



CPD (CET) review proposals consultation

Final report

General Optical Council

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Executive Summary

Introduction

The General Optical Council (GOC), in its role as the regulator for the optical professions of optometry and dispensing optics in the UK, is required to operate a scheme of continuing professional development (CPD) and a scheme of continuing fitness to practise (revalidation). The GOC currently operates an enhanced CPD scheme covering both requirements known as Continuing Education and Training (CET).

Over a number of years, the GOC has been reviewing the CET scheme, introduced in 2013, as the optical sector has evolved in various ways, resulting in diversification of the work carried out by optometrists and dispensing opticians, with roles expanding to deliver a wider range of eye care services in community or hospital settings as part of multi-disciplinary teams.

To ensure it is fit for the future, the GOC has assessed the findings of recent public consultations and engagement with the optical sector and has produced a set of proposed changes to the current CET scheme. Summarised, these changes include:

- Replacing the competencies which currently underpin the scheme, the standards of competency for undergraduate education (which are generally seen as overly prescriptive), with the Standards of Practice for Optometrists and Dispensing Opticians
- Allowing registrants more control over their learning and development and the ability to tailor it to their own personal scope of practice, introducing the CPD domains of professionalism, communication, clinical practice, and leadership and accountability
- Enhancing requirements for registrants to reflect on their practice
- Changing the name of the scheme from Continuing Education and Training (CET) to Continuing Professional Development (CPD)
- Introducing a new proportionate system of CPD approvals

To understand the potential impacts of these proposed changes on all stakeholder groups, the GOC delivered a public consultation titled 'CPD (CET) review proposals', which ran for 12 weeks from 28 May to 20 August 2020. Enventure Research, an independent research agency, was commissioned by the GOC to support it in the design and delivery of this consultation, completing independent analysis of the results and feedback. The findings of the consultation are presented in this report.

Methodology

A phased mixed-methodology approach, including both quantitative and qualitative methods, was used for this consultation, including:

- An online consultation survey, delivered by the GOC via the Citizen Space platform, which received 485 responses over a 12-week period
- Online focus groups and in-depth interviews with GOC registrants, delivered by Enventure Research
- In-depth interviews with key external stakeholders from the optical sector, delivered by Enventure Research

A more detailed description of the methodology for this research can be found in chapter 2 of this report.

Summary of the key findings

The following pages present some of the key findings from this consultation, following the structure of the report. For more detail, please see the relevant chapters within this report.

Change of name

The majority of consultation survey respondents stated that changing the name of the scheme from CET to CPD would have either a positive impact (42%) or no impact (54%) on them or their organisation. Just 2% thought that there could be negative impacts associated with this change.

This proposed change was viewed in a positive light by almost all who took part in the consultation. Most viewed it as an overdue and positive step that would more accurately reflect what the scheme should be, and that it may help to encourage greater levels of development. It was also hoped that changing the name to CPD would help to bring the optical professions more in line with other healthcare professions which already use the name CPD.

The only criticism of changing the name to CPD was that it was unnecessary, and that it was the content of the scheme that was more important, but this was only suggested by a small minority of those who took part in the consultation.

It was felt that clear communication of this change would be required to ensure that all registrants were aware of it and understood why it was happening to avoid any confusion.

Freeing up the scheme by using the Standards of Practice to underpin it

The largest proportion of consultation survey respondents answered that replacing the current CET competencies with the Standards of Practice for Optometrists and Dispensing Opticians would have a positive impact on them or their organisation (42%). A third of respondents thought that this change would have no impact (33%), and 13% suggested it would have a negative impact.

Those who saw positive impacts related to this change primarily focused on the increased flexibility that this would allow for registrants within the new CPD scheme due to the broader and less restrictive categories that would underpin it via the Standards of Practice. Many participants highlighted that they felt this placed more trust in optical professionals, giving them greater responsibility and freedom in relation to their professional development, where they will be able to have more direction over their own learning and potential specialisation. It was also suggested that CET providers would benefit from this change, as they would also be provided with a greater degree of flexibility when designing learning opportunities.

This change was also seen as a positive step forward as it moved professional development away from the entry-level requirements of the standards of competence for undergraduate education which underpin the current CET scheme, which will help to further the development of optical professionals. Using the Standards of Practice to underpin the new scheme was perceived as being more relevant for registrants, as they are already required to work within them to maintain their registration with the GOC.

Some concerns were raised in relation to this change, primarily relating to how using the Standards of Practice to underpin the new CPD scheme would ensure core competencies are maintained, and whether registrants may deskilling in key areas of practice as a result. Whilst viewed as restrictive, some felt that the current standards of competence ensured that registrants covered all important areas of practice via their CET and maintained the required levels of knowledge and skill. However, it was also widely suggested that the benefits of this change outweighed these concerns, and that as professionals, it was the responsibility of registrants within a CPD scheme to ensure they maintained the required core competencies, using their own judgement via reflection on their strengths and weaknesses.

Again, it was felt that clear communication of this change and how it would work in practice would be required to ensure registrants understood the change, and to overcome any reluctance towards it from those who are content with the current CET scheme.

CPD domains

Just over half of consultation survey respondents thought that requiring registrants to undertake CPD in the proposed domains of professionalism, communication, clinical practice, and leadership and accountability would have a positive impact on them or their organisation (51%). A third thought the requirement would have no impact (32%), and just 10% thought it would have a negative impact.

The proposed CPD domains were generally viewed as a logical way of dividing up the Standards of Practice to underpin the new scheme. Again, it was felt that the domains would provide registrants with a greater degree of flexibility via the broader categories. It would also allow more freedom to complete CPD in a wider range of areas, particularly as a result of including domains other than clinical practice.

The domains of professionalism, communication, and leadership and accountability were well received by most who took part in the consultation, who felt these areas were not given much focus in the current CET scheme. They were viewed as particularly important within the new CPD scheme, as it was typically in these areas that patient complaints or fitness to practise cases were received, and that by ensuring CPD was completed in these areas, it may have the positive impact of reducing future complaints.

Although those who took part in the consultation were mostly positive about the CPD domains, some concerns were raised about how these domains would work in reality. Questions were raised about whether the requirement of completing one piece of CPD in each domain per CPD cycle was sufficient, about whether the domains sufficiently focused on clinical practice, and about whether the domains included sufficient detail. The most commonly suggested negative impacts of these concerns related to the potential of registrants deskilling in core competencies or becoming too specialised due to the increased flexibility and freedom provided.

A small number of those who participated in the consultation felt that the proposed changes in relation to the CPD domains, whilst positive, may not go far enough, and that by retaining a framework and a points system, the new scheme would be a step towards CPD, but would still retain useful features of the CET scheme.

Non-approved CPD

The majority of consultation survey respondents thought that allowing registrants to use non-approved CPD to count as points towards their CPD would have a positive impact on them or their organisation (68%). A fifth thought that this change would have no impact (20%) and just 7% perceived a negative impact.

Overall, this proposed change was well received and seen by many as overdue. It was felt that it provided registrants with greater flexibility and accessibility in relation to CPD, as they would be able to gain points from learning that they may already be undertaking and participate in learning opportunities that were more relevant to their scope of practice, again providing them with greater control and responsibility over their professional development.

Another perceived positive impact of this change was the improvements it would bring to interprofessional learning and the sharing of resources, as optical professionals work very closely with other healthcare professions, and therefore would be able to benefit from their learning opportunities.

Some concerns were raised about this change being open to abuse by both providers and registrants. Additionally, concerns were raised about the requirements attached to this change, such as requiring all non-approved CPD to be designed for healthcare professionals, to be at least an hour in length, and to allow no more than 50% of a registrant's CPD to come from non-approved sources. It was suggested that these restrictions may reduce the positive impacts of this change, however overall the change was still welcomed.

As with all the proposed changes, it was felt that clear communication and guidance would be required to ensure registrants understand this change and have the confidence to utilise the new potential to undertake non-approved CPD.

Reflection

A large proportion of consultation survey respondents answered that introducing a mandatory requirement for reflection would have a positive impact on optometrists (43%), dispensing opticians (40%), employers (40%) and professional associations (45%). However, it was in response to this proposed change where higher levels were recorded for those who thought there could be negative impacts on optometrists (29%), dispensing opticians (22%) and employers (19%).

