Furthermore, our evaluation of the 2016-18 CPD cycle shows that most registrants have undertaken more than necessary:

- 82% of dispensing opticians already complete peer review voluntarily
- 72% of optometrists do more than the minimum (i.e. more than one peer review in a three-year cycle).

However, we have also listened to concerns from some registrants, via our 2018 consultation, about perceived barriers to reflection, including:

- a lack of clarity around the concept and benefits of reflective practice; a fear of being open and honest about
- where mistakes have been made or where things could have been done better; current reflective practice is perceived as a box-ticking exercise; and a lack of guidance and support to enable registrants to reflect effectively.
-

Many registrants will already be reflecting on their practice very successfully and we want to support registrants to continue to reflect on their practice. However, for some registrants who may need further support, we will issue new GOC guidance to help them to reflect on their practice effectively.

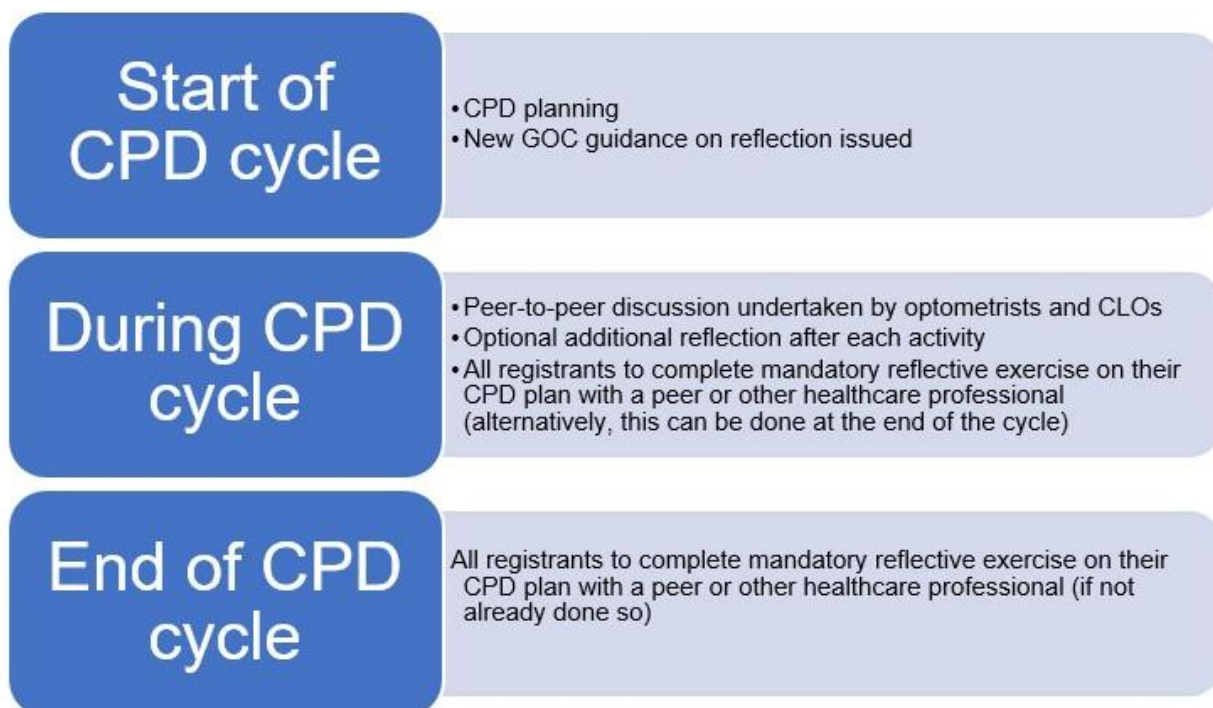
What's staying the same?

- The requirement for all registrants to plan their CPD at the start of the cycle
- The requirement for optometrists and CLOs to complete at least one peer-to-peer discussion in a three-year cycle, and to reflect upon it
- The option to complete a short written reflection after any CPD activity

What are we changing?

