



FODO response – General Optical Council (CPD) Consultation Paper – reforms to CPD

Q1. Do you agree with our objectives for the review?

Yes/No/Not sure

Yes.

The objectives for the review of the GOC's existing approach to CPD are appropriate. Our responses to the consultation questions are informed by the extent to which we consider the GOC's proposals meet these objectives.

We welcome the focus on the responsibility of registrants for their own CPD, which will be relevant to their scope of practice and learning and development needs. We have long argued that the GOC's existing approach is out of keeping with the approaches of other professional regulators and risks infantilising the professions through over prescription. As regulated, autonomous and accountable health professionals, optometrists and dispensing opticians are best placed to make decisions about the CPD which meets their needs and an updated CPD system should support this.

We agree that the CPD requirements should be appropriate to and inclusive of all registrants including those in clinical practice, as well as those who practise in other areas including in roles in industry, education, leadership and research.

We agree with the objective to remove unnecessary costs of regulation for registrants. However, 'registrants' must include business registrants as well as individual registrants.

The consultation document and accompanying impact assessment do not provide a detailed analysis to demonstrate the extent to which the consultation proposals will increase or decrease costs on businesses, nor do they provide evidence that the costs and benefits of different options have been considered. Our members have fed back to us about the potential implications of changes which could create unnecessary and costly bureaucracy.

Q2. Do you agree that we should move away from a points system?

Yes/No/Not sure

Yes

We agree that the points system should be abolished. Doing so would be consistent with supporting a culture in which individual registrants, as regulated health professionals, are personally accountable for undertaking professional development which meets their own needs.

The consultation document correctly identifies the challenges of a points system, including the somewhat arbitrary nature of points totals, the risk of a tick-box approach to compliance and perverse incentives to complete CPD which might not be appropriate to an individual's needs and career aspirations. These factors provide an ample rationale for moving to a more outcomes-based approach.

Q3. Do you agree that we should issue guidance on the amount, areas and types of learning rather than set specific requirements?

Yes/No/Not sure

Yes.

We agree with guidance about areas and types of learning but have concerns about guidance on the amount of CPD.

Clear guidance from the GOC is crucial - so that registrants can understand what is required of them, what evidence they will need to provide if selected for audit and how their submission will be assessed. Once after this consultation the GOC finalises its approach to CPD, the GOC should develop this guidance in partnership with the sector.

It would be helpful for the GOC to publish guidance in broad terms which guides individual registrants in choosing the professional development opportunities that are most appropriate for them, with regard to their scope of practice and future career aspirations. This might helpfully include guidance on the areas of learning in which CPD activity might take place (based on the domains identified in the consultation document at paragraph 32) and the types of learning that individual registrants might undertake (for example, formal courses, reading journals, on-the-job learning from patient cases and so on).

We do not agree that guidance should address the amount of CPD required, beyond encouraging registrants to complete CPD which meets the GOC's requirements regularly over the registration cycle, avoiding all CPD being completed in the lead up to the end of the registration cycle. Guidance should, in broad terms, advise registrants on how they can ensure that they have undertaken 'sufficient CPD' (see our answer to question four).

The GOC has set out its rationale for moving away from a points-based approach which sets requirements based on the volume and type of learning that must be completed. Replacing this with guidance about the amount of CPD risks undermining the GOC's intention to implement a more outcomes-based model. Even expressed in guidance and not as a compulsory requirement, such guidance on the amount of CPD is likely to become the default minimum, undermining the culture change that the GOC rightly wishes to support.

Q4. Should guidance specify that registrants carry out sufficient CPD (or words to that effect) or provide a notional minimum amount of activity that would apply to most registrants, e.g. number of hours?

Sufficient CPD/notional minimum amount/Both/Neither/Not sure

Sufficient CPD

Guidance should specify that registrants carry out sufficient CPD. This should be framed as sufficient CPD which is relevant to a registrant's current and/or future scope of practice, and which helps a registrant to keep up to date.

This would be part of a more outcomes-focused approach which is consistent with the underlying ethos of the GOC's proposals. The guidance published by other regulators who have outcomes-based approaches to CPD, as outlined in the consultation document, demonstrates how it is possible to provide clarity as to what is required both for individual registrants and those involved in CPD assessment.

