GOC response to our consultation on reforms to Continuing Professional Development

November 2026

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1. Executive summary

Background

1. The General Optical Council (GOC) regulates eye care services in the UK. We currently register around 35,000 optometrists, dispensing opticians, student optometrists, student dispensing opticians and optical businesses.

2. Continuing professional development (CPD) is a legal requirement for all fully qualified optometrists and dispensing opticians registered with the GOC, and one of our responsibilities is to administer the CPD scheme. CPD ensures that registrants maintain and develop their knowledge and skills to help ensure the safety and quality of care that their patients receive.

3. Our 2025-30 corporate strategy includes a commitment to "*Reforming our CPD system so that it focuses on the quality rather than quantity of professional development and supports the expanded clinical roles registrants will perform within service redesign*". The consultation document set out the drivers for change, including the expectation in the 10-year NHS Plan for England that professional regulators 'renew' their CPD systems.[1] The policy thinking that underpins the GOC's current system dates to 2018, so a review was timely to ensure that our approach meets government expectations, supports service redesign and aligns with good practice across professional services regulation.

4. Our vision for reform, which we set out in the consultation, is to modernise and scale back our CPD requirements towards a more flexible, less prescriptive system. Our proposals fell into three broad groups including:
   - Maximising opportunities for registrants to design their CPD approach
   - Giving business registrants a greater role to support registrants with CPD
   - Ending CPD provider approval and audit.

5. Some of the most significant proposals, such as ending the points system, would require changes to the CPD Rules 2021, which require parliamentary time. Other proposals could be implemented without changes to legislation and can be introduced for the beginning of the 2028-30 CPD cycle.

6. We consulted publicly for 12 weeks from 19 January 2026 to 19 April 2026. 165 written consultation responses were received from CPD providers, registrants, employers, the education sector, representative bodies and other stakeholders.

7. We also held several stakeholder events during the consultation period. Feedback received at these events is summarised at the start of each chapter.

[1] UK Government and NHS England, Fit for the Future: The 10 Year Health Plan for England, July 2025.

Summary of GOC response to consultation feedback

Changes requiring amendment to the CPD Rules 2021 – target January 2031

Maximising freedom for registrants to design their CPD approach

- End the points system and three-year cycles
- GOC indicative guidance on the amount, learning areas and types of activity with clarity on our approach to CPD record review and registration removal
- Registrants required to maintain a personal development plan
- Registrants to make a compliance declaration as part of registration renewal
- Registrants to maintain learning records for review purposes with approach to record keeping on GOC or personal IT systems to be determined later
- Independent assessors to review a sample of records against the guidance
- Registration could ultimately be removed if CPD records are assessed as inadequate with the final decision made by the Registrar, appealable to the Registration Appeals Committee:

Giving business registrants a greater role to support registrants with CPD

- None required

CPD providers

- End CPD provider approval to coincide with end of the points system

Changes for 2028-30 cycle – all possible within the CPD Rules 2021

Maximising freedom for registrants to design their CPD approach

- Consider reallocation of points for different activities focused on the overall burden of activity and incentives to support key sector priorities, such as increasing the pool of supervisors, teaching, post-registration qualifications
- Change from four to two mandatory learning domains focused on clinical practice and professional behaviours.
- Remove requirements that may be holding back use of self-directed CPD including the minimum amount of provider-led CPD and the need to write a reflective statement for each self-directed CPD event

Giving business registrants a greater role to support registrants with CPD

- Review the Standards for Optical Businesses
- Incorporate patient feedback within CPD guidance
- Proposal to give business registrants specific responsibility to ensure individual registrants have an up-to-date personal development plan is withdrawn

CPD providers

- Reduce the number of CPD events requiring approval before CPD providers can convert from provisionally approved to fully approved status
- Maintain standards for CPD providers
- Reduce number of CPD provider audits over 2028-30 cycle

Next steps

8. While we can make some changes to the CPD system before the 2028-30 cycle begins, major changes would require changes to the CPD Rules 2021 – this is secondary legislation. Although we are leading engagement with the sector through this consultation, responsibility for agreeing changes to legislation does not rest with us but with Parliament, and the pace and outcome of any changes will be determined by the UK Government. There will be further consultations on any changes to legislation, led either by the GOC and/or the UK Government.

9. Professional bodies, employers, CPD providers and others are key partners in the delivery of the CPD system, and it is important for our changes to command sector confidence. We are committed to working in partnership to refine and further develop our proposals, and more widely to support the process of culture change and a managed transition. We will set up a task and finish group, which will focus initially on changes that need to be introduced in January 2028.

10. Below is an outline timetable for work ahead of the 2028-30 CPD cycle.

Task	**Timetable**
Task and Finish Group	November 2026 to March 2027
Publish updated guidance	October 2027
2025-27 CPD cycle ends	31 December 2027
Council to consider evaluation of 2025-27 CPD cycle	June 2028

2. Introduction

Background to policy

11. This consultation sought views on modernising and scaling back our continuing professional development (CPD) requirements towards a more flexible and less prescriptive system. The detail and reasoning behind our proposals can be found in the Reforms to CPD consultation paper.

12. Our proposals fell into three groups (text reproduced from consultation paper):
    - **Maximising opportunities for registrants to design their CPD approach.** Moving away from a minimum points-based system and prescribed learning formats towards an outcomes-based approach that sets broad expectations for registrants. GOC would issue guidance on the amount, learning areas and types of CPD activity, but registrants would decide what activities to undertake. Registrants would still complete a Personal Development Plan and reflect on progress. They would keep records of their CPD, and we would review a sample of registrant CPD records annually against our guidance. Registration could be removed if CPD records are assessed as inadequate with opportunity for remediation and appeal. All registrants would make an annual compliance declaration during registration renewal to help underpin this system.
    - **Leveraging the role of business registrants.** Employers have a closer relationship with registrants than GOC, so are better placed to support them to identify and progress their learning and development needs. We would review the GOC's Standards for Optical Businesses to underpin this role. Businesses could have specific responsibilities in relation to certain key features of a revised scheme, such as checking Personal Development Plans are in place. Businesses would be encouraged to incorporate patient feedback as part of appraisals and similar systems.
    - **Ending CPD provider approval and audit.** GOC is the only healthcare regulator to approve and audit CPD providers and we consider this function is no longer necessary for public protection reasons. Registrant satisfaction with CPD provision is high and we consider market forces should be sufficient to ensure quality in the absence of GOC oversight.

13. Some aspects of the CPD system are prescribed in secondary legislation – the CPD Rules 2021. The consultation included proposals that would require amendments to these Rules, and we sought views on the timetable for such changes. We explained that we had alerted government to a possible need for legislative change but were working on the basis that parliamentary time will not be available before the 2028-30 cycle begins. However, we explained that there is scope to make improvements consistent with our vision for reform within the CPD Rules 2021 ahead of the 2028-30 cycle without legislative change.

Consultation process

14. Our consultation was open for 12 weeks from 19 January to 19 April 2026.

15. We received 165 written consultation responses from a range of stakeholders. These were made up of:

    - 41 dispensing opticians
    - 1 student dispensing optician
    - 68 optometrists
    - 9 contact lens dispensing opticians
    - 16 therapeutic prescribing optometrists
    - 8 professional bodies
    - 11 CPD providers
    - 2 education providers
    - 2 GOC business registrants, and
    - 4 “other” individuals.

16. The organisations who were willing to be identified were:

    - Association of British Dispensing Opticians (ABDO)
    - Association of Optometrists (AOP)
    - Bexley, Bromley and Greenwich Local Optical Committee
    - College of Optometrists
    - FODO – the Association for Eye Care Providers
    - Optometry Scotland
    - Optometry Wales

17. ABDO, the AOP, the College of Optometrists and FODO also submitted a joint response highlighting areas where they agreed.

18. We are grateful for all the feedback we received and have taken this into account in deciding our next steps.

Approach to producing this response

19. Responses were analysed in line with our consultation policy, which includes the following paragraph:

    “*We will remain guided by our governing principles, in particular the principle of protecting the public. We focus on the evidence and reasoning given in the consultation, making primarily qualitative analysis of the responses. Decisions will not be made on numbers alone. Rather, our decisions are made on the basis of the strength of the arguments put to us and our assessment of the evidence of the impact of our proposals. Consultation is not a vote and we do not devise any artificial weighting of responses from optometrists, dispensing opticians, patients or any other stakeholder group. Where appropriate, we are*

likely to give more weight to feedback from optical sector bodies representing significant numbers of our registrants than individuals."

20. Respondents were encouraged to provide comments throughout the consultation, and we reviewed every comment received. Any comments that have been included are produced verbatim, although we have made minor corrections to spelling and/or grammatical errors where obvious.

21. We have only included comments where the respondent has consented to their response being published (either alongside their organisation name or anonymously). It is our practice not to include the names of individual respondents, even where they have given their consent for us to publish their response.

Stakeholder engagement

22. As part of our consultation approach, we held events with stakeholders during the 12-week consultation period. Feedback from these events is included in relevant sections of the report below. We also held discussions with patient representative groups.

Advisory Panel

23. We discussed the proposals with our Advisory Panel, which is made up of four statutory committees: Companies Committee, Education Committee, Registration Committee and Standards Committee. Their role is to give advice and assistance to our Council.

3. Findings relating to maximising opportunities for registrants to design their CPD approach

Summary of feedback from stakeholder consultation events

24. Across the consultation events, participants broadly supported the intention to move away from a points-based CPD model, seeing potential benefits in a more flexible and reflective approach to professional learning. Many felt the current system can encourage a “tick-box” mentality, where registrants focus on accumulating points rather than identifying and meeting genuine learning needs. At the same time, there was a strong message that flexibility should not come at the expense of clarity. Stakeholders stressed that registrants need clear expectations, guidance and a visible framework so that requirements remain understandable and consistent across different roles and settings.

25. A recurring concern was that removing points altogether could weaken accountability and reduce engagement, particularly for registrants who are less confident in planning their own development or who may otherwise leave learning until the end of the cycle. Many stakeholders therefore favoured retaining some form of minimum requirement or baseline expectation, whether expressed through hours, annual activity expectations or another measurable threshold. Participants also highlighted that any future model should still ensure fairness and consistency, with clear ways to evidence learning, support audit processes and maintain confidence that all registrants are meeting appropriate professional standards.

26. Stakeholders emphasised that CPD should be driven by individual learning objectives and tailored to scope of practice, recognising that meaningful development will differ across professional settings. However, they noted practical challenges in making this work, including the availability of suitable learning opportunities, uncertainty about what could count as self-directed learning, and concerns that the proposed changes could simply replace one form of administrative recording with another. Overall, the feedback suggested cautious support for reform, but with a clear expectation that any transition should be gradual, well-communicated and accompanied by strong guidance to help registrants adapt to a new system confidently and effectively.

Summary of consultation feedback

27. A summary of written feedback received from respondents to the consultation in respect of each question asked in relation to maximising opportunities for registrants to design their CPD approach follows.

Changes requiring legislative reform

28. Questions 1 to 9 asked for views on proposals that would require amendments to the CPD Rules 2021 and therefore would not be possible to implement before the start of the 2028-20 CPD cycle.

Agreement with our objectives for the review (Question 1)

Q1 Do you agree with our objectives for the review?	Overall	Individuals	Organisations
Yes	51.2%	45.2%	84.0%
No	20.0%	20.7%	16.0%
Not sure	28.8%	34.1%	0.0%

29. Responses were broadly supportive of the GOC's direction of travel to modernise CPD and move the emphasis away from the quantity of CPD required towards quality, relevance, and outcomes. However, some respondents cautioned that reforms must retain sufficient structure and assurance to protect patients, maintain consistent standards, and avoid unintended consequences such as inequities or cost-shifting. In its response, the College of Optometrists called for an evolution of the current framework rather than a wholesale restructuring.

30. In a joint response, the four UK sector bodies suggested the following principles should be embedded in the proposed new system of CPD: maintain public protection; provide a framework that gives sufficient clarity for registrants; be evidence-based; be based on a full assessment of the impacts; and be capable of consistent application across the sector. While understanding and supporting the ambition to move towards a more outcome-focused approach to CPD that empowers registrants, they highlighted that successfully navigating this transition will involve substantial change over a significant period, including major cultural change. Therefore, they encourage GOC to work closely with them, as the main sector bodies, during this period of change and to establish effective mechanisms to support this collaboration.

31. There was concern that the proposed reforms were too vague, with insufficient detail about what would replace the points system. Some respondents felt the reforms seemed more focused on reducing costs and regulatory burden than on improving professional standards or public protection.

32. Stakeholders indicated support for:

- More flexible and less prescriptive CPD that supports learning tailored to the development needs and scope of practice of optical professionals
- Outcomes-focused learning to reduce compliance and "tick-box" behaviour and encourage more meaningful learning and development
- Recognition of diverse career pathways, including non-clinical roles (for example, in education, leadership, research, industry/manufacturing etc.)
- Support for workforce transformation and evolving models of care across the four nations, including enhanced clinical skills for expanding community eye care, urgent eye care pathways, integrated pathways, digital/remote care, and emerging AI-supported tools

- Reducing unnecessary regulation cost and burden, although cautioned this should explicitly include business registrants and CPD providers.

33. A recurring theme was conditional support for the proposals. Concerns raised by stakeholders included:

    - Public protection needs to be explicit – some considered the consultation objectives insufficiently clear on how the proposed reforms will continue to protect the public and maintain high standards as clinical roles expand
    - Loss of structure and reduced engagement – moving too far towards open-ended, self-determined learning could reduce attendance at structured CPD courses, weaken collaboration, and erode shared standards underpinning safe care
    - Loss of focus on core competence – while recognising that supporting diverse career trajectories was important, CPD should focus on maintaining and enhancing competence as a registrant
    - Equity impacts – a less structured system may widen inequalities which could affect practitioners in rural and remote settings and small practices with limited infrastructure. Respondents called for design for inclusivity and fairness, ensuring the framework works across different employment models and settings
    - Risk of cost and responsibility transfer – oversight costs could transfer from the GOC to employers, with clarity requested on who bears new responsibilities in a reformed system
    - Evidence base and impact assessment – there were calls for a more comprehensive and transparent impact assessment
    - Change fatigue and implementation practicality – some respondents noted substantial recent changes with limited time for systems to bed in, potential disruption and that reforms to the CPD system should remain practical, straightforward and better in operation than the current approach.