Attitudes towards reflection appear to be split. Many are supportive of reflection and are enthusiastic about the benefits it can have for professionals, particularly stakeholder organisations. Those of this opinion were supportive of this proposed change, explaining that it would bring the profession more in line with other healthcare sectors where reflection is more widespread, and that it would hopefully encourage registrants to take their professional development more seriously, moving it away from the perception that it is a 'tick box exercise'.

However, others are not as convinced about the benefits of reflection and saw it more as an inconvenience, particularly some registrants, and they were more likely to be less supportive of this proposed change. It is important to note that many participants who were sceptical of the mandatory reflective exercise requirement often did not understand exactly what this would entail, and appeared to base their perceptions of reflection based on typing responses into boxes after completing a piece of CET, something which they do not think is worthwhile.

Some concerns were expressed in relation to how reflective statements may be used. It was explained that registrants may be hesitant to truly reflect on areas of weakness or mistakes if they are fearful that this information may be used against them if they make a mistake in the future.

Therefore, as with all other proposed changes, but particularly for changes related to reflection, it was suggested that the GOC would need to provide clear communication and guidance to ensure the change was understood and accepted. Specifically for this change, it was also suggested that CET should be provided before the scheme changes to CPD to ensure that all registrants understand what will be required of them and how they should complete their reflective exercise.

CPD approvals and audit

Opinion was almost equally divided between those who thought that the new CPD approval system would have a positive impact (44%) and no impact (38%) on themselves or their organisation. Just 8% thought it would have a negative impact.

The proposal to approve and audit CPD providers, rather than the CPD they produce, was perceived as a positive change, particularly by current CET providers. They felt that this change would make the process of approvals much more efficient and consistent, and less frustrating, circumventing what they saw as unnecessary bureaucracy.

It was suggested that this change may result in higher quality CPD being produced, as providers may feel more confident that their submissions will be approved and therefore may produce more interesting and beneficial learning opportunities. However, some concerns were raised about the impact that this change could have on the quality of CPD, suggesting that there was a risk that it may be lowered by employers delivering CPD that is more commercially driven and less focused on patient care. Therefore, the consultation findings suggest that the new approval process, and particularly the audit process, will need to be sufficiently robust to support this change.

Conclusions

- The proposed changes to the CET scheme will provide increased flexibility and freedom:
 - General acceptance of the proposed changes, seeing positive impacts or no impacts
 - Increased freedom and flexibility in relation to professional development are likely outcomes of the changes, which will lead to other positive impacts
- The proposed changes will bring the optical sector more in line with other healthcare professions
- The proposed changes may improve the quality of learning available for registrants
- There are some concerns about the proposed changes:
 - The changes could provide too much freedom, resulting in deskilling in key areas
 - Some aspects of the changes are not flexible enough
 - Concerns about how the changes will work in reality
 - Concern about how accepting of the proposed changes some registrants will be
- The proposals are a step in the right direction, but may not go far enough
- Clear communication of the proposed changes and support to adapt to them will be key to success

1. About this consultation

1.1 Background

- 1.1.1 The General Optical Council (GOC) is the regulator for the optical professions of optometry and dispensing optics in the UK, with a mission to protect and promote the health and safety of the public.
- 1.1.2 As a healthcare regulator, the GOC is required to operate a scheme of continuing professional development (CPD) and a scheme of continuing fitness to practise (sometimes referred to as 'revalidation'), proportionate to the professions it regulates. The GOC operates an enhanced CPD scheme to cover both requirements called Continuing Education and Training (CET). It is a statutory obligation for all GOC registrants to complete their CET requirements in order to remain on the GOC register.
- 1.1.3 In recent years, the optical sector has evolved in various ways, including an increasingly ageing population, advances in technology, and changes to the NHS, which have had an impact on the way that optical services are delivered across the UK. As a result, the work optometrists and dispensing opticians carry out has diversified, with many expanding their skill set to deliver a range of eye care services in community or hospital settings as part of multi-disciplinary teams.
- 1.1.4 To ensure that the current CET scheme evolves to take these changes into account and meets the challenges of the future, the GOC has been conducting a review of the scheme. The findings from the GOC's 2018 public consultation 'Fit for the future: A lifelong learning review', alongside further engagement with stakeholder organisations, enabled the GOC to produce a number of proposed changes to the CET scheme.
- 1.1.5 The GOC has delivered another public consultation, titled 'CPD (CET) review proposals' between 28 May and 20 August 2020, to understand the potential impacts of the proposed changes on all key stakeholder groups. The GOC and Enventure Research, an independent research agency, designed an online survey to collect responses to the consultation. Additionally, Enventure Research conducted supplementary consultation activity in the form of qualitative research.
- 1.1.6 Enventure Research has independently analysed the data collected via the online consultation survey, combined with the feedback collated via the qualitative consultation activity. The findings of the consultation are presented in this report.

1.2 The proposed changes to the CET scheme

- 1.2.1 Following previous consultation and engagement with the optical sector, the GOC's proposed changes to evolve the CET scheme include:
- Replace the competencies which currently underpin the scheme, which are generally seen as overly prescriptive, with the Standards of Practice for Optometrists and Dispensing Opticians
 - Allow registrants more control over their learning and development and the ability to tailor it to their own personal scope of practice
 - Enhance requirements for registrants to reflect on their practice

- Change the name of the scheme from Continuing Education and Training (CET) to Continuing Professional Development (CPD)
- Introduce a new proportionate system of CPD approvals

1.2.2 For each section of this report that presents the consultation findings, the relevant proposed change to the CET scheme will be described in more detail.

2. Methodology

2.1 Overview

- 2.1.1 A phased mixed-methodology approach, including both quantitative and qualitative methods, was used for this consultation, including:
- An online consultation survey
 - Focus groups and in-depth interviews with GOC registrants
 - In-depth interviews with key stakeholders from the optical sector

2.2 Online consultation survey

- 2.2.1 The GOC designed a consultation document which set out the proposed changes to the CET scheme. A consultation questionnaire was then designed by Enventure Research and the GOC to ask questions relating to the impact of each proposed change. It was designed to allow completion by a range of audiences, including both individual and organisational responses. For reference, a copy of the consultation document, which includes the consultation questionnaire, can be found in **Appendix A**.
- 2.2.2 The online survey was managed and promoted by the GOC, hosted online via the Citizen Space platform. The consultation ran for 12 weeks from 28 May to 20 August 2020. During this time, 485 responses were received.
- 2.2.3 The majority of responses were from individuals (93%) and 7% were from organisations. **Figure 1** below shows that, of individual responses, the majority came from optometrists (66%), followed by dispensing opticians (17%), contact lens opticians (8%) and therapeutic prescribers (6%). Very small numbers of students and a single optical patient took part in the consultation survey.

Figure 1 – Individual respondent type
 Base: All individual respondents (452)

Respondent type	Number	%
Optometrist	298	66%
Dispensing optician	76	17%
Specialist - contact lens optician	34	8%
Specialist - therapeutic prescriber	29	6%
Other	8	2%
Student - optometry	5	1%
Optical patient	1	0%
Student - dispensing	1	0%

- 2.2.4 As shown in **Figure 2**, the largest proportion of organisational responses came from current CET providers (14 responses, 42%), followed by optical business registrants (9 responses, 27%).

Figure 2 – Organisation respondent type
 Base: All organisational respondents (33)

Respondent type	Number	%
Current CET provider	14	42%
Optical business registrant	9	27%
Optical defence/representative body	5	15%
Other	5	15%

2.2.5 The following organisations took part in the online consultation survey:

- Alcon Eye Care UK Ltd
- Ashton Leigh and Wigan LOC
- Association of Contact Lens Manufacturers (ACLM)
- Association of Optometrists (AOP)
- Bangor Optometrists
- Boots Opticians Professional Services Limited
- British Contact Lens Association (BCLA)
- Bryden Opticians
- Federation of Ophthalmic and Dispensing Opticians (FODO) - the Association for Eye Care Providers
- Hampshire LOC
- Health Education England
- Isle of Wight Optical Society
- Kensington, Chelsea, Westminster, Hammersmith & Fulham LOC
- NHS Education for Scotland (NES)
- Nigel Gainey Opticians
- Northern Ireland Optometric Society
- Optician Journal (Mark Allen Group)
- R.A.Glass Associates (Holywood) Ltd
- Safe cic
- Scrivens Optician & Hearing Care
- SeeAbility
- Specsavers Opticians Professional Development function
- Spectacular Opticians
- Stepper (UK) Limited
- The Association of British Dispensing Opticians (ABDO)
- The College of Optometrists
- Underwood Opticians
- Webineyes
- WOPEC, Cardiff University

2.3 Qualitative consultation activity

2.3.1 To supplement the quantitative online consultation survey, a programme of qualitative consultation activity was conducted. This included a series of online focus groups with GOC registrants and in-depth interviews with external stakeholders.

