

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

FODO represents providers and practitioners covering 85% of the UK optical market and 55% in the Republic of Ireland. We have experience of four health regulators - the GOC, GMC, HCPC and CORU. FODO members provide the majority of CPD, in-house training and structured development for the majority of the workforce. We are also one of the two significant professional indemnity insurers for optometrists, dispensing opticians and optical businesses.

## **Section 1: Views and understanding of the current CET scheme**

**8. What do you think are the riskiest areas of work carried out by optometrists and dispensing opticians? How well does the CET scheme address these risks?**

1. Awareness of the main indications and symptoms of the major eye pathologies and related risks (eg tumours) when the norm is normal, these are the rare exceptions or pathologies can be obscured eg by cataract.
2. Slowness of development from technicians to clinicians and understanding e.g. of wider professional responsibilities, clinical risk-management, joined-up thinking across services, inter-professional working, inter-professional communications, audit, self-directed and life-long learning.

The current scheme addresses these areas only by happenstance and not systematically. The scheme is sporadic and focussed on points rather than reflective and continuous learning linked to risk. It also feels very top-down and clunky rather than self-directed and transformational for practitioners. Most practitioners hasten to clock up the points so they can then concentrate on what is really important to them as clinicians. The points however should be a by-product (simple evidence) of learning, not the purpose.

Thought therefore needs to be given as to how CPD can be embedded into day-to-day clinical practice rather than as an add-on. For example reflective learning and improvement from daily practice should qualify under the scheme – it is there that practice can be improved and good practice based on reflective learning embedded. Teaching/learning and other leadership experiences should also qualify.

**9. Do you think that there is a risk that optometrists and dispensing opticians may be de-skilling i.e. losing their skills and knowledge in some areas of practice?**

Yes.

This is inevitable given the current varied, expanding and increasingly specialised nature of optical practice and the variation in the demography of patients they serve. However the risk is more than counter-balanced by the professional duty for optometrists and opticians to “recognise, and work within, [their] limits of competence” and “keep [their] knowledge and skills up to date” (GOC *Standards of Practice for Optometrists and Dispensing Opticians 2016*, Standard 6 and 5) and their general professionalism (e.g. GOC *Standards of Practice for Optometrists and Dispensing Opticians 2016*, Standard 1 “.... ensure that [patients] are at the heart of the decisions made about their care”). Optometry and optics are, by the GOC’s own assessment, low risk professions yet, notwithstanding this, optometrists and dispensing opticians are – rightly – conservative in clinical management. FODO is one of the major insurers in the optical sector and, in our experience, the issue of practising within competence is rarely, if ever, an issue in complaints or investigations.

**10. Are there any core areas of practice that optometrists and dispensing opticians should keep their skills and knowledge up to date in?**

Yes. Those that comprise their current individual scope of practice.

**11. To what extent do you agree or disagree with the following statements?**

- **The GOC’s current CET scheme intends to promote and embed a culture of lifelong learning and encourages registrants to reflect on their practice.**
- **The name of the current scheme, Continuing Education and Training (CET), helps to promote a culture of lifelong learning and reflection.**

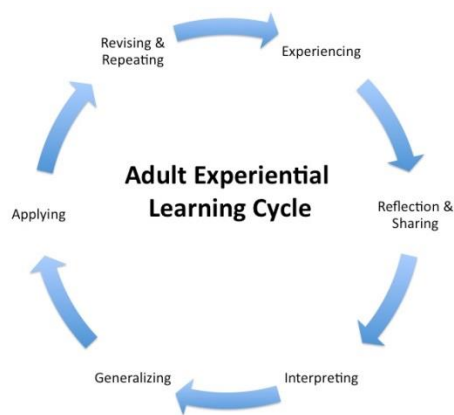
As we explained in our response to the GOC’s consultation on its Education Strategic Review<sup>1</sup>, the clinical professions have now engaged with and embraced the concept of continuing professional development (CPD) rather than Continuing Education and Training (CET) – the latter being more applicable to technical rather than clinical professions. As optometry and optics move up the skills ladder, moving to a wider CPD scheme which embraces more than simply qualification level competences, will more accurately reflect the clinical status of the professions. We support this change.