34. A sample of the comments we received are in the box below.

"We agree with the proposed shift of focus from the quantity to the quality of CPD undertaken by registrants. We also agree that the system should be less prescriptive and more flexible in line with other health professions." (AOP)

"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." (FODO)

"We need to know what the costs of compliance are – there could be far better, more economical ways of doing this than restructuring the whole system. We believe that these current proposals will lead to an increase in fitness to

practice cases and so would just transfer costs rather than save money." (The College of Optometrists)

"We agree that CPD requirements should fit with diverse career pathways. However, there is a need to define boundaries where registrants' careers cross over into different professions or areas not under the regulation of the GOC. For example, a GOC registrant who has chosen to undertake a career in education will still need to complete CPD to fulfil the GOC requirements to be considered safe to remain on the register." (ABDO)

"We support the GOC's intention to modernise CPD and reduce unnecessary administrative burden. However, a complete shift towards open ended self-determined learning risks reducing engagement in structured education. Clear expectations are needed to ensure the profession continues to benefit from consistent, high-quality learning." (CPD Provider)

"We consider that the stated objectives would benefit from a clearer and more explicit emphasis on public protection. As registrants take on increasingly complex clinical responsibilities, CPD remains a core regulatory mechanism to ensure that professionals are safe to practise. Any reforms must therefore be grounded in maintaining consistent standards of care and public confidence in the profession." (Optometry Scotland)

GOC response - Agreement with our objectives for the review

35. We welcome broad support for our objectives for the review to create a more flexible, outcomes-focused system that recognises diverse career pathways and supports workforce transformation aligned to service redesign.

36. In line with our legislation, we can reassure stakeholders that our review is rooted in our overarching public protection statutory objective. We agree with the four main UK sector bodies that any new system should also give sufficient clarity for registrants, be evidence-based, be based on a full assessment of the impacts, and be capable of consistent application across the sector.

37. We appreciate why some stakeholders wanted more detail on how a future scheme would work but this consultation was based on a first principles review of the CPD system focusing on key design principles and high-level system architecture. When we have clarity from government on timetable for changes to the CPD Rules 2021, detailed planning can begin. We do not underestimate the culture change required and are committed to working collaboratively with the four main UK sector bodies and others to co-create proposals and support a managed transition. We intend to create a task and finish group as the main mechanism for this purpose, which will focus initially on changes for the 2028-30 cycle. Changes to the CPD Rules 2021 will require public consultation.

38. We agree the CPD system needs to ensure registrants maintain the core requirements for remaining safe to practise. It should be possible to deliver this while supporting diverse career pathways and expanding scopes of practice.

39. We welcome feedback about more strongly reflecting design for inclusivity and fairness within the review objectives. Responses throughout the consultation highlight the advantages and disadvantages of the various options for registrants depending on their specific needs and operating environment. The responses have informed an updated impact assessment but overall, we consider a more flexible approach to CPD to be fairer and more inclusive because it can adapt to the diverse needs and circumstances of registrants.

40. Some stakeholders used this section of the consultation to comment on the merits of specific proposals for change. These comments reflect choices that occur across our proposals where stakeholders had differing views, such as balancing flexibility and prescription. A recurring theme was the conditional nature of support for our proposals. Therefore, rather than respond to these specific points here, we consider them under the relevant questions below.

Moving away from a points system (Question 2)

Q2 Do you agree that we should move away from a points system?	Overall	Individuals	Organisations
Yes	37.7%	35.3%	50.0%
No	44.0%	47.4%	26.9%
Not sure	18.2%	17.3%	23.1%

41. The data indicates split views with organisations more supportive of moving away from a points system than individual responses.

42. Our consultation policy states that "*where appropriate, we are likely to give more weight to feedback from optical sector bodies representing significant numbers of our registrants than individuals".* Of the UK-wide sector bodies, ABDO, AOP and FODO supported moving away from a points system. Optometry Scotland and Optometry Wales also took this position. The AOP's position was informed by a member survey which received 752 responses.

43. The College of Optometrists was the only sector body which answered 'no' to this question, on the basis that "*a structured, objective, and accountable CPD framework must remain in place until a profession-wide cultural shift has been achieved*". On its estimate, such a shift could take five to seven years.

44. Those supporting moving away from a points system supported a more outcomes-focused and needs-led approach that reduces "tick-box" behaviour. This support was conditional on being accompanied with clear guidance and

benchmarks with safeguards to maintain consistency, interactive learning, and assurance of competence. Without these, many foresaw reduced engagement and increased variability, with potential consequences for public protection.

45. Respondents supporting retaining the points system cited its clarity, structure, and ease of understanding. Many felt it provides a clear and measurable framework for tracking progress and ensuring all registrants meet a minimum standard of professional development. A recurring concern was that removing the points system would lead to inconsistency, reduced accountability, and a risk that some registrants would do little or no CPD unless compelled.

46. Concerns highlighted about moving away from a points system included:

- Removing points without an alternative benchmark creates uncertainty about what “sufficient CPD” means for registrants, employers, providers, and auditors.
- An over-reliance on self-directed learning could result in less interactive learning, fewer peer-to-peer opportunities (e.g. peer review, case-based discussion), and more inconsistent portfolios.
- Risk of reduced engagement and lower quality CPD – the consultation feedback cited experience in other professions where loosening requirements reduced attendance at formal CPD, peer learning, and professional networking.
- Readiness and culture change – a recurring view was that the profession is not yet uniformly prepared for a less prescriptive model; some argued a multi-year transition (with investment and guidance) is required.
- An administrative burden shift for organisations embedding CPD into appraisal and governance may disproportionately affect smaller practices.

47. Several conditions to support moving away from a points system were cited in the responses and included:

- Publishing clear guidance on the expected volume of CPD, acceptable types of activities, and recording requirements to support consistency in audits and reviews.
- Retaining a quantitative indicator if points are removed to preserve a baseline benchmark.
- Setting minimum expectations for interactive learning (e.g. peer review, workshops, case-based learning) to protect against overly solitary/self-directed portfolios.
- A diversity and balance across learning types (structured and self-directed), linked to scope of practice and PDP objectives.
- Introducing proportionate assurance mechanisms to maintain standards and public confidence.
- Phasing implementation with transitional support, recognising this is a significant system and culture change.

48. A sample of the comments we received are in the box below.

"We agree that a points system creates an unnecessary culture of box-ticking which goes against the purpose of continuing professional development for healthcare professionals, and stifles expansion of scope of practice and the development of clinical expertise. Moving away from the points system will enable registrants' lifelong learning to become outcomes-focused, which is in line with best practice CPD for healthcare professionals. Additionally, this will help registrants to develop and undertake meaningful professional development plans.

However, we believe that it will take some time for the sector as a whole to make the cultural shift necessary for the majority of registrants to be able to autonomously fulfil their necessary CPD requirements, thus enabling them to be safe and developing healthcare practitioners, outside of the familiarity of the points-based system." (ABDO)

"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." (FODO)

"The points system can create perverse incentives, where registrants prioritise activities that maximise point value rather than those most relevant to their PDP, scope of practice or service needs. For example, activities that attract higher points often generate stronger demand regardless of their practical relevance, while more in depth or longer term learning – such as post registration qualifications or specialist development – may be comparatively undervalued despite delivering greater benefit to competence and patient care...

We therefore support the consultation's conclusion that a points system is a poor proxy for competence and does not reliably demonstrate whether registrants are maintaining and developing their skills in a way that benefits patients or services." (CPD Provider)

"While an outcomes focused approach is welcomed, the points system currently provides a clear, consistent benchmark for the expected volume of CPD. Removing it entirely risks creating variability and uncertainty around what constitutes sufficient learning. If a move away from a points system was considered then it is likely a different measure would need to be used, e.g.

hours of learning. Whatever measure is used to quantify CPD there are inherent limitations." (Education provider)

"I do not agree that the points system should be removed. While it may not be perfect, it provides a clear and measurable framework that ensures registrants undertake a minimum level of professional development. Removing it risks creating inconsistency in how much CPD registrants complete and may reduce accountability." (Therapeutic Prescribing Optometrist)

"The current evidence base tells a clear story: a significant proportion of registrants complete the majority of their CPD activity in the weeks immediately before the deadline. This is not a failure of the points system, it is a signal that the profession has not yet developed the self-assessment skills, professional confidence, or cultural relationship with CPD that a less structured framework would require.

Removing the framework before that foundation is in place risks a measurable decline in CPD quality and engagement, with foreseeable consequences for patient safety and fitness to practise." (The College of Optometrists)

GOC response – Moving away from a points system

49. The responses to this question rehearsed many of the arguments for and against points systems highlighted in the consultation paper. Those supporting moving away from points pointed to it promoting a box-ticking culture which is fundamentally at odds with being a trusted healthcare professional, creation of perverse incentives, and the benefits of an outcomes-focused approach given the diversity of professional careers and expanding scopes of practice. Alternatively, those wishing to retain a points system stressed the benefits of clarity and guaranteeing a minimum level of CPD is undertaken by all.

50. While responses across respondents were quite evenly split, five of the six sector bodies answering this question representing dispensing opticians, optometrists and businesses indicated conditional support for moving away from a points system. While the College of Optometrists disagreed, this was partly based on its view that a culture shift was first needed, which it estimated could take five to seven years. The sentiment that the sector is not ready now, but it is a desirable ambition for the future, was a theme in several responses.

51. Government has indicated that change to the GOC's legislation will not happen in the current parliament. Given the timing of the three-year CPD cycles, it will be 2031 at the earliest before the points system could be ended. We agree that culture change, greater confidence and skills development in self-directed learning is needed. By 2031, the current CPD system will have operated for nearly a decade, and we are optimistic that with focused effort and sector-wide collaboration, the required culture shift can be achieved by then.

52. We recognise that support for moving away from a points system is conditional upon guidance and assurance mechanisms being co-created with sector bodies. We do not see removal of a points system as requiring a binary choice between a free-for-all and a tightly prescribed system. Equally, we are mindful of not replacing the current system with a different prescriptive model that could repeat existing flaws and be less transparent.

53. The challenge is to strike the right balance which maximises opportunities for registrants to design their CPD approach while maintaining the minimum requirements necessary for public protection. The following sections of this document consider consultation feedback on individual elements of the CPD system covered in later questions and our position on each.

Issuing guidance on the amount, areas and types of learning rather than setting specific requirements (Question 3)

Q3 Do you agree that we should issue guidance on the amount, areas and types of learning rather than set specific requirements?	Overall	Individuals	Organisations
Yes	59.2%	55.3%	80.0%
No	26.7%	29.5%	12.0%
Not sure	14.0%	15.1%	8.0%

54. There was broad support for moving away from setting specific requirements towards issuing guidance on the amount, areas and types of learning. Respondents stressed guidance must be clear and structured, and that some baseline minimum expectations (like interactive and peer learning) should be retained to protect consistency, patient safety, and public confidence.

55. Key themes raised include:

- Clarity and specificity are essential – guidance must not be vague and should include practical examples, measurable criteria, and a clear description of what “sufficient CPD” looks like in practice.
- Auditability and evidence expectations – there were calls for explicit guidance on what evidence will be required for audit/record review, how submissions will be assessed, and how to record informal/workplace learning and reflective practice.
- Flexibility, but within a framework – a guidance-led approach is seen as better able to reflect different scopes of practice, roles (clinical, leadership, education) and evolving services, while still requiring a coherent framework to avoid wide variation in quality.
- Maintain alignment to standards and/or domains – some responses value learning domains and/or continued alignment to the GOC Standards of Practice to keep core competence in view and prevent over-specialisation.

- Minimum expectations may still be needed – guidance alone may not sustain engagement or consistency; some advocate minimum standards, especially for interactive learning and planned learning via a PDP.

56. A concern about the guidance addressing the amount of CPD was that any indicative hours/volume could become a de-facto minimum and recreate a compliance or "tick-box" culture. In its response, FODO noted that replacing the points system with guidance about the amount of CPD risks undermining the GOC's intention to implement a more outcomes-based model. Others argued that registrants need clearer expectations about minimum activity over a cycle to support consistent engagement across different working patterns.

57. Some practical suggestions and conditions raised in the responses include:

- Providing examples of acceptable activities and evidence (including informal and workplace-based learning), plus practical advice on reflection and portfolio recording.
- Piloting guidance and enabling peer/self-assessment in a "safe to fail" environment to reduce anxiety about "getting it wrong".
- Keeping peer review as a core or mandated element.
- Recognising a wider range of valuable activities which may include educating others, participation in projects and committees, leadership learning (including relevant non-clinical leadership experience) and service improvement.
- Explicitly recognising different individual circumstances with tailored guidance for registrants taking breaks (e.g. maternity, childcare, illness, sabbaticals), new registrants joining mid-cycle, part-time workers, locums, and portfolio careers).

58. There was appetite for GOC to develop and refine guidance in partnership with professional bodies, employers, and CPD providers.

59. A sample of the comments we received are in the box below:

"We believe that including some specific requirements will enable a more robust CPD scheme that is fit for purpose and supports the role of the GOC in the protection of patients. There is still a need to provide a framework for the scheme to ensure that registrants are fit to practise in their professions, whatever their current working circumstances. A specific-requirement structure is seen across the majority of other UK healthcare regulators to varying degrees.