Online focus groups with registrants

2.3.2 The registrant focus groups were split between optometrists and dispensing opticians to take into account the differences between these roles. Ten focus groups were held in total, stratified by country, as shown in **Figure 3** below. Additional interviews were conducted with dispensing optician registrants from Northern Ireland and Wales where recruitment of sufficient numbers proved difficult. Due to the COVID-19 pandemic, all focus groups were conducted online.

Figure 3 – Stratification of registrant online focus groups

Role	Location of registrants	Format	Additional stratification
Optometrist	England (North)	Focus group	Mix of practice settings, number of years registered, gender, age, ethnicity
	England (Midlands)		
	England (South)		
	Scotland		
	Wales		
	Northern Ireland		
Dispensing optician	England	In-depth interviews	
	Scotland		
	Wales		
	Northern Ireland		

2.3.3 A discussion guide was designed to revisit some areas covered in the consultation survey in order to stimulate discussion and explore the reasons behind the results in greater depth, as well as other

areas that were not suitable to be covered in an online survey format. A copy of the registrant discussion guide can be found in **Appendix B**.

- 2.3.4 Four to five participants attended each focus group. The qualitative consultation activity with registrants took place in August 2020.

In-depth interviews with external stakeholders

- 2.3.5 A wide range of stakeholders from the optical sector took part in qualitative research via in-depth interviews, which allowed the proposed changes to the CET scheme to be covered in significant depth in a one-on-one scenario.
- 2.3.6 The GOC produced a list of key stakeholders and organisations for potential participation in the in-depth interviews to ensure a representative spread of stakeholders across the sector was achieved. **Figure 4** below and overleaf lists all the stakeholders who took part in the research and gave their consent to be identified in this research. Verbatim quotations have been used where relevant from these interviews as evidence of certain viewpoints, but these have only been attributed to organisations or individuals where consent was provided and quotations were approved.

Figure 4 – Optical stakeholder interview participants

	Organisation	Stakeholder category
1	Association for Independent Optometrists & Dispensing Opticians (AIO)	Professional association
2	Association of Optometrists (AOP)	Professional association
3	Association of British Dispensing Opticians (ABDO)	Professional association
4	The College of Optometrists	Professional association
5	The College of Optometrists	Professional association
6	Federation of Ophthalmic and Dispensing Opticians (FODO)	Professional association
7	Federation of Ophthalmic and Dispensing Opticians (FODO)	Professional association
8	British Contact Lens Association (BCLA)	Professional association
9	Royal College of Ophthalmologists	Professional association
10	Boots Opticians	Large employer
11	Asda Opticians	Large employer
12	Vision Express	Large employer
13	Optical Express	Large employer
14	Optometry Wales	National organisation
15	Optometry Scotland	National organisation
16	Optometry Northern Ireland	National organisation
17	Scottish Government	National organisation
18	Unnamed CET provider	Current CET provider
19	BBG-CET	Current CET provider
20	Optician Magazine	Current CET provider
21	Patient Safety Learning	Charity/patient organisation
22	Moorfields Eye Hospital	Secondary care provider
23	Health and Social Care Board	Optical commissioner
24	Primary Eyecare Services	Optical commissioner
25	Optical Consumer Complaints Service (OCCS)	Other
26	CET approver	CET approver
27	CET approver	CET approver

- 2.3.7 In-depth interviews followed a specifically designed interview guide to allow all relevant topics to be covered, some of which were tailored for each stakeholder group. Interviews were conducted either via the internet or telephone. A copy of the in-depth interview guide can be found in **Appendix C**.

- 2.3.8 In total, 27 optical sector stakeholders were interviewed between July and August 2020.

3. Reading this report

3.1 Interpreting survey data

Interpreting percentages

- 3.1.1 This report contains a number of tables and charts used to display consultation survey data. In some instances, the responses may not add up to 100% or the base size may differ between questions. There are several reasons why this might happen:
- The question may have allowed each respondent to give more than one answer
 - A respondent may not have provided an answer to the question, as questionnaire routing allowed certain questions to only be asked to specific groups of respondents
 - Only the most common responses may be shown in the table or chart
 - Individual percentages are rounded to the nearest whole number so the total may come to 99% or 101%
 - A response of less than 0.5% will be shown as 0%
- 3.1.2 Where possible, analysis has been undertaken to explore the survey results by respondent type – optometrists (including therapeutic prescribers), dispensing opticians (including contact lens opticians), and organisations – and by age group in a smaller number of cases. This analysis has only been carried out where the sample size was seen to be sufficient to enable confident statistical analysis. As only 33 organisation responses were received, results for this group have been displayed to give an indication of organisational views and cannot be confidently compared to the results from optometrists and dispensing opticians. Any differences between optometrists and dispensing opticians have been calculated as statistically significant according to a statistical test (the z-test) at the 95% confidence level.

Combining response options

- 3.1.3 The majority of consultation survey questions required respondents to indicate the impact of a proposed change on a scale of ‘*very positive*’ to ‘*very negative*’. As differences between responses within this type of Likert scale are often subjective (for example, the difference between those who answered ‘*very positive impact*’ and ‘*positive impact*’), these response options have been combined to create a total response. They are presented in charts and tables as *total* results (e.g. ‘*total positive*’ and ‘*total negative*’).

3.2 Interpreting qualitative feedback

- 3.2.1 When interpreting the qualitative research data collected via focus groups and in-depth interviews, the findings differ to those collected via a quantitative online survey methodology because they are not statistically significant. They are collected to provide additional insight and greater understanding based on in-depth discussion and deliberation, not possible via a quantitative survey. For example, if the majority of optometrist participants hold a certain opinion, this may or may not apply to the majority of all optometrists. Qualitative findings are collected by speaking in much greater depth to a smaller number of individuals.
- 3.2.2 Focus group and in-depth interview discussions were digitally recorded and notes made to draw out common themes and useful quotations. Verbatim quotations have been used as evidence of

qualitative research findings where relevant throughout the report. Quotations from the registrant focus groups are anonymous, and quotations from stakeholders are attributed to their organisation, in line with their authorisation.

3.3 Terminology and clarifications

- 3.3.1 Throughout this report, those who took part in the online consultation survey are referred to as 'respondents'.
- 3.3.2 Those who took part in qualitative research (focus groups or in-depth interviews) are referred to as 'participants'.
- 3.3.3 'CET' is used to refer to the current system of Continuing Education and Training. 'CPD' is used to refer to Continuing Professional Development and the proposed new scheme.
- 3.3.4 In some verbatim quotations, the term 'optom' has been used to refer to an optometrist and 'DO' to refer to a dispensing optician.
- 3.3.5 The term 'stakeholder' refers to those who took part in the research, either via the online consultation survey or an in-depth interview, as a representative of the wider optical sector.

4. Change of name

Summary - What is changing and why?