We do not agree with a 'notional minimum amount of activity' being specified. This risks re-creating something similar to the existing points system by focusing on the volume rather than the relevance and outcomes of learning, thus undermining the shift in culture the GOC has said it wishes to achieve. A 'notional minimum', however carefully worded, might also be taken by registrants to be the absolute amount that is now required, perpetuating a compliance rather than outcomes focussed mindset.

Q5. Should registrants be required to make a personal development plan and reflect on progress as part of appraisals and similar mechanisms?

Yes/No/Not sure

Yes.

We agree with the principle that individual registrants should, through a Personal Development Plan (PDP) or a similar mechanism, identify their learning needs, how they will seek to meet their learning needs and review those periodically.

However, the wording of this question confuses the individual responsibility of a regulated professional to undertake CPD which meets their needs, with the role of

employers in overseeing performance and supporting the development of those they employ, through mechanisms such as appraisal.

It is important that the CPD system supports the ability of individual registrants to go beyond the PDP or equivalent agreed with their employer, recognising that some of their CPD will be part of their own personal and professional development – for example, supporting their future career aspirations outside of their employer.

Locums and sole practice owners will also not have access to an employment-based PDP or appraisal. It is important that the GOC's approach is inclusive of all registrants, including those in locum roles and those with portfolio careers.

Q6. Should registrants be required to make an annual declaration as part of registration renewal that they have carried out sufficient learning to maintain their competence and kept adequate records for review purposes?

Yes/No/Not sure.

Yes.

The proposal reinforces the responsibility of individual registrants to undertake CPD to maintain and develop their competence and be able to evidence this if they are invited to participate in CPD record review.

The proposal is consistent with the approach of other regulators who require all registrants to make a declaration and then audit a random sample of registrants at fixed intervals to demonstrate their compliance.

We are aware some stakeholders may have concerns that some registrants might simply tick yes without having done CPD. However, this should not result in the vast majority of responsible registrants being infantilised by an overly rigid CPD system. Random audits would support and encourage the compliance of the majority.

Any small minority of registrants that opt to be dishonest would fall short of multiple GOC standards. To counter this concern the GOC might wish to make clear in the annual declaration that the registrant understands this must be an accurate reflection of CPD and reference applicable GOC standards.

Q7. Should registrants be required to maintain records of CPD activity on GOC IT systems or be able to keep their own records?

GOC systems/choose GOC systems or own records/own records only

Choose GOC systems or own records.

Consistent with an outcomes-based approach is the principle that individual registrants should retain responsibility for their own CPD including record keeping. Individual

registrants should be able to use GOC's systems, other third-party systems, or keep their own records.

If they are selected for CPD record review, the GOC should be clear about the information required to demonstrate its requirements and how evidence should be submitted to the GOC. This might be via an IT portal.

The one caveat to our feedback about recording of CPD is the cost of developing and/or maintaining a GOC IT system. It might be more cost-effective for registrants to store all CPD on their own IT systems. There are also already cloud-based IT systems that enable health professionals to record and reflect on their CPD. We understand the College of Optometrists already has a system that will enable registrants to log their CPD.

Q8. Should GOC review a sample of CPD records following annual registration renewal?

Yes/No/Not sure

Yes.

We agree that it is important for the integrity of the CPD system and for public and professional assurance for the GOC to review a sample of CPD records following annual registrant renewal.

The GOC should be clear about the information it requires when an individual registrant is selected for audit and the consultation document notes that the GOC will be reviewing its evidence requirements, particularly for activities that are currently termed 'self-directed'.

It is important that the GOC is transparent about its approach to and rationale for sampling CPD records including:

- Setting out how individual registrants are selected for random CPD record review, including the audit sample size. The consultation document does not give any rationale for the GOC's existing 10% sample size or suggest that this might change in the future. Whilst national and international practice in this area varies widely, we would note that the Health and Care Professions Council, Social Work England and CORU, the regulator of optometrists and dispensing opticians in the Republic of Ireland, all have a much lower 2.5% sample. The purpose of audits should primarily be to promote the compliance of the vast majority of individual registrants who are committed to maintaining and developing their competence for the benefit of their patients.
- Setting out the circumstances in which it will select, or might consider selecting, individual registrants for 'targeted' CPD record review on the basis of risk (paragraph 76 refers). The consultation document does not explain the rationale

for this approach. Whilst acknowledging that there may be circumstances where publishing detail about the approach might change behaviours by risking ‘gaming of the system’, the GOC should at least in broad terms indicate the circumstances in which it might consider selection on a targeted basis.