- More flexibility in terms of documenting planning and reflection – registrants will either be able to use the GOC CPD Plan template (similar to the current personal development plan (PDP)), or a similar document if one is provided by their employer, contracting organisation (such as NHS Education for Scotland (NES) or Health Education England (HEE)) or professional association
- A new requirement for all registrants to carry out and document a reflective exercise based on the content of their CPD plan either during or at the end of the cycle

A diagram setting out the elements of reflection expected at various points in the cycle is set out below.



New requirement for all registrants to undertake a reflective exercise either during or at the end of the CPD cycle

As part of our new CPD scheme in 2022, we will be introducing a mandatory requirement for registrants to undertake a reflective exercise with a peer about their CPD plan and broader professional development either during, or at the end of, the three-year CPD cycle. This will require legislative change to achieve, which we are currently pursuing.

This new requirement is important because registrants will be given more control over what CPD they do. To balance this out, we need to have assurance that registrants are reflecting on their practice and have tailored their CPD to their own learning and development needs.

- **When can I do this exercise?**
 - During the cycle (at least one year in) or at the end of the cycle
- **What will it consist of?**
 - Discussion with peer and written reflection in CPD Plan (or other plan document as stated above)
- **Who counts as a peer?**
 - Another optometrist or dispensing optician
 - Your employer
 - Another statutorily regulated healthcare professional, such as an ophthalmologist, orthoptist, nurse, physiotherapist, pharmacist etc.
 - Not a relative, close friend or an employee
- **Can I have the discussion remotely?**
 - Yes, you can undertake it either in person, via video call or telephone
- **What must I reflect on?**
 - Your CPD plan, CDP activity and reflection on activity to date (if undertaking the exercise during the cycle) or the CPD cycle as a whole (if undertaking at the end)
 - Other information about your professional practice, for example, from line manager/employer feedback, patient satisfaction data, clinical audit (where available)

• **How will the GOC know I have completed the exercise?**

- You will be asked to self-declare that you have completed your CPD Plan / other planning document and also self-declare you have completed the discussion. Your peer must sign your written reflection to confirm the peer-reflection has been undertaken. The GOC will randomly audit a selection to ensure compliance

How will this exercise help me to plan my CPD for the next cycle?

- If you are using the GOC Plan, the written reflection will be displayed to you at the start of the next cycle to assist you in setting new goals

15 What impact, if any, will introducing a mandatory requirement for reflection have on:

	Very positive impact	Positive impact	No impact	Negative impact	Very negative impact	Don't know
Optometrists <i>Please select only one item</i>	☐	☐	☒	☒	☐	☐
Dispensing opticians <i>Please select only one item</i>	☐	☐	☐	☒	☐	☐
Employers <i>Please select only one item</i>	☐	☐	☒	☐	☐	☐
Professional associations <i>Please select only one item</i>	☐	☐	☒	☐	☐	☐

16 Please use the box below to explain your answers above if required, thinking about what potential improvements or barriers this change could create.

See answer to Q. 10 above.

The GOC is right that it “has become an increasingly important part of CPD schemes for many healthcare professionals as a mechanism for embedding good practice and improving patient care.” In fact, reflective practice has become normalised in other healthcare professions that have used CPD system rather than CET. For example, “reflective practice” is now just one example of work-based learning listed by the HCPC although, like the GMC, reflection is noted throughout its CPD guidance.⁸

The GOC approach to reflective practice however again appears to be based on the existing CET model – rigid and check-point type system rather than instilling a culture that is fit for the future. The proposed system seems unduly onerous; a better system would be to require registrants to demonstrate reflection throughout all their CPD. As suggested above registrants should be empowered to work this out for themselves in ways which suit their individual learning and reflective styles.

It is also difficult to see how CPD can be planned three years in advance given how quickly practice is changing and how opportunities may present themselves. All PDPs should be flexible and support real-time developmental needs as they are identified or opportunities as they arise. Constraining development within a pre-agreed plan is not how life and learning happens in most cases. This year for example many mundane PDPs will hopefully have been scrapped, or at least put on hold, and replaced by hands-on learning throughout the Covid-19 pandemic (including volunteering opportunities in new disciplines). Reflective learning on how practice has changed, how it has affected patients, and patient and practitioner health, and how both could be improved, will add significantly to any clinician’s career independently of any points based system that might or might not be in place.