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

In the consultation, the GOC said:

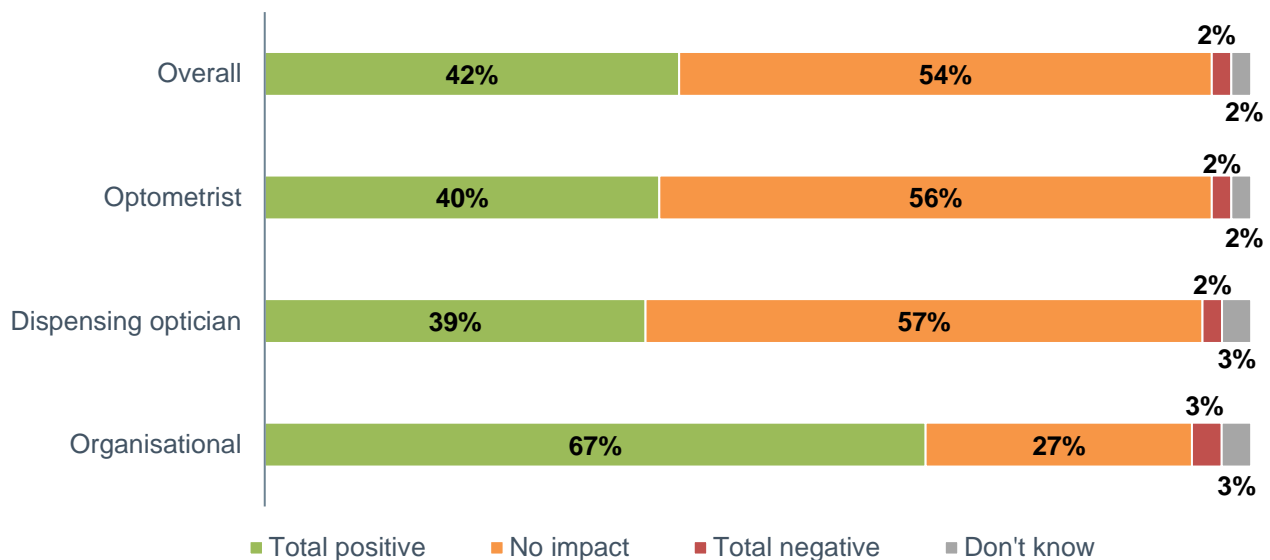
“We know through our previous consultation with stakeholders that there is support for changing the name of our scheme from Continuing Education and Training (CET) to Continuing Professional Development (CPD). We support this change and will re-brand the scheme to CPD at the start of the new cycle in January 2022. We think this change is important because the name of the scheme needs to reflect the changes that we are making from 2022, as we move away from a scheme that is perceived as maintaining core competencies and move towards one that promotes lifelong learning and development throughout a registrant’s professional career. Changing the name to CPD is also consistent with the approach of other healthcare regulators and would minimise any risk of our scheme being perceived as an inferior scheme.”

4.1 Consultation survey response

- 4.1.1 Survey respondents were asked what impact, if any, changing the name of the scheme to CPD will have on them or their organisation. The chart at **Figure 5** shows that, at an overall level, the majority of participants said that the name change would have no impact (54%), followed by 42% who thought it would have a positive impact. Just 2% thought that this change would have a negative impact.
- 4.1.2 Little difference can be seen between the views of optometrists and dispensing opticians, where the majority of respondents from each role answered that the name change would have no impact (56% and 57% respectively). However, responses from organisations were more likely to state that the name change would have a positive impact (67%).

Figure 5 – What impact, if any, will changing the name of the scheme to CPD as of January 2022 have on you/your organisation?

Base: All respondents (483), Optometrists (328), Dispensing opticians (113), Organisations (33)



- 4.1.3 Subgroup analysis of individual responses by age group highlights that younger respondents aged 16-44 were more likely to see a positive impact of this change (50%) when compared with older respondents aged 45+ (37%).
- 4.1.4 Respondents were asked to explain their answer if required, thinking about what potential improvements or barriers this particular change could create. Respondents were able to provide free-text responses, which have been thematically coded for analysis by grouping similar responses together.
- 4.1.5 As shown in **Figure 6** overleaf, a large proportion of those who thought the name change would have a positive impact commented that it would align more closely with other professions, as the term CPD is used more widely and would therefore be more recognisable (41%, 93 comments). Significant proportions of comments also focused on CPD being a more appropriate term which better fits with the aims of the scheme (31%, 78 comments), and that the term CPD was a more professional term and will help to improve the reputation of the profession (27%, 24 comments). Comments from these respondents also included some criticism of the name change, which can be viewed in the table overleaf.

Figure 6 – Explanation for why the name change will have a positive impact
 Base: Respondents who thought it would have a positive impact and provided an answer (159)

Reason for positive impact	Number	%
Aligns with other professions – CPD more widely used/recognisable	93	41%
More appropriate term/better fits aims of scheme	78	31%
More professional/will improve reputation	24	27%
Name of scheme doesn't matter/content more important	10	16%
Won't change anything/already view CET as CPD	5	10%
Name change will create confusion	5	7%
More funding/support needed	1	3%

- 4.1.6 **Figure 7** below shows the coded comments from respondents who thought the name change would have no impact. The majority of comments focused on the fact that the name of the scheme does not matter, and that the content of it is more important (62%, 61 comments). A large proportion of comments suggested that changing the name would not change the scheme itself, and that the profession already view CET as CPD, just by another name (39%, 39 comments).

Figure 7 – Explanation for why the name change will have no impact
 Base: Respondents who thought it would have no impact and provided an answer (99)

Reason for no impact	Number	%
Name of scheme doesn't matter/content more important	61	62%
Won't change anything/already view CET as CPD	39	39%
Aligns with other professions – CPD more widely used/recognisable	19	19%
Unnecessary change/waste of money	10	10%
More appropriate term/better fits aims of scheme	5	5%
More professional/will improve reputation	3	3%
More funding/support needed	3	3%
Name change will create confusion	1	1%

- 4.1.7 The small number of those who thought the name change would have a negative impact expressed concerns about it being an unnecessary change and waste of money (7 comments), that the name of the scheme is not important (2 comments), and that the name change will create confusion (2 comments).

4.2 Qualitative consultation activity feedback

Widespread agreement that changing the name to CPD is a positive step as it would more accurately reflect what the scheme should be, and may help to encourage greater levels of development

- 4.2.1 In contrast to the survey results, where a large proportion of respondents thought that changing the name of the scheme from CET to CPD would have no impact, the majority of qualitative feedback from both registrants and stakeholders in relation to this change was very supportive and highlighted mostly positive impacts. One of the most discussed positive impacts was that the name CPD would more accurately reflect what they thought the scheme should be – about the continuing professional development of optical professionals, rather than maintaining basic levels of education and training. It was suggested that the name CPD would help to signify a change in the way registrants view the scheme, placing more emphasis on the individual to be responsible for their own development, moving away from the perception that the scheme is a ‘tick box exercise’.

CPD is more about driving your career forward, and driving your knowledge and professionalism forward, whereas CET was always about ticking the right boxes to keep yourself on the register.

Therapeutic prescriber, Scotland

Yes, we support the name shift. It is an important signifier of psychological change. It marks the shift from being a more technical clinician to being an autonomous clinical professional. Professional development should be pitched at a higher and more self-directed level than CET. CPD should still encompass the fundamental elements of good clinical practice but should also enable individuals to develop as clinicians in broader ways which the previous scheme did not allow for as it was too narrow.

Federation of Ophthalmic and Dispensing Opticians (FODO)

It indicates to the professionals that this is about improvement rather than maintaining standards.

Scottish Government

- 4.2.2 A number of participants focused on the positive impacts of moving away from the term ‘education’. ‘Education’ was suggested as having potentially negative connotations, implying that it was the maintenance of basic, entry-level skills and knowledge found amongst newly qualified practitioners. Conversely, ‘professional development’ was viewed in a more positive light, as it was perceived to imply advancement from basic levels of knowledge and skills, which may help to inspire a culture change amongst the profession to take more control over their development and improve their abilities, potentially into new areas.

CPD makes it sound as though we’re professionals that are developing rather than still being educated. Yes, we’re all still learning – you’re constantly learning – but it is ‘professional development’ as opposed to ‘education’.

Optometrist, England (Midlands)

For a professional, it sounds better to have ‘professional development’ rather than ‘education and training’...We’ve all done education and training, so development is what we’re looking for.

Dispensing optician, England

From an independent point of view, I would say that bringing it in line with other professions is a real step forward. I think the connotations that it carries are probably better than ‘education and training’ because that sounds like you’re not up to standard at the moment, it sounds like you’re still learning.

Association for Independent Optometrists & Dispensing Opticians (AIO)

- 4.2.3 It was also suggested that, if changing the name to CPD was able to encourage registrants to take more control and responsibility over their professional development, this in turn would have a positive impact on patient safety, as registrants would be better trained and equipped.

CPD needs to be encouraged for the general safety and health of the public but also for the progression of the profession.

Optician Magazine (CET provider/approver)

I think in the context of patient safety, the educational training often seems to be about a focus on skills and knowledge when actually you need to look at behaviours and competency. So it's much more in the how do you operate, the culture you work within, how your behaviour role models the changes you want to see, so I think it reinforces that. It's not just about knowledge and skills acquisition.