Q9. Should the Registrar be able to remove registrants from the register where their CPD records are assessed as inadequate and they have failed to remediate, subject to appeal?

Yes/No/Not sure

Yes.

We agree that, as now, the Registrar should be able to remove registrants from the Register where they have been assessed as not meeting the GOC’s requirements and have failed to remediate, subject to the ability to appeal.

In keeping with national and international regulatory practice, the GOC’s approach should provide individual registrants with the support, time and information necessary to help them meet the GOC’s requirements, avoiding registrants being removed from the Register unless absolutely necessary.

We would also like to see separate changes to the GOC’s registration rules to permit the Registrar to remove a registrant’s name from the Register outside of registration renewal where they have requested voluntary removal and are not the subject of fitness to practise proceedings (paragraph 60 refers). This would be consistent with similar powers held by other professional regulators.

Q10. Should we change the competencies (the four domains) which CPD events must relate to?

Yes/No/Not sure

Yes.

Whilst the consultation document does not suggest ways in which the four domains might be changed, we are supportive of the principle of providing as much flexibility as possible, pending implementation of changes to the CPD Rules. Such changes should provide flexibility for individual registrants to undertake CPD which they can justify as relevant to their registration with the GOC and their current and/or future scope of practice.

Q11. Should we adjust the points allocated to different activities to make it easier to reach the total points required under the CPD Rules 2021?

Yes/No/Not sure

Yes.

We are supportive of the principle of providing as much flexibility as possible, pending implementation of changes to the CPD Rules. Given the challenges of the points-based approach outlined in the consultation document, we agree with adjusting the allocation of points to reduce the overall volume of activities needed to achieve the required points total.

Q12. Should we remove the limit on the minimum number of CPD points that must be obtained from provider-led activity?

Yes/No/Not sure

Yes.

We are supportive of the principle of providing as much flexibility as possible, pending implementation of changes to the CPD Rules. Removing the minimum number of CPD points that must be obtained from provider-led activity is consistent with a move towards an outcomes-based approach.

Q13. Should we remove the need for a reflection statement to be provided for each self-directed CPD activity?

Yes/No/Not sure

Yes.

We are supportive of the principle of providing as much flexibility as possible, pending implementation of changes to the CPD Rules. The consultation describes how requirements for reflection statements, which apply to ‘self-directed’ activities only, have limited registrant uptake of self-directed rather than ‘provider-led’ activities.

In that context, removing the need for a reflection statement for each self-directed CPD activity is consistent with a move towards an outcomes-based approach.

However, we would note the important role that reflection plays in helping a registrant to identify what they have learnt from a CPD activity and its impact on their practice. The GOC should consider how reflection is built-in to its new approach to CPD – for example via content in guidance or in evidence requirements for CPD audit.

Q14. How can we best leverage the role of businesses within the CPD system and to support a less prescriptive system for individual registrants?

A movement to a less prescriptive system for individual registrants must not be achieved at the expense of an unnecessarily prescriptive system for businesses which might add to regulatory burdens and cost without any demonstrable benefits. The GOC should adopt an outcomes-focused and non-prescriptive approach to both its individual and business registrants.

Our members are committed to investing in the learning and development of their workforces and to supporting staff to meet GOC standards and requirements. It is in the interests of employers to develop and retain staff with the knowledge and skills to provide high quality services which meet the needs of patients.

The GOC's Standards for Optical Businesses already include appropriate standards about the role of businesses in supporting their staff to learn and develop in their roles and to practise in accordance with the GOC's standards. Our members already meet these requirements by supporting their staff to identify their learning needs and providing opportunities for learning and development appropriate to their and business needs. The consultation document does not outline a persuasive rationale as to why any substantive changes are required to these standards. These standards were also updated recently, and the Government has asked all regulators to review 'red tape' as part of avoiding avoidable further costs on businesses. This would seem to be working in the opposite direction without supporting evidence.