The current alignment of CPD learning outcomes with the GOC Standards of Practice for Optometrists and Dispensing Opticians ('the Standards of Practice') and the Learning Domains, provides a reasoned framework which supports registrants in understanding if the learning they are undertaking, or looking to undertake, is relevant to their professional registration with the GOC. We suggest keeping an alignment of 'learning areas' with the Standards of

Practice to enable registrants to focus their learning, even if redesign of the learning domains takes place." (ABDO)

"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." (FODO)

"Guidance needs to be specific and measurable, itemising / describing fully clear criteria against which registrants will be assessed and what constitutes adequacy / inadequacy. This requires transparent piloting to enable the maximum number of registrants to engage in peer- and self-assessment in an environment providing safety to fail. Current barriers to self-directed learning stem not from GOC restrictions but from fear of "getting it wrong"" (College of Optometrists)

GOC response – Issuing guidance on the amount, areas and types of learning rather than setting specific requirements

60. We welcome broad support for issuing guidance on the amount, areas and types of learning rather than setting specific requirements.

61. A theme from the consultation events, which recurred in written responses, was that flexibility should not come at the expense of clarity, and that registrants need clear expectations, guidance and a visible framework. Therefore, in the absence of a points system, guidance will be very important. One purpose of such guidance will be to explain what GOC will look for when reviewing CPD records and the circumstances that could lead to removal from the register. Guidance can also support registrants by suggesting norms, detailing good practice and providing practical resources like templates.

62. We understand why some stakeholders would prefer us to retain specific requirements such as peer review. We see peer review as important and wish to encourage continued use of this and other types of learning. However, the reality of mandating specific requirements is the serious consequences for the registrant if they are not met. Under the current system, if registrants achieve their required points but do not meet a single mandatory requirement like peer review, they face removal from the register. We wish to shift from a punitive to a supportive CPD culture. Moving away from a points system yet removing registration for failure to do specific types of learning would seem contradictory, disproportionate and not outcomes focused.

63. The purpose of this consultation is to resolve first order questions such as whether to retain the points system and replace this with guidance. As stated under Question 2, we plan to co-create guidance with sector bodies. Sector bodies also have an important role in supporting registrants directly by developing their own resources, as they do successfully now.

Guidance specifying 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 (Question 4)

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?]	Overall	Individuals	Organisations
Sufficient CPD	34.6%	34.3%	36.0%
Notional minimum amount	27.2%	28.5%	20.0%
Both	25.9%	24.1%	36.0%
Neither	6.2%	6.6%	4.0%
Not sure	6.2%	6.6%	4.0%

64. Once again, the responses revealed a tension between wanting flexibility to avoid a box-ticking culture and providing clarity, assurance and consistency. Some respondents were concerned that the concept of “sufficient CPD” is too vague and open to interpretation, potentially leading to inconsistency and unfairness. Some others criticised the use of time-based measures arguing that people learn at different rates, and that hours do not necessarily reflect learning or competence. Responses highlighted concerns about the impact of minimum hours on those with caring responsibilities, part-time workers, or those on leave. Some highlighted the practical difficulties with regulating or recording hours, especially for self-organised activities.

65. Those supporting “sufficient CPD” want strong, practical guidance describing how to demonstrate sufficiency alongside clear criteria, with examples of acceptable portfolios, expectations for regular engagement across the cycle, and explicit links to scope of practice, PDP, reflection, and outcomes/impact. They viewed volume-based measures as a poor proxy for competence.

66. Those supporting a “notional minimum” (hours/benchmark) want a baseline to ensure everyone does some CPD, to support fairness and reduce subjectivity in reviews; often suggesting indicative hours aligned to current point values, plus minimum expectations for interactive learning and ongoing planning/reflection.

67. Those supporting a hybrid approach (i.e. “Both”) want an overarching outcomes-based principle plus indicative benchmarking or ranges used for guidance. This

would help registrant to self-assess and support employers and reviewers, while avoiding rigidity. For example, the Association of Optometrists favoured guidance that sets out a clear, indicative range or level of activity for most registrants, alongside expectations around reflection.

68. Across responses there was appetite for guidance that is practical, example-led and audit-ready. If an indicative benchmark is used, respondents emphasised careful wording (e.g., range or illustrative examples rather than a single figure) to prevent a compliance target culture while still supporting consistency, fairness and public assurance.

69. A sample of the comments we received are in the box below:

"We do not think it is adequate for guidance to state only that registrants should undertake "sufficient" CPD, as this is likely to increase anxiety about potential audits as well as be interpreted inconsistently across the sector. Cross-sector discussion about these proposals highlighted that, while there is support for moving away from a points-based system, there remains a need for some shared understanding of the expected level of engagement with CPD.

Rather than specifying a fixed minimum number of hours, we would favour guidance that sets out a clear, indicative range or level of activity for most registrants, alongside expectations around reflection, relevance to scope of practice and the impact of learning; this would provide greater clarity and consistency without recreating a rigid, points-based approach." (Association of Optometrists)

"The concept of "sufficient CPD" is too vague and open to interpretation. Without a defined minimum expectation, registrants may interpret the requirement very differently, leading to wide variation in professional development. A notional minimum amount of CPD would provide clarity and consistency while still allowing flexibility for registrants to choose activities relevant to their practice." (Therapeutic Prescribing Optometrist)

"We strongly feel that the GOC should require a notional minimum amount of CPD activity to be carried out by registrants within a specified timeframe (e.g. annually). We believe this should be specified either in a minimum number of hours or through setting expectations of regular activity, and include a minimum requirement for learning with others/interactive CPD. This should also continue to include a mandatory peer review as well as include a requirement for a PDP to be maintained and reflection to be conducted." (ABDO)

"We are concerned that introducing a notional minimum amount for all CPD activity, even if described as indicative, would be counterproductive. As highlighted in the consultation, such benchmarks are likely to be interpreted

as a de facto minimum, recreating a compliance driven culture and undermining the shift towards professional judgement and accountability that the GOC is seeking to promote. This risks registrants focusing once again on meeting a numerical target rather than undertaking learning that is most relevant to their role, scope and development needs." (CPD Provider)

GOC Response - Guidance specifying 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

70. Responses to this question revealed the same tension as in earlier questions between the balance between flexibility and prescription. As such, our response is consistent with our position on earlier questions.

71. We see no value in replacing a system based on required minimum points with one based on required minimum hours. As stakeholders highlight, this would replicate the issues with the existing system and hours-based systems could introduce additional equality, diversity and inclusion risks.

72. As stated previously, guidance can support registrants by suggesting norms, detailing good practice and providing practical resources like templates. We see potential merit in the AOP's suggestion that guidance contains an indicative range or level of activity for most registrants to provide greater clarity and consistency without recreating a rigid, points-based approach. However, indicative ranges would, by definition, be a guide, not minimum requirements. The guidance will also explain what GOC will look for when reviewing CPD records and the circumstances that could lead to removal from the register.

Requiring registrants to make a personal development plan (PDP) and reflect on progress as part of appraisals and similar mechanisms (Question 5)

Q5 Should registrants be required to make a personal development plan and reflect on progress as part of appraisals and similar mechanisms?	Overall	Individuals	Organisations
Yes	31.9%	27.7%	53.8%
No	52.8%	58.4%	23.1%
Not sure	15.3%	13.9%	23.1%

73. The data indicates the differing responses of individuals and organisations so our consultation policy giving more weight to sector bodies is relevant here.

74. Where some respondents answered no to this question, they supported the need for PDPs and reflection in principle but were concerned about linking this to appraisals due to wider concerns about the role of employers. These wider

concerns are detailed under Questions 14 to 17, but in brief, included lack of access to appraisals for some registrants and risks around introducing undue commercial influence into registrants' learning and development.

75. Many respondents suggested that PDPs are inflexible, time-consuming, and often become a "tick box" or "box-filling" exercise with little practical value. Instead, they considered professionals should be trusted to manage their own learning without mandatory PDPs. There was concern that PDPs and reflection statements are not inclusive for all learning styles and may disadvantage those who struggle with written reflection or self-appraisal, including neurodivergent registrants. Some felt that PDPs are more useful for early-career professionals but should be optional for experienced practitioners.

76. Those respondents who saw value in PDPs and reflective practice argued they encourage purposeful, relevant CPD and critical thinking. Some suggested improvements, such as clearer guidance, templates, or making the process easier on the GOC's MyCPD platform.

77. Overall, common themes were a desire for greater flexibility, simplicity, and trust in professionals' ability to direct their own learning, with many questioning the effectiveness and practicality of mandatory PDPs in their current form.

78. A sample of the comments we received are in the box below:

"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." (FODO)

"We agree that personal development planning and reflection on progress should form an important part of an outcomes-based CPD system. Cross-

sector discussion strongly supported reflective practice as essential to meaningful learning and to linking CPD with improvements in practice.

We also consider that requiring registrants to maintain a personal development plan and reflect on progress could be valuable." (Association of Optometrists)

"Expecting all registrants to independently produce high quality PDPs risks creating wide variation in the quality, rigour and usefulness of these documents.

Therefore, we recommend that if PDPs are to remain mandatory, the GOC should:
• Provide a standardised PDP template, guidance and exemplars accessible to all registrants.
• Offer clear direction for registrants without an employer, ensuring they are not disadvantaged compared to those supported by corporate governance teams.
• Consider a "best practice" rather than "mandatory" approach for employers, recognising the differing capacities of multiples, independents and provider organisations." (CPD Provider)

"A requirement that is too closely tied to employer-led appraisal systems risks creating inconsistency and may disadvantage parts of the workforce.

We therefore support an approach where:
• registrants are required to undertake development planning and reflection
• this can be achieved through a range of mechanisms, not limited to formal appraisals
• the emphasis is on meaningful engagement rather than a prescribed format

It is also important that expectations remain proportionate and do not introduce unnecessary administrative burden. Development planning and reflection should support professional practice rather than becoming a compliance exercise." (Optometry Scotland)

GOC response – Requiring registrants to make a personal development plan (PDP) and reflect on progress as part of appraisals and similar mechanisms

79. Planning and reflection are critical features of the current system, which we see as vital steps to maintaining standards. If the points system ends, retaining mechanisms for planning and reflection would provide important assurance that registrants are engaging meaningfully with CPD. Therefore, we will retain the requirement for registrants to make a PDP.

80. A standardised PDP template was introduced at the start of the 2025-27 cycle. We plan to build on this approach supported by practical guidance.

81. We recognise that not all registrants can access appraisals so the guidance will cover various ways that reflection could be demonstrated, for example through a section on the PDP template. We agree there is scope to develop a best practice rather than mandatory approach for employers, recognising the differing capacities of multiples, independents, and provider organisations.

Requiring registrants 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 (Question 6)

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?	Overall	Individuals	Organisations
Yes	68.5%	64.7%	88.5%
No	21.0%	22.8%	11.5%
Not sure	10.5%	12.5%	0.0%

82. Some viewed the declaration as a proportionate mechanism that would reinforce professional accountability provided it is underpinned by clear guidance and credible audit systems. Cited benefits included promoting continuous learning via a regular prompt to reflect on learning, reinforcing personal responsibility and professionalism, keeping competencies current and evidencing them, supporting a lighter-touch approach by avoiding overly prescriptive requirements, and aligning with approaches used by some other regulators.

83. A recurring concern was a lack of clarity around what constitutes "sufficient learning" or competence, with calls for clearer definitions and guidance to avoid inconsistent interpretation. Some suggested providing templates or specific methods for record-keeping.

84. The minority of responses against this proposal said it risked becoming a meaningless "tick box" exercise or formality, especially without objective criteria or oversight. Some advocated for continued or increased auditing and oversight to ensure honesty and compliance.

85. Some responses noted the risk of registrants inadvertently making false declarations if requirements are unclear. Suggested mitigations included explicitly referencing relevant professional standards and the seriousness of dishonest declarations to strengthen deterrence and understanding.

86. A sample of the comments we received are in the box below:

"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." (FODO)

"This approach promotes professional responsibility and reduces administrative burden. However, it must be supported by clear definitions, and robust guidance to avoid inconsistency. Additionally, as previously discussed, without a benchmark, there is a risk of significant variation in engagement and quality." (Education Provider)

"The proposed requirement for registrants to maintain their own learning records which should be available for review upon request is a positive move to reduce administrative burden. Annual declaration at time of registration renewal maintains compliance whilst signaling trust.

Although the proposals suggest an annual declaration model supported by sample audits, it does not clarify whether businesses would share any compliance obligations or consequences in such cases. This lack of clarity risks creating uncertainty for employers about their responsibilities and potential liabilities under the proposed reforms." (Optometry Wales)

"It is insufficient to make a declaration when optometrists are already saying they comply with the standards in making their application. Focus should be in keeping the system honest and robust – sampling audits is inadequate for this.

We feel that focused audits should be implemented based on outcomes from (anonymous) peer reviews.

The GOC needs to be very clear of what constitutes "sufficient learning" to those registrants who say they meet the expectations and to define what those expectations are. A mechanism will also need to be in place for those who report that they comply and do not meet the requirements as they could be viewed as lying which is a very serious FtP situation." (The College of Optometrists)

GOC response – Requiring registrants 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

87. We were pleased to see strong support for this proposal and will proceed on this basis. The declaration will sit alongside other assurance mechanisms including CPD record review. The wording of the declaration will reflect other decisions about the CPD scheme and will be developed at a later stage.

88. In answer to the query by Optometry Wales, the declaration is the individual registrant's responsibility and would not have implications for businesses.

Requiring registrants to maintain records of CPD activity on GOC IT systems or keep their own records (Question 7)

Q7 Should registrants be required to maintain records of CPD activity on GOC IT systems or be able to keep their own records?	Overall	Individuals	Organisations
GOC systems	52.2%	55.5%	33.3%
Choose GOC systems or own records	38.5%	34.3%	62.5%
Own records only	9.3%	10.2%	4.2%

89. Many respondents favoured a centralised system for recording CPD using the GOC's own platform, citing consistency, transparency, ease of audit, and regulatory oversight as key benefits. Some respondents mentioned that a centralised approach is simpler, reduces the risk of lost records, and ensures everyone is following the same process. However, some noted that the GOC's current system is not user-friendly and could be improved, and there were calls for templates or improvements to make the process easier.