Patient Safety Learning

Changing to the name CPD is overdue

- 4.2.4 A number of participants stated that the proposed name change was long overdue. Some suggested that this was because the scheme was out of step with other healthcare professions, and others suggested that the scheme was already operating as a CPD scheme in all but name, and therefore changing the name to CPD would bring it up to date. It was also felt that the change was particularly overdue given the ways in which the profession and the roles of optical professionals have changed over time, taking on more responsibilities and expanded skills. Therefore, a scheme which related to continuing professional development in new and expanding areas was more appropriate.

At a simple level, I'd say it's logical and very much needed. Arguably it's late in coming. I think it's essential that there's a move from CET to CPD...The current system is utterly out of kilter with any other healthcare profession.

The College of Optometrists

I think the term 'Continuing Education and Training' doesn't really encompass what we actually do in practice. Our roles have evolved. What I do now as a DO bears no resemblance to what I did 30-odd years ago when I qualified. We're dealing with vulnerable children, vulnerable adults, dementia, all these sort of things.

Dispensing optician, Scotland

I think it's a no brainer. We've been stuck with CET as the initials with this for years – probably because optometry was one of the first professions to really embrace it before CPD was a commonly used term across all sorts of professions, but now it's a bit of an obstacle.

Optometrist, Wales

Using the name CPD will bring the profession more in line with other healthcare professions

- 4.2.5 One of the main positive impacts discussed by registrants and stakeholders was that changing the name of the scheme to CPD would bring it more in line with other healthcare professions that predominantly use this name already. From a practical perspective, many participants explained that they often had to translate the name CET when speaking to people outside the optical sector, including those who worked outside healthcare, and that this change would help to make them more easily understood. Some also said that they already used the term CPD when speaking with colleagues from other healthcare professions to ensure they were understood and did not have to explain what CET was.

Speaking with other health professionals, they don't understand when we're talking about CET...It is better that they understand what we're doing.

Optometrist, Northern Ireland

It's a very positive step. I'm very aware that we are the only healthcare profession that uses 'CET' and wherever we're having conversations with other healthcare professionals, 'CPD' is the word you use. The name change is the most logical thing.

Association of British Dispensing Opticians (ABDO)

- 4.2.6 Some registrant participants explained that they felt changing the scheme name to CPD was a positive step as it would help to increase the standing and recognition of the optical professions, making the profession more comparable to others such as dentistry, pharmacy and nursing. It was suggested that this was particularly important for optometry, which could be perceived by other healthcare professions as more concerned with retail rather than healthcare, and that using the name CPD may help to change this perception.

I think it's a good move. I think it's in line with the other bodies – the pharmaceutical bodies, the medical bodies. I think if we want to be considered like them, then we have to have our training like them as well.

Optometrist, England (North)

It's brilliant to be in line with other medical professions because I think a lot of other professions see optometrists more as retail...I think they will respect us more when we're using the same terminology.

Optometrist, England (South)

It will help to make it more recognised in line with other professions because others use the CPD term already.

Vision Express

- 4.2.7 Changing the name of the scheme to CPD was seen as particularly important by those working more closely with other healthcare professionals, such as those working in a hospital setting and those taking on a more expanded role within a multi-disciplinary team. Many participants, both registrants and stakeholders, highlighted that optical professionals were increasingly working closely alongside other healthcare professionals to provide collaborative care, taking on more clinical responsibilities and a more professional role. Therefore, it was felt that having a scheme which more closely matched that of other professions, even in name, would have a positive impact on enabling the optical profession to be part of a multi-disciplinary healthcare team.

I can only see positive impacts...Our remit now is changing... As hospital optometrists a lot of our work is with the advanced clinical pathways so incorporating other elements of development through leadership, education and research is really important to ensure we evaluate up to date evidence & apply learning to continuous improvement. Having the terminology 'professional development' means it's not all about clinical skills – there's a much wider remit. This may have a bigger impact within hospital optometry simply because of the way we work so closely with other professional groups. It's a significant step in recognising that we are on the same page with our colleagues and working towards similar goals in terms of onward training from graduate status. I think it's a really necessary step.

Moorfields Eye Hospital

I think the real important thing is that we are able to avail ourselves of inter-professional development. If you work for Boots, or one of the supermarkets, you're working alongside a pharmacist, for example.

Dispensing optician, England

It's a positive step that's overdue and fits with our direction of travel...It's also really important to bring optometry into line with other healthcare professions and to reflect changes in optometry roles and scope of practice. Having a similar approach to professional development and fulfilment of professional responsibilities to other healthcare professionals with whom optometrists increasingly practise seems essential. At a semantic level, no one has heard of CET outside of optometry and you have to re-educate people every time you want to have a discussion with another profession.

The College of Optometrists

- 4.2.8 It was also highlighted that the COVID-19 pandemic has further emphasised the increasing role of optical professionals and multi-disciplinary working alongside other healthcare professionals, which makes changing the name to CPD even more appropriate and welcomed.

I think to align with other health professionals is really important so we can communicate and mix with them. I think after COVID-19 it really shows that we're a team and we've all got to work together – we're part of a much bigger picture and we need to stop being so isolationist.

Contact lens optician, England Midlands

This pandemic has highlighted that we do need to have more means to work together with other disciplines as more of a one-team effort. So I think the change will be welcomed.

Vision Express

Clear communication, support and advice will be required to help support registrants to understand this change

- 4.2.9 Despite the majority of qualitative feedback focusing on the positive impacts of changing the scheme name to CPD, some participants highlighted that, at least in the short term, it could cause some confusion within the profession, particularly around the perceptions of what would be required of them in the new scheme with a different name. It was suggested that some registrants may not understand the reasons behind the change of name or how it might impact the way they manage their professional development, and may be concerned that it would require more of their time to maintain. Others highlighted that some registrants may be hesitant to any kind of change to the scheme as they are comfortable with the current way of doing things and do not see any reason to change it.

It might cause confusion to start with. With the name change people will think it will mean a lot more work.

Optometrist, Scotland

I don't think a lot of registrants would understand what the difference is and what the expectation is, as we have always just had CET. There would need to be an education piece from the GOC with regards to CPD and how it is about your development plan, looking for your opportunities and reflection on your practice. It's not as simple as just a name change, if it is going to work.

Asda Opticians

Whilst registrants might moan about it, the way you navigate the current system is well established and works – people are comfortable with that. So there probably is a little bit of inertia that we'll need to get over.

Optical Consumer Complaints Service (OCCS)

- 4.2.10 To overcome any confusion, concerns or resistance to the name change, or any other related negative impacts or barriers, it was widely suggested that clear and effective communication with registrants about this change would be required. As changing the name to CPD implies a change

to the way that optical professionals complete their professional development from CET, advice and support for what this will mean in practice, how it will work, and how it can be completed will need to be provided. It was also seen that it would be important to highlight the benefits of this change and offer support and guidance, rather than simply instruct registrants, in order to encourage them to be more accepting of this change.

I think what people will want is to understand the change, and as ever, it's around communication. Communicating the change is key for me, so as long as practitioners understand what is required of them and this is an enabler to their development rather than 'you must do it this way, that way', which is probably the approach we've historically taken, I think it will be very well received.

Primary Eyecare Services

I think it's just about making sure the registrants know that it has changed and getting them to understand. As with everything, you'll get people who pick it up straight away and people who will talk about CET for years to come.

Association of British Dispensing Opticians (ABDO)

Changing the name of the scheme is not as important as the changes to the content and delivery of the scheme

4.2.11 In contrast to the survey results, a small number of participants felt that changing the name of the scheme would have no impact. Some stated that they did not think that changing the name of the scheme would have any impact, positive or negative, and simply saw it as a rebranding exercise. A number of participants also highlighted that they expected many registrants to continue using the term CET for years to come, mostly out of habit.

I feel like we will just end up calling it CET for the next five years in the same way that we call it 'opticians' – and that was 2006 I think that we changed to 'optometrists'...But I think it's a very small change and it's not really going to impact the way I think about it. I'm not going to worry about whether it's more work or anything, I'm just going to think of it as a 'rebranding'.

Optometrist, Scotland

I am probably one of those sceptics that will just end up in a few years still calling it CET.