**12. There are a number of tools that registrants are currently able to use to help them reflect on their practice. Are these tools helpful?**

Yes. But only up to a point. Reflective learning statements should be a requirement of all CPD activity provided this is not translated into a mammoth reporting or technically complex exercise and thereby discourages registrants even further from engaging with the GOC system. Each CPD/CET block should be followed by simple feedback questions based on any one of the simpler learning cycles

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<sup>1</sup> FODO supplementary response to the GOC’s Strategic Education Review [ DATE] (Question 10)



such as

- What did I learn?
- How will this affect my current or future practice?
- Has it changed my practice?
- If yes, how? If not, why not? [These options should be value neutral]

The last two questions, which are crucially important parts of cycle, are currently undervalued and should also qualify for CET points to reinforce the point about reflective an ongoing learning i.e. CPD is a process, not an event.

### 13. Are there any barriers that could make it difficult for optometrists and dispensing opticians to reflect on their practice?

**A lack of guidance or support.**

Yes

**A lack of clarity around the concept of reflection and the benefits.**

Yes

**Fear of being open and honest about where improvements could be made.**

Yes

It is important to avoid deluging practitioners, employers or CET/CPD providers with written guidance. However some GOC leadership in this area would be welcome. Ideally this should be developed in partnership with the professional, representative bodies and insurers, and road-tested for effectiveness before launch.

As to fears about openness, recent and ongoing developments between the courts and regulators and the Williams Review should be helpful. GOC guidance should also make clear that

- high risk areas are precisely where personal (and sometimes sector-wide) reflection, insight and remediation are most needed
- these factors are always taken into consideration by the GOC when assessing patient safety and future risk
- registrants can seek help about any such issues from their employer or superintendent professional
- registrants can seek confidential help about any such issues from their representative bodies

- doing so is a sign of sound professional judgement, not a risk to the public, and as far as possible would not be unreasonably held against the practitioner who seeks help.

**14. What more could the GOC do to support registrants in embedding a culture of reflective practice?**

This should be a requirement of all CET/CPD activity and, ideally, clinical experience provided it is not realistic and proportionate, does not become a burden or discourage practitioners further from engaging.

## **Section 2: Views on the proposed changes to the CET scheme**

**15 To what extent do you agree or disagree with our proposed approach of giving optometrists and dispensing opticians more control over their learning and development?**

This approach is a positive step towards a scheme which works for registrants fulfilling a variety of roles and responsibilities in their working lives and should help promote high standards of service to patients.

A CPD scheme which recognises individual development plans and a broader range of activities will encourage practitioners to place greater value on their development, and to pursue higher levels of development/qualifications as appropriate to their scope of practice and clinical and professional ambition.

It will also create a scheme that is more meaningful to those who make an important contribution to the context of present and future patient care, but may not have direct patient contact – such as academics, trainers, optical product development and executives in optical business settings.

It will also help to overcome the risks inherent in the current CET scheme that practitioners see it as a tick box exercise.

**16 What are the benefits and challenges of moving towards this approach?**

Benefits please see our response to Question 15.

Challenges – For historical reasons and the previous technical approach to optometric (measuring eyes) and optical services, many existing registrants have limited understanding of the value of reflective practice or the principles of keeping a reflective record as it is not part of their training or to the episodic nature of their practice. Many still think in terms of individual patients not cohorts or populations.

During the transition to the new scheme it would be helpful if training about reflective practice and personal development plans, etc. could be encouraged through CET accreditation – e.g. perhaps a point for the uploading of PDP and another for completing the learning loop at the end of the year.

Early in 2019 we would like to see detailed information about the GOC's preferred process of maintaining and submitting records of development so the employers can help to prepare for the transition, and communicate to and support their employees.

One of the challenges will be to achieve an appropriate balance between complete individual flexibility and a degree of prescribed areas of learning. We appreciate some of the latter may be

necessary to protect the public from individuals who might become deskilled in some areas of practice. However, we feel that a move away from the very prescriptive detail of the core competencies is essential to enable the new scheme to achieve the aim of supporting lifelong learning rather than focusing on areas of practice which may no longer be relevant to all registrants. If this can be achieved then we would support the maintenance of some compulsory elements.

**17. If you are responding as an optometrist or dispensing optician, what is your experience of peer review and any benefits it has had on your practice?**

We are responding as a professional and representative organisation, the voice of suppliers of CET and CPD and a major sector insurer.