Section 6: CPD approvals and audit

Why are we changing?

As part of our review, we are looking at ways in which we can improve the current process for approving CPD activities. The current system, and our underpinning legislation, requires us to approve all applications for CET activities in advance of the activity being delivered to registrants (referred to as ‘up-front approvals’). This system operates using the MyCET online administrative system where providers have to submit an online application that is considered by one of a panel of approvers. Providers must pay an annual fee of £45. Registrants are also able to apply for registrant-led peer reviews but do not have to be registered as a provider or pay a fee.

However, up-front approval is costly and time-consuming both for the GOC and the provider. Whilst this was necessary during the first two enhanced CET cycles to establish the scheme and ensure there was sufficient quality provision, this has now been achieved and it is felt that a lighter touch approach is now required, whilst still assuring the quality of future CPD. A shift to approving and auditing CPD providers rather than approving everything they do seems a more proportionate approach at this stage.

What are we changing?

We will implement the following model:

- We will continue to register CPD providers for the purposes of approved CPD
- We will require all CPD providers to demonstrate that they understand the requirements of CPD delivery and are capable of delivering to a high standard by approving up front the first ten submissions from a new CPD provider. Further CPD sessions from that provider will not need to be approved in advance of delivery, but will still need to be recorded so that points can be appropriately allocated to attendees

- We will introduce a provider audit scheme whereby auditing will be completed each year as follows:
 - Benchmark the standards we expect of CPD providers, which set out our expectations and what might lead to suspension
 - Paper based audit of providers to consider whether there are any 'at risk', taking account of registrant feedback and complaints – completed annually Targeted auditing of providers considered 'at risk'
 - Audit of providers in general to ensure that 10% are audited each year
 -

17 What impact, if any, will this new CPD approval system have on you/your organisation?

Please select only one item

- ☐ Very positive impact
 ☒ Positive impact
 ☐ No impact
 ☐ Negative impact
☐ Very negative impact
☐ Don't know

18 Please use the box below to explain your answer above if required, thinking about what potential improvements or barriers this particular change could create.

As noted above we consider GOC registrants should be able to undertake a wider range of CPD that is not 'certified' by the GOC, in the same way other regulated healthcare professionals

If the GOC however must accredit CPD, then this seems to be an improvement on the current model, although we still question the need to award points rather than certify CPD has been quality assured.

FODO has traditionally avoided offering mundane CET just so that members can 'clock up' points (of which there is already a sufficiency) and has focussed on responding to current and emerging risk – which we note is an approach the GOC is looking towards for the future. Where we have provided CPD for our members it has been targeted in response to a need identified through system change or insurance case patterns. The new CPD will enable us further to provide CPD which genuinely adds value for professionals and providers and ultimately patients.

Further information

19 Can we publish your response?

(Required)

Please select only one item

- ☒ Yes
 ☐ Yes, but please keep my name and my organisation's name private
 ☐ No

Equality, Diversity and Inclusion

Equality, Diversity and Inclusion

We welcome consultation responses from everyone, regardless of age, disability, gender reassignment, race, religion or belief, ethnicity, sex, sexual orientation, marriage and civil partnership, pregnancy and maternity.

We don't want anybody to miss out or be disadvantaged because of the way we work and we try hard to make sure this doesn't happen. The following questions help us to understand who we are reaching with our surveys, so that we can make sure that everybody has the opportunity to get involved.

You do not have to answer these questions (just click 'Continue' at the bottom of this page if you don't want to). but we would be grateful if you did. Your answers to these questions will be treated as confidential and held securely in line with data protection requirements. They will not be considered or published alongside your name or anything else that might identify you.

For more information about how we use information like this across the General Optical Council, please visit the **Equality, Diversity and Inclusion section** <https://www.optical.org/en/about_us/equality-and-diversity.cfm> of our website.