Dispensing optician, England

4.2.12 It was suggested that the change of name was not important, but that the more substantial changes to the content and structure of the scheme would have a more significant impact on professional development in the sector. Therefore, some viewed the name change in a neutral way.

I don't think there's any negatives. I think you could argue that it's a bit of a neutral change. You could say is it going to make much difference at all really? The major factor is going to be how the programme works going forward. But the name is not going to have a huge impact.

Therapeutic prescriber, England

I'm not sure it will have much impact really. It's the content of the changes that would mean more.

Optometrist, England (North)

5. Freeing up the scheme

Summary - What is changing and why?

The Standards of Practice will replace the standards of competence for undergraduate education for education as an underpinning for the CPD scheme.

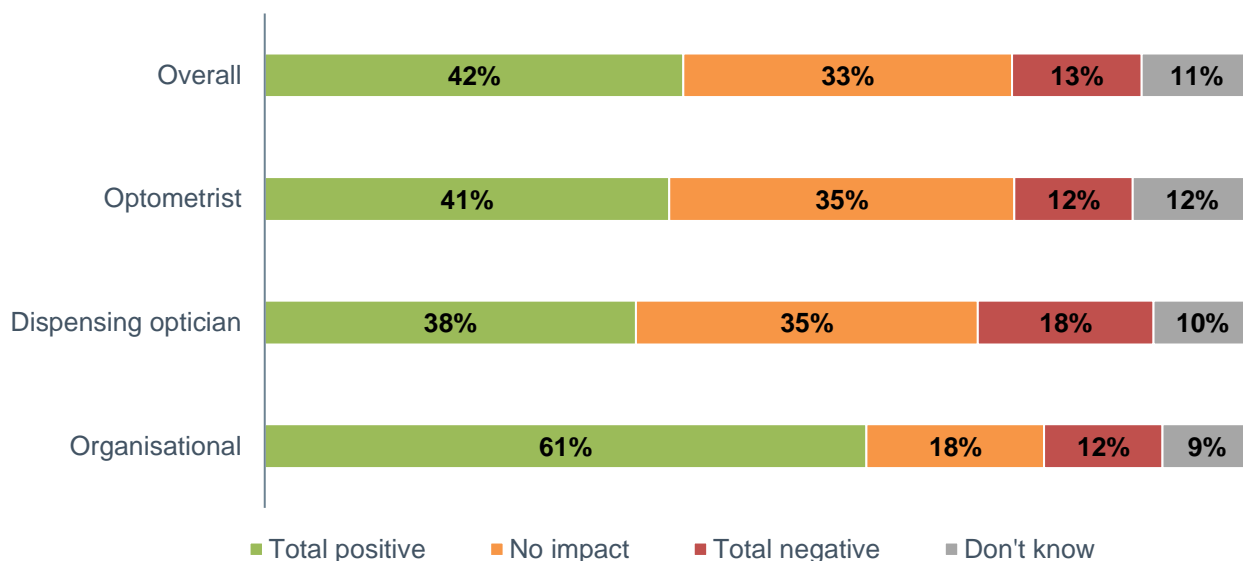
In the consultation, the GOC said:

“We think that a new CPD scheme should be underpinned by the Standards of Practice for Optometrists and Dispensing Opticians as these are the standards that cover the wider set of professional skills and responsibilities required of all individual GOC registrants and set out the expectations of a professional in practice following registration. These are more appropriate for a scheme focused on professional development.”

5.1 Consultation survey response

- 5.1.1 Survey respondents were asked what impact, if any, replacing the current CET competencies with the Standards of Practice for Optometrists and Dispensing Opticians will have on them or their organisation. The chart at **Figure 8** shows that, at an overall level, the largest proportion of respondents thought this change would have a positive impact (42%), and a slightly smaller proportion thought it would have no impact (33%). One in eight respondents overall thought it would have a negative impact (13%).
- 5.1.2 Looking at differences between respondent types, a larger proportion of dispensing opticians thought this change would have a negative impact (18%) when compared with optometrists (12%). As with the change of name to CPD, responses from organisations were more likely to state that the name change would have a positive impact (61%).

Figure 8 – What impact, if any, will replacing the current CET competencies with the Standards of Practice for Optometrists and Dispensing Opticians have on you/your organisation?
 Base: All respondents (484), Optometrists (329), Dispensing opticians (113), Organisations (33)



- 5.1.3 Subgroup analysis of individual survey responses highlights that younger respondents were more likely to think that this change would have a positive impact. Over half of those aged 16-44 thought it would have a positive impact (54%), compared with 36% of those aged 45+. Those aged 45+ were more likely to think this change would have no impact (43%) when compared with those aged 16-44 (23%).
- 5.1.4 Respondents were asked to explain their answer if required, thinking about what potential improvements or barriers this particular change could create. Respondents were able to provide free-text responses, which have been thematically coded for analysis by grouping similar responses together.
- 5.1.5 As shown in **Figure 9**, those who thought the use of the Standards of Practice to underpin the new CPD scheme would have a positive impact and provided an explanation focused on the increased flexibility, choice and control it would give to registrants (47%, 53 comments), how it will allow more relevant and tailored learning (41%, 46 comments), and how it will widen the scope of development and encourage further learning (32%, 36 comments).

Figure 9 – Explanation for why the use of the Standards of Practice to underpin the new CPD scheme will have a positive impact

Base: Respondents who thought it would have a positive impact and provided an answer (159)

Reason for positive impact	Number	%
More flexibility/choice/control	53	47%
Allows more relevant/tailored learning	46	41%
Widens scope of development/encourages further learning	36	32%
Agree/good idea/may improve standards	19	17%
Wider range of/more accessible/high quality CPD needed	14	12%
Still too restrictive/more flexibility required	10	9%
Need to maintain core knowledge and skills/may reduce standards	9	8%
Peer discussions useful for all/dispensing opticians should be included	7	6%
CLOs have disproportionate amount of points to gain/need more flexibility	5	4%
Confusing/more information needed	4	4%
Interactive points difficult to achieve	3	3%
Time consuming/additional workload	2	2%
Mandatory reflection not useful/unnecessary	2	2%
No detail about the four domains	2	2%
More funding/support needed	2	2%
Disagree/current system works well/no need to change	1	1%
No significant difference/no real impact	1	1%

- 5.1.6 The explanations provided by those who thought the use of the Standards of Practice to underpin the new CPD scheme would have no impact are presented in **Figure 10**. The largest proportion of comments simply suggested that this change would create no significant difference or impact (40%, 19 comments). Smaller numbers of respondents explained that they disagreed with this change and thought that the current scheme worked well (17%, 8 comments), and that there was a need to maintain core knowledge and skills, which may be affected by this change (15%, 7 comments).

Figure 10 – Explanation for why the use of the Standards of Practice to underpin the new CPD scheme will have no impact

Base: Respondents who thought it would have no impact and provided an answer (48)

Reason for no impact	Number	%
No significant difference/no real impact	19	40%
Disagree/current system works well/no need to change	8	17%
Need to maintain core knowledge and skills/may reduce standards	7	15%

Reason for no impact	Number	%
More flexibility/choice/control	6	13%
Wider range of/more accessible/high quality CPD needed	6	13%
Allows more relevant/tailored learning	5	10%
Agree/good idea/may improve standards	4	8%
Still too restrictive/more flexibility required	4	8%
Mandatory reflection not useful/unnecessary	4	8%
Widens scope of development/encourages further learning	3	6%
Confusing/more information needed	3	6%
More funding/support needed	3	6%
Peer discussions useful for all/dispensing opticians should be included	2	4%
No detail about the four domains	2	4%
Interactive points difficult to achieve	1	2%
CLOs have disproportionate amount of points to gain/need more flexibility	1	2%

5.1.7 Those who those who thought the use of the Standards of Practice to underpin the new CPD scheme would have a negative impact and provided an explanation are presented in **Figure 11**. A number of respondents explained that this change would be time consuming, providing additional workload for the profession (31%, 17 comments). Several comments also referred to the need to maintain core knowledge and skills, which they felt this change would not ensure, and could therefore reduce standards in the profession (22%, 12 comments).