90. There was also support for an approach where registrants can choose to record CPD using the GOC system, an employer/professional body platform, or their own records, provided records are robust enough for audit. Avoiding unnecessary duplication was another theme raised where registrants already use established systems (e.g. workplace learning platforms) and to reduce administrative burden that could undermine engagement.

91. A sample of the comments we received are in the box below:

The key requirement should be that records are sufficiently robust to support audit and demonstrate reflection and learning outcomes, rather than prescribing the system in which they are held." (Association of Optometrists)

"Allowing registrants to select their preferred system for recording CPD supports flexibility and, for some registrants, may reduce administrative burden. However,

where registrants do not have access to alternative approved software or platforms, for example locums or those working within small businesses, the GOC IT system should be retained to ensure equitable access. This will help ensure that increased flexibility does not inadvertently disadvantage certain groups of registrants." (Optometry Wales)

"Maintaining records within a centralised GOC system would ensure consistency, transparency, and ease of review. Allowing registrants to keep their own records may create variation in record quality and make the review process more complex and less reliable. A centralised system also supports regulatory oversight and helps ensure that records are maintained in a consistent format." (Therapeutic Prescribing Optometrist)

"We feel registrants should maintain their own CPD records rather than being required to record their CPD activity on GOC systems. This sits better with the move towards encouraging registrants to plan, reflect and evidence their CPD as a regulated healthcare professional.

Some registrants already use employer learning systems, and in particular those who hold additional qualifications will be accustomed to maintaining their own records. Requiring parallel or duplicate record keeping solely for GOC purposes would add unnecessary complexity and increase the burden on registrants." (CPD Provider)

"We consider that registrants should be able to choose whether to use GOC systems, third-party systems (e.g. professional body platforms) or maintain their own CPD records; this would provide appropriate flexibility within an outcomes-based CPD model and reflect the diversity of working arrangements across the sector, including those who already use employer or professional body systems.

A GOC system could play an important role as a default or optional platform, particularly for registrants who do not have access to alternative tools. However, requiring all registrants to use a single system risks creating unnecessary administrative burden and duplication and may reduce engagement. (Association of Optometrists)

GOC response – Requiring registrants to maintain records of CPD activity on GOC IT systems or keep their own records

92. Much of the complexity and burden for registrants in the current system is created by the need to log CPD activity to obtain their required point totals. Ending the points system will mean a simpler set of IT requirements with the main remaining purpose for GOC being to facilitate CPD record review.

93. There was no clear consensus on this issue, and the responses articulated the pros and cons of the different options well. Using a GOC system reduces

burden for those registrants selected for record review since this is based on their logged records and does not require them to do anything. There are also advantages around consistency and reinforcing engagement with CPD. Alternatively, we recognise the benefits of a more flexible approach where registrants need only share their CPD records when selected for record review.

94. In the medium term, we anticipate moving toward a single integrated IT platform that will meet all registration and CPD requirements. The optimal IT approach will depend on the final CPD scheme requirements, so we will return to this issue once these are known and implementation plans are more advanced.

GOC reviewing a sample of CPD records following annual registration renewal (Question 8)

Q8 Should GOC review a sample of CPD records following annual registration renewal?	Overall	Individuals	Organisations
Yes	60.1%	56.9%	76.9%
No	23.3%	26.3%	7.7%
Not sure	16.6%	16.8%	15.3%

95. Many respondents emphasised the importance of some form of review or audit of CPD records to ensure compliance and maintain professional standards. Several suggested that reviews should be regular but not necessarily annual or universal; instead, a sample or risk-based approach was preferred to avoid excessive administrative burden.

96. A recurring theme was the need for clear, upfront guidance on what is expected from CPD to avoid retrospective criticism and ensure fairness. Many stressed that the process should be designed to promote learning and improvement rather than feel punitive. There was also some support for combining random sampling with targeted review where there are known risks or previous non-compliance concerns.

97. A sample of the comments we received are in the box below:

"We think this should be mandatory for auditing any quality system. The GOC needs to evidence the quality of their systems so that targeted improvements can be made on solid data.

Whilst we recognise that audit can only ever be conducted on a sampling basis, accountability can be very variable as a consequence, with some overdoing through fear of lack of compliance and others hoping they will "get away with it". (The College of Optometrists)

"We feel that to ensure registrants are complying with the requirements of registered healthcare professionals to complete appropriate and effective lifelong learning, as administers of the scheme the GOC should review a random sample of CPD records following annual registration renewal. Additionally, it may be appropriate to have some targeted reviews based on previous non-compliance or concerns of completing the scheme appropriately. Clear guidance should be provided to registrants in relation to the CPD scheme to ensure they are able to comply with the expectations of the GOC record reviews.

Broad learning from these reviews should be clearly communicated to all registrants to enable better practice to be adopted by all. Currently, information regarding registrant record reviews have been published deep within Council papers, which is not a readily accessible communication form for registrants to enable reflection and learning". (ABDO)

"We support a balanced approach that combines random sampling with targeted review, where there are known risks or previous concerns. This approach mirrors the direction taken by other outcomes based CPD systems and helps to ensure that review remains proportionate, fair and educational rather than punitive. Record review should primarily function as a quality assurance and learning tool, supporting the vast majority of registrants who are committed to maintaining and developing their competence for the benefit of patients." (CPD Provider)

"We agree but sampling must be risk-based, transparent, and supportive. The GOC must ensure that reviews are context-sensitive, accounting for the varied nature of practice. For example, the professional development opportunities and clinical focus for a hospital optometrist or academic researcher differ significantly from those of a community-based locum. A supportive review process should recognise these different professional constraints and avoid a 'one-size-fits-all' approach to auditing." (Anonymous respondent)

GOC response – GOC reviewing a sample of CPD records following annual registration renewal

98. We welcome strong support for this proposal. As set out in the consultation, CPD record review is an established feature of the current system and will assume even greater importance in the absence of a points system.

99. As now, the emphasis will be on supporting improvement, not to punish. Further, there will continue to be transparency about how the CPD record review system works through published materials. We anticipate building on the current approach which includes a mixture of random and targeted reviews.

100. We accept that we can do more to share the broad learnings from CPD record reviews with registrants collectively to support continuous improvement within the sector and will action this within the current CPD cycle.

Registrar able to remove registrants from the register where their CPD records are assessed as inadequate and they have failed to remediate, subject to appeal (Question 9)

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?	Overall	Individuals	Organisations
Yes	53.7%	50.7%	70.8%
No	23.8%	27.2%	4.2%
Not sure	22.5%	22.1%	25.0%

101. Many respondents emphasised that removal from the register for not meeting CPD requirements should be a last resort, and only after registrants have been given clear guidance, feedback, and meaningful opportunities for remediation or support. There was a strong call for individual circumstances (such as illness or personal issues) to be considered before any action is taken.

102. Some respondents highlighted the need for clear, specific, and transparent standards and expectations regarding what constitutes ‘adequate’ (and ‘inadequate’) CPD, as ambiguity could lead to unfairness or inconsistent enforcement. Some described removal as “harsh” or “punitive” and suggested alternatives such as suspension with time to remedy, mentoring, additional training, or mandatory CPD catch-up sessions. A robust right to repeal was regarded as essential. Some questioned the direct link between CPD records and actual professional competence, suggesting that poor CPD records do not necessarily mean a practitioner is unfit to practise.

103. Support for the power to remove registrants from the register was justified by some on patient safety grounds and sustaining confidence in professional standards. Some feedback asked for clearer alignment between CPD non-compliance processes and fitness to practise processes.

104. Separately, the idea of voluntary removal from the register outside annual renewal was suggested where the registrant requests it and is not subject to fitness to practise proceedings, aligning with other regulators and reducing unnecessary burden.

105. A sample of the comments we received are in the box below:

"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." (FODO)

"We consider the completion of appropriate and sufficient CPD to be a fundamental requirement of remaining on the Register as a competent eye care professional capable of delivering safe patient care. As such, removal from the Register is a necessary regulatory safeguard of last resort where a registrant has persistently failed to meet CPD expectations, as outlined in the consultation's discussion of non compliance and public protection.

However, consistent with national and international regulatory practice, we strongly support an approach that is supportive, proportionate and improvement focused. As the consultation makes clear, CPD record review is intended to be educational rather than punitive, and removal should occur only after registrants have been provided with:
• clear feedback on identified deficiencies;
• accessible and unambiguous guidance on what remediation is required;
• reasonable timeframes to address concerns; and
• appropriate consideration of individual circumstances, supported by a robust exceptional circumstances policy." (CPD Provider)

"Where a registrant repeatedly fails to engage with CPD requirements or remediation, this may indicate a broader concern around professionalism, insight, or commitment to maintaining competence. In such cases, it could be argued that the matter may be more appropriately considered within an established fitness to practise (FtP) process, which:
- allows for investigation of underlying causes,
- provides registrants with procedural safeguards,
- sets proportionate outcomes by assessing public risk instead of relying solely on administrative criteria." (CPD Provider)

"Yes, with appropriate systems and safeguards. We agree with this, but the requirements and processes must be transparent and there must be a procedure, with time for remediation and opportunity to appeal. It will be very

important for registrants to have a clear process to remediate, especially during the first cycle, but probably permanently." (Association of Optometrists)

GOC response – Registrar able to remove registrants from the register where their CPD records are assessed as inadequate and they have failed to remediate, subject to appeal

106. Given the consensus supporting our proposals we will proceed on this basis.

107. As set out in the consultation, this is intended as a measure of last resort, would follow opportunity for remediation, and be subject to appeal. The ethos of our proposals is to move from a punitive to a supportive system but there needs to be a backstop should a minority of registrants abuse the system. Exceptional circumstances will be considered, as is currently the case. Guidance will explain what GOC will look for when reviewing CPD records and the circumstances that could lead to removal from the register.

108. We support the call for changes to our 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. However, this would require legislative reform and although we have written to Ministers asking for this change to be fast-tracked, we have been advised that reform to our legislation will not be prioritised.

109. We do not agree with the suggestion that cases should be considered through our fitness to practise processes. The purpose of these processes is to consider allegations of serious misconduct. This would be a disproportionate mechanism and would risk creating a backlog in our fitness to practise caseload.

Changes possible within the CPD Rules 2021

110. Questions 10 to 13 asked for views on proposals that would not require amendments to the CPD Rules 2021 and therefore would be possible to implement before the start of the 2028-20 CPD cycle.

Changing the competencies (the four domains) which CPD events must relate to (Question 10)

Q10 Should we change the competencies (the four domains) which CPD events must relate to?	Overall	Individuals	Organisations
Yes	38.5%	34.6%	60.0%
No	36.0%	40.4%	12.0%
Not sure	25.5%	25.0%	28.0%

111. Many respondents felt the current CPD competency domains are generally adequate, broad, and flexible enough to cover the range of professional

practice. However, a significant number of respondents felt the domains are too restrictive or not always relevant to all registrants, especially those in non-traditional roles or not in continual practice.

112. A recurring theme was criticism of a “tick box” mentality, with some saying the domains encourage collecting points rather than meaningful learning. A few advocated removing domains entirely or allowing professionals to focus CPD on their own interests and needs.

113. Some respondents felt the domains should be expanded or updated to reflect changes in practice, such as new technology, digital care, or evolving NHS contracts. There are also calls for greater emphasis on areas like law, professionalism, and leadership, though some questioned the relevance of “leadership” as a domain. There is support in the feedback for a revised model to remain grounded in the Standards of Practice.

114. General areas for reform highlighted in the responses included: updating the domain descriptors to reflect modern practice; reducing mandatory domain “coverage” requirements that drive compliance behaviours; and considering a simplified standards aligned structure with clear expectations for both clinical and professional behaviour learning.

115. A sample of the comments we received are in the box below:

“We believe that there is a need within the CPD scheme to ensure that registrants continue to undertake education which reinforces GOC professional, leadership and accountability expectations as outlined in the Standards of Practice for Optometrists and Dispensing Opticians. One reform potential may be to redesign the learning domains into two groups of standards e.g. those which fall into ‘clinical practice’ and those covering ‘professional behaviours’, with a requirement to evidence some CPD completed from both groups.” (ABDO)

“The GOC needs to significantly expand the types of activities that contribute to the (especially non-clinical) domains. This will increase the likelihood of registrant compliance by making development more enjoyable and easier to achieve. Forcing people to do a very limited list of activities does not make the process attractive for those who prefer to learn in different ways.

GOC must include studying for higher qualifications and teaching / developing others as acceptable activities for CPD.

Routine activities and those that do not cost registrants their own money must be prioritised – especially in self-directed learning.” (The College of Optometrists)

"The four existing domains remain sufficient at present and do not need to increase in number. However, the GOC should adopt an agile approach which aligns to the changing requirements across the workforce.

We commend the inclusion "to develop enhanced clinical skills supporting the shift in eye care delivery from hospitals to communities" as this aligns to the changing role of an optometrist. The GOC should consider how the domains align with the wider requirements of the workforce and service redesign priorities across the four nations." (CPD Provider)

GOC response – Changing the competencies (the four domains) which CPD events must relate to

116. Any changes we make to the CPD system ahead of the 2028-30 cycle should be consistent with the broad direction of travel decided on the earlier questions as this will support a phased transition to longer-term reforms. As such, we are keen to create greater flexibility that gives registrants more control of their own learning while ensuring that all registrants maintain core competencies.

117. We see merit in ABDO's suggestion of moving to two domains focused on clinical practice and professional behaviours. This will ensure core clinical competencies are maintained as well as embrace wider issues that support safe and effective eye care. Our fitness to practise caseload trends reflect an increased focus on professional conduct as well as clinical competence, while our registrant survey highlights challenges in areas like commercial practices and workplace behaviours. Such a twin approach should encourage CPD across a broad sweep of issues, including equality, diversity and inclusion, leadership, professional ethics, developments in technology and many more.