The consultation document points to the approaches of a minority of other regulators which it says involve leveraging the role of employers. This includes the medical revalidation system overseen by the General Medical Council (GMC). Medical revalidation has required considerable Government investment at national and local level and relies upon a complex infrastructure underpinned, for example, by the role of medical royal colleges, a network of responsible officers in workplaces and detailed statutory regulations. Such comparisons are unhelpful as such investment and infrastructure does not exist in eye care and in any event would not be proportionate to the risks involved in optical practice.

The consultation notes that the GOC only regulates approximately half of optical businesses, that some individual registrants have portfolio careers and that there is a 'substantial' locum workforce who move between businesses. The GOC further notes elsewhere in the document that some individual registrants will not work for optical businesses, including those working in roles in industry, education, leadership and research. The consultation document rather dismissively says that it is important to not 'let the perfect be the enemy of the good'. However, these are fundamental issues because they impact the ability of the GOC to be consistent, proportionate and effective in its regulatory approach.

Other professional regulators cited by the GOC who have outcomes-based approaches to CPD, invest in communicating their CPD requirements to employers and registrants, encouraging employers to support their staff, and encouraging registrants to make the most of the opportunities and support provided by their employers. However, they avoid unhelpful and unnecessary prescription in their regulatory standards and processes.

The consultation acknowledges that the GOC's proposals in this area may create new costs for businesses but that 'the overall costs of compliance with our CPD

requirements for businesses would reduce'. However, the consultation document and the impact assessment do not provide any further modelling or rationale to support this conclusion. At this stage, the GOC's proposals and what they would seek to achieve are insufficiently detailed to allow us to properly assess the costs and benefits or to support these proposals.

Paragraph 121 of the consultation document refers to the possibility that by 2031 reforms of the Optical Act 1989 and the extension of regulation to all businesses would have been implemented and that this would 'strengthen' the GOC's proposals for businesses. The GOC should not implement any substantive policy changes which might increase the burden on businesses without further consultation and should not do so until all businesses are regulated, creating a more level playing field.

Finally, the GOC's language of 'leveraging' is disappointing. Optical businesses are committed to working in a spirit of collaboration and partnership with the GOC to achieve its stated objectives in this area, in a way that is appropriate and proportionate.

Q15. Should business registrants have specific responsibility to ensure individual registrants have an up-to-date personal development plan?

No.

We consider that the existing GOC Standards for Optical Businesses are already sufficient by requiring businesses to support the learning and development of their staff, to have a system for monitoring staff objectives and training needs and to support staff to meet the GOC's standards and requirements.

Additional prescription in this area is unnecessary and would be contrary to the GOC's policy objectives. If implemented, in the short term this could act as a disincentive to more businesses registering with the GOC.

Our members all have appropriate arrangements in place to support the learning and development of their staff, including arrangements for PDPs and appraisal, or equivalent.

The ethos of the GOC's proposals is to provide more flexibility for individual registrants to identify their own learning needs and to complete the CPD which best meets those needs. Optometrists and dispensing opticians, as regulated, autonomous and accountable health professionals, are rightly personally responsible for their own CPD in compliance with GOC requirements. As a consequence, it is important that the CPD system supports the ability of individual registrants to go beyond the PDP or equivalent agreed with their employer, recognising that some of their CPD will be part of their own personal and professional development – for example, supporting their future career aspirations outside of their employer.

The GOC's approach to business registrants must not undermine the responsibility of individual registrants for their own learning and development.

Q16. How can the Standards for Optical Businesses be strengthened to help achieve this outcome?

The Standards for Optical Businesses do not require strengthening in this area. Please see our answers to questions 14 and 15.

Q17. How should patient feedback be incorporated within the CPD system?

Our members routinely collect patient feedback to inform improvements to policies and processes. This includes using patient feedback to inform workplace training.

We support the principle that patient feedback has a role to play in supporting individual registrants to reflect on and improve their practice, particularly in areas such as communication skills. The more outcomes-based approach to CPD proposed by the GOC would mean that gathering and reflecting on patient feedback might be a useful type of CPD learning activity.