Figure 11 – Explanation for why the use of the Standards of Practice to underpin the new CPD scheme will have a negative impact

Base: Respondents who thought it would have a negative impact and provided an answer (55)

Reason for negative impact	Number	%
Time consuming/additional workload	17	31%
Need to maintain core knowledge and skills/may reduce standards	12	22%
Mandatory reflection not useful/unnecessary	10	18%
Interactive points difficult to achieve	8	15%
Wider range of/more accessible/high quality CPD needed	8	15%
Still too restrictive/more flexibility required	7	13%
Disagree/current system works well/no need to change	7	13%
More funding/support needed	5	9%
More flexibility/choice/control	2	4%
No significant difference/no real impact	2	4%
Agree/good idea/may improve standards	1	2%
CLOs have disproportionate amount of points to gain/need more flexibility	1	2%
Peer discussions useful for all/dispensing opticians should be included	1	2%
Confusing/more information needed	1	2%

5.2 Qualitative consultation activity feedback

Using the Standards will move away from entry-level competencies and encourage real development that is more relevant to registrants

5.2.1 Most participants were in favour of replacing the standards of competence with the Standards of Practice to underpin the new CPD scheme, including both registrants and stakeholders. One of the most widely held views was that using the standards of competence to underpin the current CET scheme did not encourage real development within the profession. Many participants highlighted that this was because the standards of competence set out the levels required by newly qualified, entry-level optometrists and dispensing opticians, and that using them to underpin the CET scheme meant that registrants were maintaining basic levels of practice, rather than truly developing themselves and expanding their knowledge and skills.

It's definitely the right way to go. We're not just doing what we would've learned when we were at university... There are so many different routes now and so many different ways that practitioners need to develop... Mental health, unconscious bias, e-commerce – how you develop a website if you're an independent practitioner, social media, management, HR. Those things are really important but weren't taught at college when I was there.

Dispensing optician, England

I remember when I first qualified within the first year or two it just felt like I was reviewing everything that I had done at university but not learning anything new. Even now when I do the CET, it's just reviewing stuff I already know.

Optometrist, England (South)

5.2.2 Therefore, replacing the standards of competence with the Standards of Practice was supported by many participants, as it was felt they would enable registrants to develop in areas that were more relevant to their current level of experience, rather than pulling them back to the entry-level requirements that they had to meet when they first qualified, or to areas which are not relevant to them. In this way, it was hoped that this change would make the new CPD scheme less of a 'box ticking exercise' when compared with the current CET scheme, where registrants would be encouraged to undertake CPD that was of more value to them and their level of experience and skill. It was suggested that a CPD scheme should assume that there is already a baseline level of knowledge and skill in professionals, and therefore more trust should be placed in them to maintain these skills and develop in other areas.

I think it keeps everybody current and contemporary. It's about what you need to do now as opposed to what you needed to do when you qualified.

Boots Opticians

The competencies are written for final year optometry students, but they're not really that relevant to practitioners. But I think putting it on the Standards of Practice is a bit of a genius move really, because you can always pick something out of the Standards of Practice. If it genuinely is of interest to optometrists, it will be meeting something within the Standards of Practice.

Optometrist, Scotland

We're assuming that everybody is a competent optometrist to start with – that's the baseline that we've got. This is about continuing development because we've trained undergraduates to reach that base level.

Optometrist, Wales

I totally and whole-heartedly give my backing and support for the removal of those individual compartmentalised competencies at the moment which encourage box-ticking... I work in a low vision clinic and an awful lot of those competencies in all honesty are totally irrelevant for what I do. And yet trying to get low vision training online is really quite obscure, and a lot of it isn't accredited anyway.

Optician Magazine (CET provider/approver)

5.2.3 Furthermore, some participants also thought that, by giving registrants greater freedom to explore CPD that was more relevant and of interest to them and their scope of practice, registrants would be more likely to really engage with the learning opportunities and training materials and therefore benefit more from the learning experience. It was often highlighted by a number of participants that many CET opportunities are simply completed to gain points, and therefore registrants may not engage with or properly read or understand the content because it is of little interest to them.

I'm sure we've all been in situations where you've seen people sitting in a lecture with their eyes closed. They're not listening, but they still get the points.

Dispensing optician, Scotland

I think a lot of the CET at the moment is you just read something or you watch a video, and then there's a bunch of multiple-choice questions. I don't really think that much, and so the day after I may have forgotten it. If you have something that that you have to engage in more, then it's more likely that you retain that information. Also if it's something that you're interested in, then you're possibly going to remember it better.

Optometrist, England (North)

Increased flexibility and the opportunity to specialise, placing more trust in professionals

5.2.4 Many participants thought that changing to the Standards of Practice to underpin the new scheme would not only move away from the basic, entry-level requirements of the competencies, but would also allow for more flexibility in terms of what registrants choose to learn. It was felt that the current standards of competence were very restrictive, setting out specifically what CET registrants were required to do to meet each competency, often in areas that are of little or no relevance to the individual and their role. Participants explained that, as the Standards of Practice were much broader in their scope, registrants would be able to undertake CPD that was more relevant to their current scope of practice, and could avoid spending time in areas that are not relevant to them. A common example provided by optometrists was dispensing, an area which a number of participants explained they were still required to complete CET in, despite not needing to use this skill for many years in their current role.

It certainly sounds more flexible...Currently, it's looking to tick boxes, basically, but for things you might not do that in practice so much...So you could focus on something that you actually do.

Dispensing optician, England

I haven't done dispensing for five years and some of the CET at the moment feel a bit basic for the glaucoma level, so it's quite handy if it's more like you can tailor it to the clinics you're doing.

Optometrist, England (South)

5.2.5 It was also suggested that using the Standards of Practice would allow for increased specialisation in areas of practice that were more relevant to individuals, which some participants felt was difficult to achieve within the current CET scheme, where they felt registrants were required to maintain a more generalist level of knowledge and skills in a wider range of areas.

I think there are some areas that are becoming so specialist that unless you choose to specialise to the detriment of some other areas, we risk being generalists and risk not giving our best to certain patients.

Optometrist, Wales

A lot of independent practices will tend to have a specialism and they'll have carved out a niche for themselves...I think CPD lends itself better to that because you can be a clinician that's very dedicated to one particular area of optometry, whereas with CET you have to cover absolutely every area.

Association for Independent Optometrists & Dispensing Opticians (AIO)

5.2.6 Some participants thought that using the Standards of Practice to help free up the scheme would signal that more trust was being placed in the hands of registrants, allowing them to have greater autonomy over their learning and the flexibility to decide which areas they choose to develop. It was explained that registrants were responsible as professionals to maintain competence in core areas of practice, and therefore the GOC did not need to check this through the standards of

competence in the current CET scheme. Instead, they should be allowed to develop in a way that they felt was most appropriate for them, something which they thought using the Standards of Practice would enable.

I think it puts a level of maturity, trust and flexibility into the process and recognises that an individual registrant will know what learning goals they've identified for themselves in the type of practice they're in.

Health and Social Care Board

I think it's giving the optometrist responsibility back again a little bit... You have a responsibility to keep up your basic skills but also know where to look if you don't feel confident doing something. For example, if I wasn't doing dispensing, I hope I'd look it up. So maybe it's also reflecting and highlighting areas where you feel you're not competent or not at the level you were when you qualified.

Optometrist, England (South)

Using the Standards of Practice will make the scheme less restrictive, particularly for CET providers

5.2.7 A number of participants, including a number of CET providers, highlighted that the restrictive nature of using the standards of competence which underpin the current CET scheme often made it difficult for CET opportunities to be provided. They explained that, as they had to ensure any CET was explicitly linked to the competencies, it was hard to make some new learning opportunities fit within them, as they were often more advanced than the basic levels set out or simply did not relate to them. Therefore, changing to the Standards of Practice would be very beneficial, as they are much broader and flexible, meaning that potentially useful learning experiences will be easier to link to the Standards and will not be lost, enabling a wider range of learning to be available to registrants.

I've been advocating this move for a little while. My experience at the OCCS is that I have to sometimes constrain a learning exercise to fit within the competency framework so the tail is wagging the dog. I could be sitting with a great piece of learning that I would have to box into a corner so that it fits with the framework. If you look at the competencies, they are quite transactional – it sucks you back into a mechanistic transactional way of getting stuff accredited, and I always thought that was such a missed opportunity.

Optical Consumer Complaints Service (OCCS)

Anything that aids that learning is a good thing. As a provider of CET, adding individual competencies can be a challenge, so anything that gives us broader scope and is less restrictive can be of benefit to the events that we provide.