118. Studying for post-registration qualifications counts as acceptable activity under the current system and this will continue to be the case. We accept a role for us in conjunction with sector bodies and CPD providers to educate registrants about the wide range of activities that legitimately count towards CPD points. This could help address strategic sector challenges such as encouraging more registrants to support future generations by teaching and acting as supervisors.

Adjusting the points allocated to different activities to make it easier to reach the total points required under the CPD Rules 2021 (Question 11)

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?	Overall	Individuals	Organisations
Yes	55.5%	54.3%	62.5%
No	28.4%	30.4%	16.7%

Not sure	16.0%	15.2%	20.8%

119. Respondents generally supported reweighting CPD points if it better reflects learning quality, rewards interactive and substantive development (including post registration qualifications), and reduces administrative burden while avoiding unintended incentives and being underpinned by clear guidance.

120. Areas of support in the responses include weightings being proportionate to learning value so that longer, more in-depth or advanced development (e.g., postgraduate/specialist clinical training, independent prescribing pathways, leadership programmes) should attract higher points than short sessions. There was also some support for interactive learning (e.g. peer-based, case-based workshops and discussion-based learning) counting for more, along with self-directed learning which involves meaningful engagement with others.

121. There were also warnings against adding complexity or inconsistency across CPD formats; clear, unambiguous guidance was seen as essential to ensure fairness. A suggestion included simplifying how learning is evidenced and recorded (including via the GOC CPD platform) and defining what counts as "interactive" for self-directed CPD submissions.

122. A sample of the comments we received are in the box below:

"We recognise that the existing points framework can create unintended incentives, where shorter or less in-depth activities may attract a similar or greater number of points than more substantive learning, including post-registration qualifications. This does not always reflect the time commitment or value of the learning undertaken.

Rebalancing the allocation of points would help to:
• better reflect the depth, complexity and relevance of different types of CPD
• reduce the need for registrants to undertake multiple smaller activities to meet requirements
• support engagement with more meaningful and developmental learning

In particular, greater recognition should be given to structured and longer-term learning, such as post-registration qualifications. This is especially important as registrants develop advanced clinical skills, including progression towards Independent Prescribing and delivery of enhanced services. The CPD system should actively support, rather than inadvertently discourage, this type of professional development." (Optometry Scotland)

"For healthcare professionals learning with others is shown to support behaviour change and reflection on current practice. Therefore, we would recommend this practice is favoured over and above seeking to reward post-registration qualifications. It is already possible for course designers of post-registration

qualifications to consider how they can support interactivity as a beneficial form of learning in their course design." (ABDO)

"The current weighting does not always reflect the value of learning. Interactive, peer-based, and case-based learning should carry greater weight than passive activities on the basis that evidence shows these are amongst the most effective CPD. Clear guidance will be needed to ensure consistency." (Education Provider)

"The current CPD framework was introduced to shift focus away from points towards reflective learning. Adjusting point allocations specifically to make it "easier" to reach the total risks re introducing a compliance driven, point chasing culture, which appears to contradict the stated aims of CPD reforms.

Before any adjustment is considered, it would be helpful to see:
- clear data showing widespread difficulty in meeting CPD requirements,
- analysis of whether any challenges relate to access, clarity, engagement, or relevance, rather than point values themselves,
- and evidence that changing point weightings would improve learning quality or public protection." (CPD Provider)

GOC response – Adjusting the points allocated to different activities to make it easier to reach the total points required under the CPD Rules 2021

123. There was broad support for adjusting points allocated to different activities.

124. The total number of points required is specified by legislation so we cannot change this. We could choose to make it easier for registrants to achieve their points totals by increasing points for all types of activity, thus reducing the total amount of CPD required. However, in our 2025 registrant survey, 72% of respondents considered the points required 'about right' and reducing the overall volume of activity was not a strong theme in consultation responses. Instead, the consultation feedback centred on reweighting points based on value of learning, complexity and supporting professional advancement.

125. We are open to adjusting the system on this basis but are mindful of risks around creating confusion and disengagement from CPD activities that would attract fewer points. Therefore, we will discuss options with the task and finish group before confirming plans for the next cycle.

Removing the limit on the minimum number of CPD points that must be obtained from provider-led activity (Question 12)

Q12 Should we remove the limit on the minimum number of CPD points that must be obtained from provider-led activity?	Overall	Individuals	Organisations
Yes	52.5%	51.1%	60.0%
No	37.7%	38.7%	32.0%
Not sure	9.9%	10.2%	8.0%

126. Those supporting removing the limit emphasised flexibility and an outcomes focused approach. They argued registrants should be able to choose learning that best matches their scope of practice and PDP, including workplace based learning and other structured development that may not fit traditional provider led formats. Several responses framed removal as a proportionate, transitional step ahead of broader legislative reform, intended to strengthen professional autonomy and ownership of lifelong learning, and to reduce format driven "box ticking". Supporters also noted that much learning occurs informally through day-to-day practice and peer interaction at work and asked for clearer expectations and practical guidance on how non provider led learning should be recorded, evidenced and used effectively.

127. Those opposing removal, or supporting it with safeguards, focused on quality assurance, consistency and the wider professional learning culture. They described provider led CPD as important for interactive and peer-based learning (debate, challenge, case-based discussion, peer review), exposure to shared standards and emerging practice, and maintaining clinical consistency, linking this to patient safety and service quality. A recurring concern was that without a minimum expectation some registrants could default to mostly self-directed CPD, reducing engagement with structured learning and weakening the benefits of multi professional perspectives. Some CPD providers also highlighted the investment required to meet GOC standards (governance, audits, quality assurance) and warned that removing the minimum number could devalue assured provision and create variability in the robustness of CPD evidence.

128. Some suggestions to mitigate risks while increasing flexibility included:

- Retain a baseline requirement for provider led and/or interactive CPD, potentially at a lower minimum.
- Publish clear guidance encouraging a balanced mix of learning types and explaining the distinct value of provider led versus self-directed learning.
- Strengthen support for registrants to plan, reflect on and evidence outcomes (with professional bodies, employers and providers supplying exemplars and tools).
- Maintain appropriate oversight through record review and engagement with commissioners/governments to avoid unintended consequences.

129. A sample of the comments we received are in the box below:

"We believe removal of this limit would enable registrants to take greater ownership of their professional development planning, make more informed choices about the most appropriate learning activities, and pursue a wider range of development opportunities – including scope of practice expansion – without being constrained by how learning is delivered. This is particularly relevant for registrants undertaking substantial post registration qualifications, workplace based learning or other structured development that may not always be delivered through traditional provider led formats." (CPD Provider)

"Provider-led CPD plays an important role in ensuring that learning activities are structured, evidence-based, and delivered by individuals with appropriate expertise. Removing the requirement for a minimum amount of provider-led CPD could lead to a greater reliance on informal or self-directed learning that may not be subject to the same level of quality assurance. Maintaining a minimum requirement helps ensure that registrants engage with structured learning opportunities and external professional input." (Therapeutic Prescribing Optometrist)

"Removal of this limit now will enable registrants to develop greater ownership and responsibility of their life-long learning plans and outcomes over the next few years before legislation reform is possible. This will support more registrants being able to be fully confident with autonomous professional development planning and execution before the current limits on the scheme are potentially removed.

However, as previously stated, we believe current registrants will require significant support and guidance to enable them to develop the necessary skills to be independent and effective life-long learning healthcare professionals. We feel that the sector professional representative bodies would be a suitable resource to provide this guidance to their respective memberships and support them to appropriately identify, undertake, reflect on and document their learning activities to enable them to make satisfactory declarations to the GOC in relation to CPD." (ABDO)

"In Wales, where a significant proportion of registrants hold higher qualifications and deliver enhanced WGOS services, the current CPD system provides assurance to the Welsh Government and Health Boards that competence is being maintained. An overly flexible approach to CPD may risk undermining this assurance and could result in Health Boards introducing their own, potentially variable, CPD requirements, thereby creating inconsistency within Wales and across the home nations." (Optometry Wales)

GOC response – Removing the limit on the minimum number of CPD points that must be obtained from provider-led activity

130. There was broad support for removing the limit on the minimum number of CPD points that must be obtained from provider-led activity across individuals and organisations. As with other questions in this section, we are keen to explore opportunities to make changes ahead of the 2028-30 cycle that are consistent with the broad direction of travel decided on the earlier questions.

131. We do not see self-directed CPD as inherently less valuable than provider-led CPD, so a minimum threshold seems an artificial constraint in this context. Over the 2022-24 cycle, less than 4% of points were from self-directed CPD. Given these figures, while self-directed CPD may increase, we expect most registrants to continue to rely on provider-led activity, so the impact on CPD providers of removing the limit during the 2028-30 cycle is likely to be limited.

132. Over the 2028-30 cycle, mandatory elements like interactive learning and peer review will remain, supported by assurance mechanisms like CPD record review, which should ensure positive registrant engagement with CPD.

133. Therefore, we will remove the limit on the minimum number of CPD points that must be obtained from provider-led activity for the 2028-30 CPD cycle.

Removing the need for a reflection statement to be provided for each self-directed CPD activity (Question 13)

Q13 Should we remove the need for a reflection statement to be provided for each self-directed CPD activity?	Overall	Individuals	Organisations
Yes	71.9%	75.4%	50.0%
No	18.1%	15.9%	31.8%
Not sure	10.0%	8.7%	18.2%

134. Across responses a key theme was not whether reflection matters, but whether requiring a separate reflection statement for every self-directed CPD activity is proportionate and whether it unintentionally suppresses engagement with self-directed learning.

135. Some felt requiring a written reflection statement for every self-directed CPD activity is overly burdensome, time-consuming, and can lead to meaningless or insincere responses simply to fulfil a requirement. Other respondents thought that reflection should be incorporated into broader learning reviews or personal development plans rather than required after each CPD event.

136. Concerns were raised about the lack of consistency between self-directed and provider-led CPD, querying why reflection is only required for the former. Others

highlighted the need for clear guidelines on evidence and learning outcomes to ensure quality and relevance. Low self-directed uptake some argued, stems from uncertainty about what counts, what level of reflection is acceptable, and how record review will judge submissions, not from reflection itself.

137. A sample of the comments we received are in the box below:

"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." (FODO)

"To remove reflection statements would be to lower the standard of CPD at precisely the moment the profession should be raising it, and a move away from a robust pedagogical approach." (The College of Optometrists)

"We are strongly against the removal of the need for a reflection statement to be provided for each self-directed activity. The GOC has not provided any evidence that the reflection statement is a current barrier to registrants undertaking self-directed learning. We believe that the low uptake of self-directed learning has potentially arisen owing to a lack of confidence from registrants in what is required from them to submit this, and in particular what will be accepted by the GOC in a possible record review. Additionally, we do not feel the current guidance or resources provided by the GOC offer enough support to registrants inexperienced in uploading self-directed learning to consider doing so." (ABDO)

"Rather than removing reflection entirely, we believe the GOC should focus on redesigning how reflection on self directed learning is captured and evidenced, in line with the outcomes focused intent of the reformed system. A more proportionate and flexible approach could include:
• allowing consolidated or thematic reflection across multiple related learning activities;
• capturing reflection within a PDP or periodic learning review, rather than requiring a standalone statement for each activity; and

• using reflective prompts aligned to record review criteria, rather than mandating a uniform reflective statement for every instance of learning." (CPD Provider)

GOC response – Removing the need for a reflection statement to be provided for each self-directed CPD activity

138. There was broad support for removing the need for a reflection statement to be provided for each self-directed CPD activity across individuals and organisations. However, the UK sector bodies were split on this point (FODO supported; ABDO, College of Optometrists opposed; AOP did not answer).

139. The limited take-up of self-directed CPD so far is likely due to a combination of factors including the ease of obtaining provider-led CPD, lack of awareness and lack of confidence about what GOC will accept, as well as the burden of providing a reflection statement for each activity. We wish to work with sector bodies and others to help educate registrants about self-directed CPD.

140. As noted in our response to the previous question, we do not see self-directed CPD as inherently less valuable than provider-led CPD. Therefore, it would be inconsistent to require reflection statements for one type of activity and not the other. This is different to requiring registrants to demonstrate that claimed CPD activity was undertaken where there are differences with provider-led CPD. However, we address this challenge via guidance and CPD record review.

141. Reflection will continue to remain a key design feature of the CPD system in the 2028-30 cycle and our longer-term reform plans. However, reflecting a key theme in the feedback, our concern is that a separate reflection statement for every self-directed CPD activity is disproportionate and might unintentionally suppress engagement with self-directed learning. We also agree there is scope to improve the quality of reflection in broader learning reviews and PDPs.

142. Therefore, we will remove the need for a reflection statement to be provided for each self-directed CPD activity in the 2028-30 cycle. We will consider ways to strengthen reflection more broadly in our preparations for the beginning of the 2028-30 cycle, for example making this a focus of CPD record reviews. Further, we will work with others to address communication and confidence barriers that might also limit the uptake of self-directed CPD.

4. Findings relating to business registrants

Summary of feedback from stakeholder consultation events

144. Stakeholder feedback on the proposals relating to business registrants at the consultation events showed broad support for businesses more actively supporting CPD, particularly where employers already provide conferences, training programmes and online learning. Participants saw value in businesses helping to identify learning needs through team discussions, one-to-one meetings and feedback mechanisms, and they noted that interactive CPD can be especially helpful in reducing isolation for single-practitioner settings. However, they stressed that this role would need to be clearly defined, especially in settings such as small practices, hospitals, education and industry, where existing appraisal arrangements do not always align neatly with professional development responsibilities.

145. At the same time, respondents raised significant concerns about whether businesses should have a stronger role in overseeing or shaping registrants' CPD. Many were uneasy about giving employers additional influence over professional requirements, particularly given existing commercial pressures in some parts of the sector. There was concern that CPD could be used inappropriately to reinforce sales targets or create unrealistic expectations. Participants also highlighted that locums and those working outside traditional optical business settings may not have the same access to structured employer support, making a business-led model harder to apply consistently and fairly.