**18 To what extent do you agree or disagree that peer review should play a more central role in a scheme which aims to embed a concept of lifelong learning and reflection**

We are assuming that by 'peer review' the question includes registrant delivered cases and also simulated cases which are used for 'peer discussion' as defined in the current CET scheme.

We feel that the question is perhaps incorrect in implying a direct link of peer review with lifelong learning and reflection. Any modality of learning which is followed by reflection can contribute to lifelong learning and reflection.

However we do support the view that peer review/discussion (with some modifications) should play a central role, and would support a limited increase in the role of peer review – though a mix of modalities is essential to provide access for all registrants and to enable development. Peer review elicits and embeds existing knowledge – it is not the best vehicle for extending knowledge or developing/extending skills.

The strength of peer review/discussion is in supporting practitioners to recognise their limitations and areas of weakness in a 'safe' environment and at the same time provide information to enable them to bring their practice into line with current good practice.

We would encourage consideration of the following modifications to the present peer review/discussion modalities:

The current peer review model defines all registrants of a particular group as peers. If scope of practice continues to diverge as expected then there will be smaller groups with greater expertise in certain areas, whose learning from peer review would only be possible if three fellow 'experts' can be found. One example which illustrates this is the therapeutic optometrist specialist registrants, for whom finding appropriate accredited peer review has been problematic during cycle 4.

In order to overcome this and to remove an unnecessary and arbitrary constraint in the current modalities we would propose reducing the minimum number of participants.

- Discussion between 2 and 3 participants may perform a valuable peer review and would make achievement of the peer review requirement more realistic for geographically isolated, more specialist practitioners to access peer review
- Non-GOC registrants provide a useful contribution to the group, particularly as multidisciplinary practice becomes the norm. We would like to see accreditation for multidisciplinary peer review groups as long as the registrant can demonstrate learning outcomes relevant to their scope of practice. (See also response to Question 20 below)

Peer discussion groups facilitated by appropriate technology (video conference) should be approved. This will become increasingly important as roles diversify, to enable contact with peers with the right degrees of knowledge and practice.

A two-person coaching learning modality should also be included. Supported with appropriate learning resources this is a very powerful tool for reflective learning. Evidence of appropriate coaching experience would be expected from the coach.

**19 To what extent do you agree or disagree with the principle that the GOC should have the same CET requirements for all fully qualified optometrists and dispensing opticians, by introducing peer review for dispensing opticians?**

If the objective is to embed a culture of lifelong learning and reflection then there are several modes of learning which can fulfil this.

If the objective is to confront and overcome areas of practice which may cause harm to patients then we would agree peer review/discussion is a valuable modality for all registrants. The amount required should be proportionate to risk of harm.

DOs working in multidisciplinary teams would benefit more from discussion with other members of that team rather than DOs not working in the same areas – so ‘peer’ learning should accommodate participants from other practitioner groups.

**20 What impact and barriers, if any, would this policy have on dispensing opticians?**

Restrictions on the number and qualifications of the discussion group restrict access for DOs to such learning. Optometrists are often reluctant to ‘make up the numbers’ for a DO peer review.

**21 What impact, if any, will there be as a result of proposals for a one year transition period where registrants will still be expected to complete CET as outlined above?**

This will generally pose little difficulty. The exceptions would be registrants on maternity leave or with illness. However we do have concerns about rumours in the sector that the GOC’s Education Strategic Review, from which the new CET/CPD system was supposed to derive, may be delayed. If this were to be the case, we would query whether two transition years would be any better than another three year cycle. Either way the sector needs confirmation as early as possible so that registrants, employers and CET providers can plan ahead.

**22 How could the GOC best support stakeholders during the transition year and into a new scheme starting in January 2020?**

We would recommend that a major change of format of recording learning should be avoided. For example a transition to a portfolio system would be very difficult to implement successfully because few practitioners have any experience of this.

Our experience of introducing CPD elsewhere (eg Republic of Ireland) is that the benefits of a personalised development plan can be outweighed by the prescriptive nature of the recording system. Delegates spend more time worrying about maintaining their portfolio than focusing or reflecting on their learning.

Early warning of format for recording learning/reflection would be very beneficial to prepare registrants for the transition.

**23 Do you have any further comments you would like to add on any of the points raised in this consultation?**

Any implications of costs of the changes to the scheme eg for provider CET registration fees or registrant fees must be communicated as soon as possible early in 2019 in order for registrants, employers and providers to make plans.

FODO

6 September 2018