We welcome the GOC's statement that it would not seek to be prescriptive but would use 'guidance to encourage businesses to use patient feedback as one tool to support registrants to continuously improve the care they provide'. We note, however, that this focuses solely on the role of businesses as employers and ignores the role of individual registrants in identifying and undertaking CPD which meets their needs. The consultation document notes how another regulator encourages registrants to seek opportunities to receive and reflect on feedback from patients and GOC guidance for individual registrants should seek to do the same (paragraph 99 refers).

Q18. Should we seek to end CPD provider approval?

Yes/No/Not sure

Yes.

Ending CPD provider approval would align the GOC's approach with modern regulatory practice. An outcomes-based approach to CPD makes CPD provider approval unnecessary.

Q19. Should we reduce the number of CPD events requiring approval before CPD providers can convert from provisionally approved to fully approved status?

Yes/No/Not sure

Yes.

This is a pragmatic approach pending legislative change to end CPD provider approval.

Q20. Should we phase out CPD provider audits over the 2028-30 cycle?

Yes/No/Not sure

Yes.

This is a pragmatic approach pending legislative change to end CPD provider approval.

Q21. Should we withdraw GOC's Standards for CPD Providers?

Yes/No/Not sure

Yes.

This is a pragmatic approach pending legislative change to end CPD provider approval.

Q22. When should we aim to introduce changes requiring amendment to the CPD Rules 2021?

January 2028/January 2031/January 2034/Another date

January 2031

Given uncertainty about the availability of sufficient legislative time to progress changes to the CPD rules, and the need for an appropriate lead in time to prepare and communicate the necessary changes, the earliest the changes could be introduced is at the end of the 2028-2030 cycle.

In the meantime, we support the GOC's focus on supporting the shift away from a points-based culture by maximising flexibility within the constraints of the existing CPD Rules (see our responses to questions 10 to 13 and 18 to 21).

Q23. Will the proposed changes have effects, whether positive or negative, on:

(i) opportunities for persons to use the Welsh language, and

(ii) treating the Welsh language no less favourably than the English language?

- a. Yes re (i)
- b. Yes re (ii)
- c. No re (i)
- d. No re (ii)
- e. Not sure re (i)

- f. Not sure re (ii)

No.

We have not identified any positive or negative effects of the proposed changes on the matters outlined above.

Q24. Could the proposed changes be revised so that they would have positive effects, or increased positive effects, on:

- (i) opportunities for persons to use the Welsh language, and
- (ii) treating the Welsh language no less favourably than the English language?

- a. Yes re (i)
- b. Yes re (ii)
- c. No re (i)
- d. No re (ii)
- e. Not sure re (i)
- f. Not sure re (ii)

No.

Q25. Could the proposed changes be revised so that they would not have negative effects, or so that they would have decreased negative effects, on:

- (a) opportunities for persons to use the Welsh language, and
- (b) treating the Welsh language no less favourably than the English language?

- a. Yes re (i)
- b. Yes re (ii)
- c. No re (i)
- d. No re (ii)
- e. Not sure re (i)
- f. Not sure re (ii)

No.

Q26. Are there any aspects of our proposals that could discriminate against stakeholders with specific characteristics? (Please consider age, sex, race, religion or belief, disability, sexual orientation, gender reassignment, gender identity, gender

expression, pregnancy or maternity, caring responsibilities or any other characteristics.)

- a. Yes
- b. No
- c. Not sure

No.

Q27. Are there any aspects of our proposals that could have a positive impact on stakeholders with specific characteristics? (Please consider age, sex, race, religion or belief, disability, sexual orientation, gender reassignment, gender identity, gender expression, pregnancy or maternity, caring responsibilities or any other characteristics.)

- a) Yes
- b) No
- c) Not sure

Yes.

The consultation proposals, if implemented, would provide more flexibility for registrants to choose the CPD that best meets their needs and circumstances, without a bias towards formal courses. This is likely to have a positive impact overall, including for those in lower socio-economic groups, for those who work part time, or for those who have caring responsibilities.

For example, rather than attending a conference which did not meet their needs to collect points, a registrant could explore other learning opportunities with less cost, such as reflecting on patient cases with colleagues or shadowing in a local hospital eye department. It might also enable people working part time or those with caring responsibilities to do more home-based, self-directed learning and make it easier for them to undertake professional qualifications that best meet their needs.