146. Concerns were also raised about quality, fairness and commercial bias if businesses or manufacturers play a larger part in delivering CPD. While some participants acknowledged that larger providers often already deliver high-quality learning, others warned that loosening requirements could blur the line between education and promotion. Stakeholders felt that clearer GOC guidance would be needed on what businesses are expected to do, what evidence would be required, and how to ensure consistency across different practice types. Overall, feedback suggested cautious support for businesses playing a supportive role, but strong resistance to any approach that would allow commercial interests or employer priorities to undermine registrants' professional autonomy or the integrity of CPD.

Summary of consultation feedback

147. A summary of feedback received from respondents to the consultation in respect of each question asked in relation to leveraging the role of business registrants now follows. None of the proposed changes require reform to the CPD Rules 2021 or the Opticians Act 1989.

Leveraging the role of businesses within the CPD system to support a less prescriptive system for individual registrants (Question 14)

148. Respondents were not asked to select answer options for Question 14 so there is no quantitative analysis in this section of the response document.

149. Many respondents expressed reservations about increasing the role of businesses in the CPD system with concerns relating to commercial bias, inconsistencies in CPD provision, and a loss of professional autonomy, especially for locums and those in non-traditional roles. Some respondents cautioned against creating a new prescriptive compliance regime for employers.

150. Respondents highlighted major differences between large organisations (multiples) often with structured governance, appraisal and training infrastructure, and small independent practices, often with limited capacity, time, backfill and administrative support.

151. Some respondents favoured business involvement in providing guidance and exemplars (e.g. supportive learning culture, informal appraisal, peer discussion, case-based learning) rather than mandated systems, particularly for small practices where formality could add red tape and cost. Some asked for clear guidance on what is expected of employers and what, if any, consequences or obligations would follow if a registrant's CPD is judged inadequate. Lack of clarity was viewed as creating uncertainty and potential risk for employers.

152. Organisations recommended that the GOC prioritise clear communication and partnership working (with employers, professional bodies and CPD providers), avoid transferring regulatory oversight to businesses, and ensure expectations are flexible, proportionate and workable across diverse practice settings.

153. Meanwhile, a significant number of respondents argued that CPD should remain primarily the responsibility of the individual and the regulator, not the employer. Some expressed a preference for maintaining a prescriptive system, with some stating that prescription ensures engagement and learning. There was a desire to avoid commercial influence, maintain professional autonomy, and ensure fairness for registrants regardless of employment status.

154. A sample of the comments we received are in the box below:

"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." (FODO)

"We do not support a model that relies on businesses to deliver core regulatory functions or assumes a consistent level of infrastructure across all settings.

The optical sector includes:
• independent practices with limited capacity
• larger organisations with established training structures
• a significant locum workforce
• registrants working across multiple employers

Given this variation, a system that depends on business-led oversight cannot be applied consistently or equitably across the profession.

We therefore support a balanced approach where businesses are encouraged to support CPD, but responsibility remains clearly with the individual registrant." (Optometry Scotland)

"Businesses can play a valuable role in supporting CPD, but their contribution must be framed as best practice, not a mandatory requirement, due to the significant variation we have across the sector.
We can contribute meaningfully by:
• offering structured PDP review within existing governance frameworks,
• facilitating case-based support discussions,
• providing remote case audit and learning from escalation pathways,
• enabling peer review opportunities
• delivering feedback driven CPD based on patient experience, incidents, and quality data." (CPD Provider)

GOC response – Leveraging the role of businesses within the CPD system to support a less prescriptive system for individual registrants

155. The responses highlighted the range of ways in which businesses currently make a positive contribution toward CPD, which we are grateful for.

156. The sentiment in responses was consistent that businesses have an important role in supporting registrants with their learning and development but should not shape the CPD registrants do. Our proposals were framed in similar vein, i.e. '*to support registrants to identify and pursue their learning development needs*'. While recognising concerns about commercial influence over learning plans, we consider a supportive employer will take an active interest in each registrant's learning and development – our guidance will be framed accordingly and reinforce the importance of professional autonomy in developing PDPs.

157. The consultation document acknowledged the diverse practice settings in the sector, so we recognise that some businesses have more scope to support CPD than others. Again, we will reflect this in our guidance, ensuring our expectations are flexible, proportionate and workable across diverse practice settings.

158. Ultimately, CPD is the individual's responsibility, and we do not foresee any consequences for businesses if a registrant's CPD is judged inadequate. However, as reflected in the current Standards for Optical Businesses, it is appropriate for regulators to set minimum expectations for business registrants relating to supporting CPD. Question 16 was about any changes needed to the Standards for Optical Businesses, so we comment further there. As a matter of factual accuracy, the Standards Review in 2024 was focused on individual registrants with only consequential amendments made to the Standards for Optical Businesses. The Standards for Optical Businesses date back to 2019, and we remain committed to a substantive review of these.

Business registrants having specific responsibility to ensure individual registrants have an up-to-date personal development plan (Question 15)

Q15 Should business registrants have specific responsibility to ensure individual registrants have an up-to-date personal development plan?	Overall	Individuals	Organisations
Yes	23.7%	24.3%	20.8%
No	56.3%	58.8%	41.7%
Not sure	20.0%	16.9%	37.5%

159. The majority of respondents believed that responsibility for maintaining a PDP should rest with individual registrants, not businesses. Many argued that professional development is a personal responsibility and that businesses should only be required to ensure their employees are registered.

160. A significant concern was that placing responsibility on businesses would create an unreasonable burden, especially for small practices and locums, who may lack the resources or infrastructure to support or monitor PDPs. There was also concern about the impracticality for businesses to monitor PDPs for registrants who work across multiple employers or as locums.

161. Some respondents worried that increased business involvement could lead to commercial bias or put business interests ahead of registrants' professional development. Others mentioned that businesses already have significant administrative demands and that duplicating appraisal or CPD monitoring would be inefficient.

162. A sample of the comments we received are in the box below:

"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." (FODO)

"The PDP is a personal development plan and so needs to be personal. If businesses gain too much responsibility for registrants' PDPs then they will influence them to align with the business requirements, not the individual optometrist (who might be developing their skills to leave that employer). This will tie registrants into particular businesses and will reduce workforce mobility, which drives down the quality of patient care." (The College of Optometrists)

"Optometrists and dispensing opticians are autonomous, accountable healthcare professionals, and responsibility for identifying learning needs, maintaining a PDP and meeting CPD requirements should sit firmly with the individual registrant. The CPD framework must continue to allow registrants to go beyond any PDP agreed with an employer, recognising that some learning will support future career aspirations or roles outside their current employment. Transferring formal responsibility for PDP ownership to businesses risks undermining this professional accountability." (CPD Provider)

"Responsibility for CPD, including development planning, should remain with the individual registrant as part of their professional obligations. Introducing a formal requirement on businesses risks blurring accountability and creating inconsistency in how responsibilities are applied and enforced.

The structure of the optical workforce means that many registrants:
• work across multiple employers
• operate as locums
• work in settings where formal appraisal systems are not in place

In these circumstances, it would not be practical or equitable to place responsibility on a business to ensure that a PDP is in place and maintained." (Optometry Scotland)

GOC response – Business registrants having specific responsibility to ensure individual registrants have an up-to-date personal development plan / How the Standards for Optical Businesses be strengthened to help achieve this outcome

163. Feedback on this question was consistent with responses to Question 15 highlighting concerns about professional autonomy, commercial bias, the role of businesses in the CPD system and increasing burdens on businesses.

164. Our proposals were limited to businesses checking whether PDPs had been completed and would not have permitted businesses to determine the CPD registrants do. Even so, we recognise concerns that businesses should not be expected to police our CPD system, so we will not proceed with this proposal. As set out in our response to the previous question, our guidance will reinforce the importance of professional autonomy in developing PDPs.

165. In our response to Question 5, we confirmed that PDPs will remain an integral part of the CPD system. In the absence of businesses checking if PDPs have been completed, we need an alternative mechanism to assure ourselves that individual registrants are creating and maintaining PDPs. As set out previously, a standardised PDP template was introduced at the start of the 2025-27 cycle, and we plan to build on this approach supported by practical guidance.

Strengthening the Standards for Optical Businesses (Question 16)

166. Respondents were not asked to select answer options for Question 16 so there is no quantitative analysis in this section of the response document.

167. A significant theme was concern about increasing the regulatory burden on businesses, especially smaller practices. Several respondents argued that businesses already do enough to support CPD and that further requirements could be impractical or unfair. There was also concern that shifting responsibility to businesses could undermine professional autonomy and create inequities for those in non-traditional roles.

168. However, many respondents supported strengthening standards by holding businesses more accountable for supporting registrants' CPD. Suggestions included requiring businesses to provide time, resources, and support for CPD activities. Some called for clearer guidance, monitoring, and accountability mechanisms, such as audits, sanctions, or reporting pathways for registrants.

169. In summary, responses were divided between those who want stronger business accountability for supporting CPD and those who fear increased burdens or loss of professional autonomy. Many called for clearer guidance, proportionality, and practical support, while a significant minority questioned the need for further change or business involvement at all.

170. A sample of the comments we received are in the box below:

"Optometry Scotland considers that any changes to the Standards for Optical Businesses should focus on reinforcing good practice in supporting professional development, rather than introducing prescriptive or enforceable requirements linked to individual registrants' CPD compliance.

The current standards already recognise the importance of creating an environment in which staff are supported to learn and develop. We would support building on this by providing greater clarity and emphasis within guidance, rather than through additional regulatory obligations." (Optometry Scotland)

"There is a meaningful and important distinction between an employer supporting a registrant's development and an employer directing or controlling it. Extending business standards into the governance of individual CPD risks conflating those two things. Employers are not independent arbiters of professional competence; they have commercial interests that may not always align with the registrant's broader developmental needs or with the public interest. Oversight of CPD must remain with the GOC and the profession, not be delegated to the business environment." (The College of Optometrists)

"The proposal to amend the Standards for Optical Businesses to give employers a greater role in supporting CPD acknowledges that businesses often work closely with registrants and can identify development needs.

However, as mentioned above, this change could create significant challenges for small and independent practices who may have limited administrative capacity and fewer resources compared to large corporate providers.

Expanding business responsibilities in this area risks placing disproportionate pressure on these smaller organisations, potentially creating a gap between independents and large corporate providers. Without funding support or guidance for businesses the proposed changes may unintentionally disadvantage small providers." (Optometry Wales)

GOC response – How the Standards for Optical Businesses be strengthened

171. We are grateful for the suggestions received, which will help us to identify whether any changes are needed to the Standards for Optical Businesses. This will be considered further when we begin our review of the standards and any proposed changes will be subject to public consultation.

172. We appreciate the distinction between an employer supporting a registrant's development and directing or controlling it. The focus of the existing standards is on the former and this will remain the case. Further, if opportunities to improve our approach are identified, we will consider carefully whether this is best achieved through standards or the CPD guidance documentation.

Incorporating patient feedback within the CPD system (Question 17)

173. Respondents were not asked to select answer options for Question 17 so there is no quantitative analysis in this section of the response document.

174. There was support for using patient feedback as a potentially valuable input to CPD, but not as a mandatory or prescriptive requirement with respondents citing concerns about its relevance, reliability, and practicality. Many argued that patients lack understanding of professional roles and clinical competence, making their feedback potentially subjective, biased, or unhelpful. Some highlighted the difficulty of collecting meaningful patient feedback, with low response rates and a tendency for only dissatisfied patients to participate.

175. A repeated concern was that not all registrants can obtain patient feedback (locums, small/independent practices with limited infrastructure, self-employed clinicians, and non-patient facing registrants), and that mandating it would create unfairness and inconsistent expectations.

176. A sample of the comments we received are in the box below:

"We would welcome registrants to be encouraged to obtain and reflect on service-user feedback to support their professional development planning. However, it should be recognised that not all GOC registrants undertake clinical practice with patients and not all who do may be able to obtain feedback. For example, it may be more difficult for a locum to obtain patient feedback and not relevant to a GOC registrant only working in academia or manufacturing. Therefore, though this feedback is desirable and should be encouraged, we do not believe it should be made a mandatory aspect of the scheme." (ABDO)

"Patient feedback should inform CPD where available, but it must not be mandatory due to inequitable access. It should be incorporated as a valuable source of learning, used flexibly and proportionately rather than as a compulsory requirement for all registrants." (CPD Provider)

"It shouldn't be included. Patients generally give feedback based on customer service rather than professional practice." (Bexley, Bromley and Greenwich Local Optical Committee)

"Patient feedback should inform CPD where available. For example, patient complaints could be used as a driver for targeted CPD. It could be incorporated as a valuable source of learning, used flexibly and proportionately rather than as a compulsory requirement for all registrants. Many locums and small practices lack formal mechanisms for collecting feedback. A mandatory requirement would create unfairness." (Anonymous respondent)

GOC response – Incorporating patient feedback within the CPD system

177. We welcome support for incorporating patient feedback within CPD, which we consider is a missing element of the current system.

178. The consultation document stated: "*we are not proposing to be prescriptive about engagement approaches but would use guidance to encourage businesses to use patient feedback as one tool to support registrants to continuously improve the care they provide.*"

179. Therefore, our proposal is consistent with consultation feedback to view patient feedback as a good practice tool rather than a mandatory requirement. We will build this into our guidance ahead of the start of the 2028-30 CPD cycle.

5. Findings relating to ending CPD provider approval and audit

Summary of feedback from stakeholder consultation events

180. Across the stakeholder events, many felt that some form of regulation or oversight of CPD providers remains important for maintaining quality, consistency and confidence in the system. Participants were concerned that removing provider regulation entirely could create a “free-for-all”, making it harder to compare quality, prevent poor practice and guard against inappropriate commercial influence. This was seen as particularly important in the optical sector, where the commercial environment creates a risk that CPD could become more promotional than educational if safeguards are weakened.