If you are responding on behalf of an organisation, please do not respond to these questions.

20 Gender

Please select only one item

☐ Female ☐ Male ☐ Prefer not to say

21 Age

Please select only one item

☐ 16-24 ☐ 25-34 ☐ 35-44 ☐ 45-54 ☐ 55-64 ☐ 65+ ☐ Prefer not to say

22 Sexual orientation

Please select only one item

☐ Bisexual ☐ Heterosexual/straight ☐ Gay/Lesbian/Homosexual ☐ Other ☐ Prefer not to say

23 Disability

The Equality Act 2010 defines disability as a physical or mental impairment which has a substantial long-term effect on a person's ability to carry out normal day to day activities. Do you consider yourself to have a disability?

Please select only one item

☐ Yes ☐ No ☐ Prefer not to say

24 Gender identity

My gender identity is different from the gender I was assigned at birth.

Please select only one item

☐ Yes ☐ No ☐ Prefer not to say

25 Pregnancy/maternity

Are you pregnant, on maternity leave, or returning from maternity leave?

Please select only one item

☐ Yes ☐ No ☐ Prefer not to say

26 Ethnicity

Please select only one item

- ☐ White - English/Welsh/Scottish/Northern Irish/British ☐ White - Irish ☐ White - Gypsy or Irish Traveller
☐ White - other (please specify) ☐ White and Asian ☐ White and Black Caribbean
☐ White and Black African ☐ Any other mixed/multiple ethnic background (please specify)
☐ Indian/Indian British ☐ Pakistani/Pakistani British ☐ Bangladeshi/Bangladeshi British
☐ Chinese/Chinese British ☐ Any other Asian background (please specify) ☐ African/African British
☐ Caribbean/Caribbean British ☐ Any other Black background (please specify) ☐ Arab/Arab British
☐ Any other ethnic group (please specify) ☐ Prefer not to say

27 Marital status

Please select only one item

- ☐ Civil partnership ☐ Divorced/legally dissolved ☐ Married ☐ Partner ☐ Separated
☐ Widowed ☐ Not stated ☐ Prefer not to say

28 Carer responsibilities

Do you perform the role of a carer?

Please select only one item

- ☐ Yes ☐ No ☐ Prefer not to say

29 Religion/belief

Please select only one item

- ☐ No religion ☐ Buddhist ☐ Christian ☐ Hindu ☐ Jewish ☐ Muslim ☐ Sikh
☐ Any other religion/belief (please specify) ☐ Prefer not to say

If you have selected 'other', please specify

Click or tap here to enter text.

¹ GMC, Continuing professional development, Guidance for doctors https://www.gmc-uk.org/-/media/documents/cpd-guidance-for-all-doctors-0316_pdf-56438625.pdf

² HCPC, Continuing professional development and your registration <https://www.hcpc-uk.org/globalassets/resources/guidance/continuing-professional-development-and-your-registration.pdf?v=637106442760000000>

³ Stanton F, Grant J. The effectiveness of continuing professional development. London: Joint Centre for Medical Education, Open University; 1997

⁴ Grant J, Chambers E. The good CPD guide: a practical guide to managed CPD. London: Joint Centre for Education in Medicine; 1999 - <https://jamanetwork.com/journals/jama/article-abstract/389532>

⁵ Promoting Professionalism, reforming regulation – a paper for consultation: response from the Optical Confederation and Local Optical Committee Support Unit January 2018

⁶ HCPC, Continuing professional development and your registration <https://www.hcpc-uk.org/globalassets/resources/guidance/continuing-professional-development-and-your-registration.pdf?v=637106442760000000>

⁷ FODO Response to the General Optical Council's consultation on CET Fit for the future – lifelong learning review September 2018.

⁸ GMC, Continuing professional development, Guidance for doctors https://www.gmc-uk.org/-/media/documents/cpd-guidance-for-all-doctors-0316_pdf-56438625.pdf; and HCPC, Continuing professional development and your registration <https://www.hcpc-uk.org/globalassets/resources/guidance/continuing-professional-development-and-your-registration.pdf?v=637106442760000000>