181. Others favoured a lighter-touch or more proportionate system rather than full deregulation, arguing that approval still has value but could be made simpler, less repetitive and less burdensome. Suggestions included relying more on participant feedback, adopting annual rather than repeated applications, creating different levels of provider status, and giving providers more flexibility in how and when they are assessed. Participants also noted that feedback from approvers can help improve provision, although some described the process as stressful, overly focused on wording, and more difficult for smaller organisations or local groups than for larger providers.

182. While some participants were wary of employers or manufacturers having too much influence over CPD content, others acknowledged that larger commercial providers often deliver high-quality learning and that manufacturers are already an important part of the current system. There was also recognition that reform could widen the market and increase flexibility, potentially enabling more practitioners or small groups to offer CPD, but only if suitable safeguards remain in place. Overall, the feedback suggested cautious openness to reform, if quality assurance, transparency and public confidence are preserved through some form of continued oversight.

Summary of consultation feedback

183. A summary of feedback received from respondents to the consultation in respect of each question asked in relation to ending CPD provider approval and audit now follows.

184. The proposal relating to Question 18 (ending CPD provider approval) would require change to the CPD Rules 2021. Questions 19 to 21 cover changes that could be made within the CPD Rules 2021 and thus could be introduced at any time. Unlike the questions in section 1, there is no requirement for any changes to coincide with the start of the 2028-30 CPD cycle, although there may be advantages to coordinating changes to minimise risk of stakeholder confusion.

Seeking to end CPD provider approval (Question 18)

Q18 [Should we seek to end CPD provider approval?]	Overall	Individuals	Organisations
Yes	32.5%	30.6%	42.3%
No	42.5%	44.0%	34.6%
Not sure	25.0%	25.4%	23.1%

185. Many respondents emphasised the importance of maintaining CPD provider approval as a mechanism for ensuring the quality, consistency, and relevance of CPD activities. Many felt that removing provider approval could lead to a proliferation of low-quality, commercially biased, or inconsistent CPD, and that some form of oversight or minimum standards is necessary to maintain trust and protect registrants from substandard learning.

186. A significant number of respondents, however, criticised the current approval process as overly complex, bureaucratic, and a barrier to entry for smaller or new providers. Several suggested that the process should be simplified or made less onerous, with some proposing a lighter-touch system or a focus on outcomes rather than provider status.

187. Some respondents argued that market forces and registrant choice could ensure quality in the absence of formal approval, especially given high current satisfaction rates. However, others countered that registrant satisfaction does not necessarily equate to educational quality, as choices may be driven by convenience rather than standards.

188. Overall, the message from respondents is to not simply ‘end’ or ‘keep’ approval but maintain confidence in CPD quality. If provider approval is removed, respondents want the regulator to replace it with clear standards, strong guidance, transparency about commercial influence, and proportionate monitoring/feedback mechanisms, implemented with adequate transition time. If approval is retained, many still support streamlining and reducing duplication while strengthening quality assurance.

189. A sample of the comments we received are in the box below:

“We are not persuaded that CPD provider approval should be ended without a clearly defined alternative approach to quality assurance.

The current system provides a level of assurance to registrants that CPD activity meets an expected standard. Removing this entirely risks creating variability in the quality and relevance of CPD provision, particularly in a more flexible system where registrants have greater autonomy in selecting learning activities.” (Optometry Scotland)

"The consultation notes that the GOC is currently the only UK health regulator undertaking CPD provider audits. This does not suggest any inadequacy, rather it reflects a higher level of regulatory oversight, with the GOC setting a potential benchmark for best practice among regulators. This is further reinforced by the GOC's own findings that there are high levels of registrant satisfaction with current CPD provision." (Optometry Wales)

"We support the intention to move away from CPD provider approval as part of a more flexible, outcomes-based CPD model. This approach has the potential to better reflect modern professional learning, enable a wider range of educational activities and align with approaches taken in other healthcare professions.

However, we do not believe that sufficient alternative quality assurance mechanisms have yet been defined to support the safe removal of provider approval. Feedback across the sector highlights clear concerns about how CPD quality will be assured in practice, particularly in the absence of clear standards, consistent guidance and defined audit expectations. As part of its public-protection responsibilities, any regulator must assure itself that high-quality CPD is taking place. The GOC must assure itself that these changes do not create circumstances for an increase in poor-quality CPD." (Association of Optometrists)

"The current CPD provider approval framework offers an important baseline level of quality assurance for registrants, employers and the public. Approved provider status gives confidence that CPD provision meets defined standards relating to educational quality, relevance to professional practice, appropriate learning design, balance and management of commercial influence. As employers, we see clear value in a system that provides upfront assurance and reduces the burden on individual registrants to judge the quality and independence of CPD provision without support.

We are particularly concerned that removing provider approval may make it more difficult for registrants to distinguish between high quality educational content and material that is promotional, narrowly focused or misaligned with the GOC Standards of Practice. This risk is heightened in an optical sector where a significant proportion of CPD is delivered by commercial organisations, including manufacturers, and where registrants may already experience commercial pressures within retail environments. Without an approval framework, registrants – particularly those earlier in their careers or less confident in self-directed CPD planning – may struggle to consistently identify learning that meets regulatory expectations." (CPD Provider)

GOC response – Seeking to end CPD provider approval

190. Overall, responses to this question were quite evenly distributed, with more organisations tending to favour ending CPD provider approval but more individuals preferring to keep it. Many responses took neutral positions.

191. Some respondents sought a middle ground where alternative assurance mechanisms such as standards and audit could replace CPD provider approval. However, unless GOC approves (and can remove) CPD providers, standards would not be binding and there would be no basis for us to conduct audits. Therefore, on this issue, we need to make a clear choice.

192. The need for CPD provider approval is partly linked to the current points system since more CPD points are available for GOC approved provider-led CPD. This argument falls away in the absence of a points system and where provider-led CPD takes its place alongside a wide range of activities that support learning.

193. We are persuaded by the argument that market forces and registrant choice should ensure quality in the absence of GOC approval. The registrant community is highly networked, and employers will continue to exert influence as large expert purchasers of CPD. CPD providers that gain a reputation for delivering poor quality CPD should not expect to survive in this environment. Further, deregulation should lower barriers to entry for smaller CPD providers and thus improve the diversity of CPD provision available to registrants.

194. GOC is an outlier among healthcare and other professional services regulators in approving CPD providers. We understand that poor quality CPD is not viewed as an issue in other sectors in the absence of regulatory approval and we are not aware of other regulators seeking to introduce or restore such systems. Given our thematic review on commercial practices and patient safety, we are aware of concerns about inappropriate commercial influence on CPD. However, commercial actors provide CPD in many healthcare environments, so this issue is not unique to eye care. GOC mitigates risks of inappropriate commercial influence by approving the content of the CPD provider's first ten events, but once approved, CPD providers can deliver any CPD activity they choose. Therefore, the extent to which CPD provider approval mitigates risks around commercial influence should not be overestimated and addressing issues relating to commercial practices in eye care stretch well beyond CPD provision.

195. We are grateful for feedback on the current approval process. Reducing the number of CPD events requiring approval before CPD providers can convert from provisionally approved to fully approved status would help reduce barriers to entry for smaller providers (see Question 19 below). In the meantime, we will carry out an internal review to identify opportunities to simplify processes.

Reducing the number of CPD events requiring approval before CPD providers can convert from provisionally approved to fully approved status (Question 19)

Q19 [Should we reduce the number of CPD events requiring approval before CPD providers can convert from provisionally approved to fully approved status?]	Overall	Individuals	Organisations
Yes	46.2%	44.0%	58.3%
No	22.1%	20.1%	33.3%
Not sure	31.6%	35.8%	8.3%

196. There was a clear split between those who believe the current requirements are necessary for maintaining standards and quality, and those who feel the process is too onerous, particularly for small or new providers. Several suggested lowering the threshold for approval to support innovation and smaller providers.

197. Among those in favour of a reduction of the threshold, points raised included: helping smaller or specialist providers enter the market; reducing administrative burden; moving away from a fixed number of events and judging progression on the quality and consistency of submissions; and streamlining provider approval because events are approved anyway.

198. For those against a reduction, points raised included: requiring multiple approved events helps demonstrate a provider can deliver high quality CPD consistently; reducing the number of events could allow providers to gain full approval before reliability is proven; and that clearer standards, guidance and feedback to address any misalignment with expectations are needed.

199. Overall, there was conditional openness to reducing the numeric requirement where this removes unnecessary barriers, but only alongside stronger clarity, support and/or alternative safeguards to protect educational quality. Where respondents opposed change, the central message was that assurance should be strengthened first, using clearer standards and better feedback before lowering any approval threshold.

200. A sample of the comments we received are in the box below:

"If provider approval continues we would be open to a reduction in the number of approved CPD events required for a provider to move from provisional to full approval, if this is supported by GOC's operational experience and does not alter the underlying approval standard. A reduction from 10 successful submissions to a lower figure would be a prudent step as long as approvers can reasonably determine that a provisional provider is consistently meeting the required standard." (Association of Optometrists)

"While we recognise and broadly support the GOC's stated long term direction towards an outcomes focused CPD model with greater emphasis on registrant autonomy and self directed learning, the evidence presented in the consultation indicates that quality assurance at the provisional provider stage remains necessary and relevant at this point in the system's evolution. Reducing the number of events required for progression risks weakening an important quality control gateway before alternative safeguards are fully established." (CPD Provider)

"The existing threshold may act as a barrier to entry, particularly for smaller or more specialised providers. Reducing this requirement could broaden the range of CPD provision available and improve accessibility.

However, it remains important that an appropriate level of quality assurance is maintained. Any reduction should still ensure that providers:
• demonstrate an understanding of GOC expectations
• are capable of delivering relevant and appropriate CPD
• meet a consistent standard before full approval is granted

We therefore support a calibrated approach that lowers barriers while retaining sufficient oversight to maintain confidence in the quality of provision." (Optometry Scotland)

GOC response – Reducing the number of CPD events requiring approval before CPD providers can convert from provisionally approved to fully approved status

201. There was support among both individuals and organisations on this point. Should CPD provider approval end, reducing the number of CPD events requiring approval before CPD providers can convert from provisionally approved to fully approved status would support the transition. Changes here should support smaller CPD providers and encourage innovation.

202. Feedback was clear that the approval standard by which we assess the quality of CPD must not be lowered, which we can confirm. Overall, in line with feedback from Optometry Scotland, we will lower barriers while retaining sufficient oversight to maintain confidence in the quality of provision.

203. In the current system, we must approve ten different CPD events before CPD providers can convert from provisionally approved to fully approved status. This creates a barrier to entry for smaller CPD providers or charities focused on specific learning outcomes, so we intend to move away from this approach.

Phasing out CPD provider audits over the 2028-30 cycle (Question 20)

Q20 [Should we phase out CPD provider audits over the 2028-30 cycle?]	Overall	Individuals	Organisations
Yes	36.7%	36.4%	38.5%
No	36.1%	36.4%	34.6%
Not sure	27.2%	27.3%	26.9%

204. Overall, responses to this question were mixed with a trend towards conditional support rather than full endorsement. While some stakeholders agreed with the direction of reducing regulatory burden, most emphasised that robust alternative safeguards must be in place before audits are removed.

205. There are concerns that removing audits prematurely could reduce oversight of CPD quality, increase variability in provision, and risk commercially biased or low quality CPD to enter the system. It was suggested that audits could only be phased out if replaced by clear, effective safeguards including mechanisms (feedback systems) for reporting concerns (from registrants, employers or practices) and monitoring of underperforming providers.

206. The overall trend was strong support for retaining some form of audit or oversight to ensure CPD quality and protect the public, with some openness to reducing the frequency or administrative burden of audits.

207. A sample of the comments we received are in the box below:

"CPD provider audits are an important mechanism for maintaining quality assurance within the CPD system. Phasing out audits would significantly reduce oversight of CPD provision and may allow standards to decline over time without detection. Audits also provide an opportunity for the regulator to identify areas where CPD provision can be improved and to ensure providers are adhering to the required standards. Given the central role that CPD plays in maintaining professional competence and protecting patients, removing this form of oversight appears premature and potentially risky." (Therapeutic Prescribing Optometrist)

"We support phasing out CPD provider audits over 2028–30 in principle, but only if alternative safeguards are in place first. Removing audits without a clear replacement framework would risk inconsistent CPD quality, greater commercial bias and reduced confidence in the system." (Association of Optometrists)

"We cannot support phasing out CPD provider audits over the 2028–30 cycle. The removal of audits introduces the risk that some providers may deliver poor quality, commercially biased or promotional CPD.

However, we would support a change in this direction this change if processes were put in place to address CPD that is:

• educationally poor,
• commercially driven rather than clinically relevant, or
• inconsistent with GOC learning expectations.

This process may be facilitated by obtaining feedback from registrants and employers with reporting to the GOC via a designated feedback mechanism that enables registrants to submit concerns directly to the GOC. This could act as a safety net, ensuring the GOC retains visibility of emerging issues in the CPD marketplace without reinstating full audits." (CPD Provider)

GOC response – Phasing out CPD provider audits over the 2028-30 cycle

208. Reducing the number of CPD provider audits would support a phased transition towards our plans ultimately to remove CPD provider approval. Respondents asked for systems to be introduced to deal with poor provision before audits are reduced including targeted reviews following event feedback and mechanisms for registrants to raise concerns about CPD providers. Both are current features of our approach to CPD provider regulation, which we plan to maintain.

209. Feedback about a provider following each event is different from raising concern about a provider to GOC and we have established systems in place for this. Concerns would be for issues beyond the general content, delivery and usefulness of the CPD session, and relate to concerns that our standards are potentially not being met. Further information about how to raise concerns about GOC approved CPD providers can be found on our website here.

Withdrawing the GOC's Standards for CPD Providers (Question 21)

Q21 [Should we withdraw GOC's Standards for CPD Providers?]	Overall	Individuals	Organisations
Yes	17.2%	15.3%	26.9%
No	66.2%	67.2%	61.5%
Not sure	16.6%	17.6%	11.5%

210. Many respondents emphasised the importance of having standards for CPD providers, seeing them as essential for maintaining quality, consistency, and professional relevance in CPD activities. Many noted that standards provide clear expectations for providers and reassurance for registrants that CPD meets appropriate professional standards. Several respondents highlighted that, without standards, there is a risk of declining quality or a "race to the bottom".

211. There were some calls for greater flexibility in the standards, with some suggesting that they are currently too rigid or restrictive and may limit creativity and the scope of CPD. A few respondents proposed that standards could be

more of a recommendation, with random auditing, not a strict requirement. There were also suggestions that the standards need updating, particularly to better address non-clinical domains such as leadership and communication.

212. A sample of the comments we received are in the box below:

"We would be open to withdrawing GOC's Standards for CPD Providers, but only where they are replaced by clear, published quality principles and practical safeguards that give providers, registrants and auditors a shared understanding of what good CPD looks like. In the absence of such a replacement, withdrawing the standards would risk increasing inconsistency and reducing confidence in CPD quality across the sector." (Association of Optometrists)

"Removing these standards without a clearly defined alternative risks creating variability in CPD quality and making it more difficult to identify and address poor provision." (Optometry Scotland)

"As a CPD provider, we do not support withdrawing the GOC's Standards for CPD Providers. The Standards provide clarity on expectations, support consistency across providers, and underpin quality assurance within provider led CPD. They have guided significant investment by providers in governance, learning design, evaluation, and audit readiness, and form a key part of the assurance that registrants and the public place in provider led activity.

Removing the Standards without a clear and robust alternative risks increasing variability in quality and undermining the confidence built into the current system. If reform is needed, this would be better achieved through reviewing and refining the Standards to ensure they remain proportionate, clear, and fit for purpose, rather than withdrawing them altogether." (CPD Provider)

GOC response – Withdrawing the GOC's Standards for CPD Providers

213. There was a clear preference for retaining the GOC's Standards for CPD Providers, so we are content to keep them in place. The Standards will continue to form the basis for our audit activity and investigating concerns raised with us.

214. Ultimately, should CPD provider approval end following reform to the CPD Rules 2021, GOC would have no means to enforce the standards. At this point, we will need to consider if standards would be useful as a self-regulatory tool for CPD providers or in supporting registrants to search for suitable CPD provision.

6. Other areas

When we should introduce changes requiring amendment to the CPD Rules 2021 (Question 22)

Q22 [When should we aim to introduce changes requiring amendment to the CPD Rules 2021?]	Overall	Individuals	Organisations
January 2028	53.3%	58.3%	26.1%
January 2031	23.3%	15.7%	65.2%
January 2034	12.7%	14.2%	4.3%
Another date	10.7%	11.2%	4.3%

215. Although more individual respondents selected January 2028, most considered January 2031 as a more realistic and proportionate date, allowing adequate development, testing and communication. Some noted that reforms are unlikely before the end of the 2028–2030 cycle due to uncertainty over legislative time.

216. Other themes raised include a phased and/or parallel implementation approach (running old and new arrangements in tandem for a period) to reduce compliance risk and allow behavioural and cultural change to embed safely. Some recommended early evaluation of initial changes during the 2028–2030 cycle (e.g., after two years) to inform decisions on whether, and how, to proceed with more significant reforms requiring legislative amendment.

217. A sample of the comments we received are in the box below:

"Changes that require amendment to the CPD rules 2021 should not be made until at least January 2031. However, an evaluation of any initial changes made to the scheme should be undertaken after the first two years of the 2028-2030 cycle, to enable an informed decision on whether or not to implement more significant changes that require legislative change." (ABDO)

"We consider January 2028 too early for changes requiring amendment to the CPD Rules 2021. Cross-sector feedback supports the overall direction of reform but indicates that substantial further work is needed on the detail of the framework, including guidance, quality assurance, audit expectations and practical support for registrants and providers. A January 2031 implementation date would allow sufficient time for these elements to be developed, tested and communicated, helping to support a safer and more consistent transition across the sector." (Association of Optometrists)

"The sector needs long run-in times for changes that require a change in the culture as this is always a slow process which will require sustained support. Procedural changes can be implemented quickly with sufficient training.

There needs to be clarity and transparency from the GOC regarding the status and milestones of the change project." (The College of Optometrists)

GOC response – When we introduce changes requiring amendment to the CPD Rules 2021

218. We agree with feedback that 2028 is too soon to introduce changes of this scale considering the amount of preparatory activity needed. This is not just for GOC but for professional bodies, CPD providers, employers and other stakeholders. Mindful of comments in relation to the points system (Question 2), there is a need to embed culture change before such a significant change can be safely introduced. The measures we outlined in responses to previous questions will support this culture change to take place as part of a managed transition. Moreover, our reading of the political environment is that reform to the CPD Rules 2021 would not be prioritised in time for January 2028 implementation.

219. We understand the call for clarity on the status and milestones for change and have included an outline timetable in the executive summary. In broad terms, we will seek reforms requiring changes to the CPD Rules 2021 for implementation following the end of the 2028-30 cycle. This includes the most significant planned changes like ending the points system and CPD provider approval. Changes possible within the CPD Rules 2021 like recalibrating points and simplification of CPD provider approval, will be introduced from the start of the 2028-30 cycle. Both sets of changes will require detailed planning, and we will establish a task and finish group to assist us with this work, focused initially on changes that need to be in place for January 2028.

220. Where changes to the CPD Rules 2021 are required, ultimately, the timetable is not within GOC's control, but we foresee two scenarios. The first scenario is that government amends the CPD Rules 2021 before making wider planned reforms to the Opticians Act. The second scenario is that changes to the Opticians Act happen first. If the current proposals for amendments to the General Medical Council's legislation are mirrored in a reformed Opticians Act (as is intended), GOC would have powers to make changes to its rules, subject to consultation, without the need for Privy Council approval. In this situation, the GOC would then have control over the timetable for CPD reform. In either scenario, public consultation on proposed revisions to CPD rules will be required.

221. It would be regrettable if we were unable to make changes until 2034 or later. We do not underestimate the extent of the change programme required, but consider it is achievable to make the technical, practical and cultural changes necessary ready for introduction following the end of the 2028-30 cycle.

Impact assessment

Q26 [Are there any aspects of our proposals that could discriminate against stakeholders with specific characteristics?]	Overall	Individuals	Organisations
Yes	13.6%	12.1%	21.7%
No	46.9%	46.0%	52.2%
Not sure	39.4%	41.9%	26.1%

222. The feedback included concerns that the proposed reforms could unintentionally disadvantage certain groups, particularly if employer-based requirements become mandatory or if the system becomes less structured and more reliant on self-direction. At risk-groups cited in the feedback include: locums, sole practitioners, portfolio workers, those on maternity leave or career breaks, part-time registrants, and those with disabilities or neurodiversity (such as autism, ADHD, dyslexia).

223. One identified theme was that increased business involvement in CPD (e.g., through appraisals or monitoring) risks creating inequity for those without consistent employer support, such as locums or those working outside GOC-registered businesses. Some responses highlighted that the removal of familiar, structured mechanisms (like points and provider approval) could disadvantage newly qualified, internationally trained, or under-represented registrants who rely on clear frameworks.

224. The need for clear guidance, inclusive design, and proportionate assurance mechanisms to avoid these risks was noted. Some respondents emphasised the importance of flexibility to accommodate different working patterns and personal circumstances (e.g. those on maternity leave, with caring responsibilities or disabilities), and the need for ongoing equality impact monitoring.

225. A sample of the comments we received are in the box below:

"Some aspects of the proposed reforms could have unintended negative impacts on certain groups of registrants. In particular, the removal of structured CPD requirements and greater reliance on self-directed learning and employer support may disadvantage registrants who have less access to workplace training opportunities. For example, locum practitioners, part-time workers, and those working across multiple practices may not have the same level of organisational support for CPD as those employed in larger organisations. This could create inequalities in access to structured learning opportunities and professional development.

Registrants with caring responsibilities, those returning from parental leave, and individuals with disabilities or long-term health conditions may also face

challenges if CPD expectations become less structured and more dependent on employer support or informal learning arrangements.

Additionally, registrants working in smaller practices or rural settings may have fewer opportunities to access high-quality CPD if regulatory oversight of CPD providers is reduced. These factors could unintentionally widen disparities in professional development opportunities across the profession." (Therapeutic Prescribing Optometrist)

"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." (FODO – The Association for Eye Care Providers)

"Proposals that seek to strengthen the role of businesses – for example through appraisals, monitoring or PDP oversight – risk creating inequity for registrants who are locums, sole practitioners, business owners, or portfolio workers, or those whose employers are not GOC registered. These groups may not have access to consistent workplace systems or support, potentially leading to uneven application of requirements and perceptions of unfairness." (CPD Provider)

"A more flexible and less prescriptive CPD system may disadvantage registrants who have less access to support, structured development opportunities or consistent workplace infrastructure. This risk is closely linked to the structure of the workforce and variation in working arrangements." (Optometry Scotland)

Q27 [Are there any aspects of our proposals that could have a positive impact on stakeholders with specific characteristics?]	Overall	Individuals	Organisations
Yes	17.8%	11.4%	52.2%
No	31.5%	35.0%	13.0%
Not sure	50.7%	53.7%	34.8%

226. Benefits noted in the feedback included increased flexibility in CPD requirements, particularly for those who face barriers to attending traditional, provider-led or structured sessions. This includes individuals with caring responsibilities, disabilities, those on maternity or parental leave, and those with variable work patterns or who struggle to participate outside of normal working hours.

227. Some responses noted that a less prescriptive, more self-directed approach could widen participation and improve the impact of CPD. There was also mention

of the potential for positive effects related to age, and for those returning from career breaks.

228. A sample of the comments we received are in the box below:

"It could be a fantastic opportunity to develop the optical workforce and encourage self-directed development and registrants taking far more responsibility for their own development.

The GOC needs to significantly expand its guidance and resources to registrants surrounding CPD – to inspire and encourage more activity and reduce narrow prescription of suitable activities, whilst maintaining focus on professional development that increases the safety and effectiveness of protected activities of self or others." (The College of Optometrists)

"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." (FODO – The Association for Eye Care Providers)

"Increased emphasis on professional judgement, reflective practice and personal development planning may benefit registrants whose learning styles or cultural backgrounds align less well with formalised, classroom based education. Supporting multiple pathways to competence encourages diversity in learning approaches and recognises different strengths and experiences.

However, the extent to which these positive impacts are realised will depend on clear guidance, proportionate assurance mechanisms and appropriate support, particularly for registrants who may require additional confidence or structure when navigating a less prescriptive system." (CPD Provider)

GOC response – impact assessment

229. We are grateful for the feedback, and we have chosen to combine our responses to Questions 26 and 27 given the similarity in the issues raised.

230. We agree with the final comment in the box above that the changes should have positive impacts overall, but success will depend on the quality of guidance and support, as well as our approach to assurance mechanisms. At its heart, our proposals seek to introduce greater flexibility and less prescription in a sector that is characterised by a wide diversity of roles and practice settings. Greater flexibility should reasonably be expected to benefit registrants working outside of traditional high-street eye care delivery patterns. Examples include practitioners

who are older, working part-time or those with caring responsibilities. A greater emphasis on self-directed CPD should also support less affluent registrants, including those not eligible for NHS grants or not working for large employers where there is ready access to CPD activities charged at no cost to registrants.

231. We recognise concerns that a more flexible approach does not benefit everyone and that some specific groups may be at a disadvantage if the system becomes less structured and more reliant on self-direction. Our expectation is that most registrants will continue to access provider led CPD via employers and events with self-directed CPD growing in influence over time. The new system would present greater choice, allowing registrants to continue with a highly structured approach if that is what suits them best. Guidance by GOC and others can support registrants by suggesting norms, detailing good practice and providing practical resources like templates. A minimum requirement for GOC guidance will be to explain what GOC will look for when reviewing CPD records and the circumstances that could lead to removal from the register.

232. An advantage of the current three-year cycle supported by our approach to exceptional circumstances is that it supports ‘CPD breaks’ due to pregnancy, caring responsibilities and other life events. This is because the total points needed can be spread over the course of each cycle. If our proposals are implemented, the concept of a three-year CPD cycle will end. Our guidance on CPD record review will explain how we will treat such situations in future.

233. Some concerns raised in Question 26 related to our specific proposals for business registrants to play a greater role in supporting CPD. However, we have stepped back from these proposals following stakeholder feedback.

234. An updated impact assessment has been published alongside this response.

Welsh language

235. We asked stakeholders if the proposed changes would 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. Nine respondents indicated that the proposed changes would have effects on opportunities for people to use the Welsh language, and 10 respondents indicated they would have effects on treating the Welsh language no less favourably than the English language. In the feedback, most respondents did not identify any direct impact of the proposed CPD reforms on the Welsh language or its treatment relative to English.

236. We asked stakeholders whether the proposed changes could 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. 15 respondents indicated that the proposed changes could be revised so that they would have

positive effects, or increased positive effects, on opportunities for people to use the Welsh language, and 12 respondents indicated they could be revised to treat the Welsh language no less favourably than the English language. In the feedback, there was support expressed for documentation and resources to be made accessible in Welsh, in line with regulatory expectations.

237. We asked stakeholders whether the proposed changes could 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. 10 respondents indicated that the proposed changes could be revised so that they would not have negative effects or decreased negative effects on opportunities for people to use the Welsh language. Eight respondents indicated they could be revised so that they would not have negative effects or decreased negative effects on treating the Welsh language no less favourably than the English language. As with previous questions, language accessibility was noted as an important consideration. Overall, feedback was not as extensive for questions relating to Welsh language compared with other questions asked.

GOC response – Welsh language

238. We are grateful for responses to this question. Few responses included specifics on changes we might make with feedback focused on translation of documents.

239. Overall, we remain of the view that our proposals would have a neutral impact on the Welsh language. We translate our CPD materials into Welsh now, and this will continue to be the case.