CET provider

I completely agree that the core competencies are incredibly limiting when you're trying to put together what you know is relevant education, and sometimes you are making it fit within a competency, but they do always tend to fit within the Standards of Practice.

Association of British Dispensing Opticians (ABDO)

The Standards of Practice are a more appropriate framework, and using them for CPD may increase registrants' awareness of them

- 5.2.8 Some participants highlighted that using the Standards of Practice to underpin the new CPD scheme was more appropriate and relevant as it is these standards that registrants are held accountable to in everyday practice, rather than the standards of competence.

I think it makes absolute sense to relate it into the Standards of Practice – it's what we're all being held to account for at the end of the day. We should be making sure that we do everything we can to keep our development live in those areas.

Asda Opticians

I think it's quite positive because it is the standards that registrants are more bound by – that is something they refer to more often, and it's the framework that they're working within.

Vision Express

- 5.2.9 A suggested related positive impact of using the Standards of Practice to underpin the new scheme was that awareness of the Standards may increase amongst registrants as a result. Although all registrants are supposed to be aware of and work within the Standards, a number of participants acknowledged that this was not always the case, with low levels of awareness and understanding for some registrants. However, registrants may come to better understand the Standards as a result of planning and undertaking their CPD under the new scheme. It was also suggested that registrants may require additional training in the Standards before the new CPD scheme is launched to ensure they understand them.

Hopefully it will help bed in the Standards of Practice...The circles I move in, the people are familiar with the Standards of Practice, but I'm not sure that practising optometrists and dispensing opticians are. It does allow for further scope and allow it to be relevant. If something was defined by a Standard now and then again in five years' time, it will naturally evolve and be more relevant as time moves on.

Boots Opticians

A significant proportion of optometrists won't know what the Standards are, so it's all well and good saying that we'll now base it on the Standards but the vast majority of optoms won't have a clue. So the worry for me is that people don't know what the Standards are, let alone which areas to fill...I think there'd be no harm in educating people on the Standards.

Optometrist, Wales

Some concerns raised about how using the Standards of Practice will ensure core competencies are maintained

- 5.2.10 Although many participants were supportive of the Standards of Practice underpinning the new scheme, potentially allowing greater flexibility for registrants when undertaking CPD, others expressed their concerns with this change. Some felt that this approach to CPD could lead to registrants neglecting the core competencies during their training and deskilling in certain areas. They explained that whilst they accepted that registrants could be trusted to have more responsibility over the direction of their CPD, many registrants will simply do the bare minimum and may avoid areas which may not be of interest to them. It was therefore felt that, although perhaps not perfect, the current CET scheme was able to ensure that all registrants maintain a basic level of knowledge and skill across all core competencies, and that this could be retained in some way.

If we're able to just focus on one thing that you're good at or interested in, then you will do that if you can get away with it... You've still got to have good knowledge of everything else – if you start to focus on one particular area then others will start to fall by the wayside. At the moment you have to spread your knowledge across all subjects and keep up to date with that. The present CET scheme works well to mitigate that.

Dispensing optician, Wales

I understand the need for self-directed learning and I think that is important but I have a concern about deskilling. I find a lot of optometrists tend to avoid the areas they dislike, such as dispensing, contact lenses and binocular vision... I think in these areas, certain people could become deskilled quite rapidly... If they don't enjoy it, they'll avoid it.

Optometrist, Wales

I see that the choice of CPD is determined by the scope of your practice, but when you work in primary care the scope of your practice needs to be the entire scope of practice because anything can walk through your door. You've still got to be competent in and have exposure to every area of practice. I like the idea of increased flexibility but I think it does still need to be underpinned by the competencies.

Optometry NI

- 5.2.11 Similarly, some participants explained that increased flexibility, and therefore increased specialisation, could have negative consequences for the profession. It was suggested that registrants may become so specialised that they are no longer safe to practise in the more general areas of their role as they have become so deskilled, and may as a result become unemployable if their working situation and practice setting changed. Therefore, they explained that it would be useful to maintain the ability to ensure all registrants are developing in key areas to a baseline standard and are able to work safely in any setting, as the current CET scheme aims for.

You've got people who practise in certain areas and you want to make sure they are very up to date. For example, where someone is a specialist in paediatrics and they're only working in that area, maybe it is relevant that they're only doing their continued education in that particular area. But what happens if they get a job elsewhere? You wouldn't have a nurse who specialised in one area to then become a theatre nurse – they just wouldn't do it without re-training.

Association of British Dispensing Opticians (ABDO)

CPD should avoid formulaic tick box exercises and value wider learning & development also, with freedom to hone it to your own areas of development and skillset. However, there is potential for an individual to say their work is around education and leadership for example and fundamentally they still need to show that they are a safe registrant to practise, therefore I do believe there should be a percentage of evidence of clinical competency embedded in CPD to assure safety

Moorfields Eye Hospital

- 5.2.12 However, as previously highlighted, a number of participants explained that, within a CPD scheme, it was the responsibility of the individual professional to ensure that they keep their knowledge and skills up to date in the required areas to ensure that they can practise safely. Therefore, there would be no need to ensure that core competencies were maintained, as the move to CPD should already require this of registrants, further enabled via increased reflective practice.

If you've fallen behind in a particular area, then that's your responsibility to pick up on that. It leaves you a greater degree of flexibility about where your training is going, what your learning is going to be for that year, so if you feel that you're falling behind in a core competency, and you think it is relevant to your day

to day practice, then you should be picking up on that and retraining and reskilling in these areas. I don't think that stops you from coming back to dealing with any core competencies that you've maybe not utilised in a long time. You should still be on top of that. That's all about reflection and looking at who you are as an individual and what you want to do. And if the GOC scheme allows that to happen, that is probably a good thing.

Optometry Scotland

Some registrants may be reluctant to change, but providing clear guidance to ensure everyone is informed may help to prevent this

- 5.2.13 Although many participants thought that moving to the Standards of Practice to underpin the new CPD scheme would have generally positive impacts on the profession, some concern was raised about registrants' understanding of the new scheme and their ability to adapt to it. It was explained that, whilst restrictive in many ways, the current CET scheme makes it as easy as possible to enable registrants to complete the required number of CET points in relation to the competencies to maintain their registration. Although it could be argued that this approach encourages 'box-ticking' and discourages real learning, registrants may have become accustomed to this style of learning. Therefore, a number of participants suggested that many registrants may need support to help them adapt to the new, more flexible approach to CPD, where they may receive less guidance and structure about their learning as their autonomy in this area is increased.

Generally, it all sounds like a good thing, it's just about getting people's heads around this and how it now works. As a profession, we have not had to take ownership in the same way of our development with CET being very prescriptive. All the big employers currently will have lots of education and training available to support meeting CET requirements...everything is laid on a plate to a certain extent. That works in a CET environment, where everyone has the same requirements to meet but it doesn't work with a CPD way of working. There will need to be support to help registrant understand how to critically appraise themselves and provide feedback to understand where opportunities for development are and where their interests lie.

Asda Opticians

- 5.2.14 Some participants felt that moving away from the prescriptive approach of CET to the increased flexibility of CPD may not be viewed favourably by some registrants, particularly older and more experienced registrants, who they felt may be more reluctant to this type of change. It was suggested that, in order to avoid any reluctance and push back, the GOC would need to ensure that how the new CPD scheme operates was made very clear to all registrants, avoiding any ambiguity and confusion, which may further deter registrants who are already sceptical of change.

We need a system that supports and brings along the people who are more reluctant to embrace change. They still need to feel that they're clear about new CPD requirements and can engage with these, including by seeing the requirements' relevance to their day-to-day practice.

The College of Optimetrists

I think the barriers will be the perception that we're tinkering with a system that was okay. People just don't like change, so although people grumble about the existing scheme and they hate having to tick a box, to suddenly give people more freedom to make it relevant to their scope of practice – some will be wishing they hadn't got what they wished for. Just because it requires them to think a bit more. But they'll adapt.

Association of Optimetrists (AOP)

6. CPD domains

Summary - What is changing and why?

The Standards of Practice which will replace the standards of competence for education as an underpinning for the CPD scheme will be divided into four main domains, with registrants required to do at least once piece of CPD in each domain.

In the consultation, the GOC said:

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

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

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

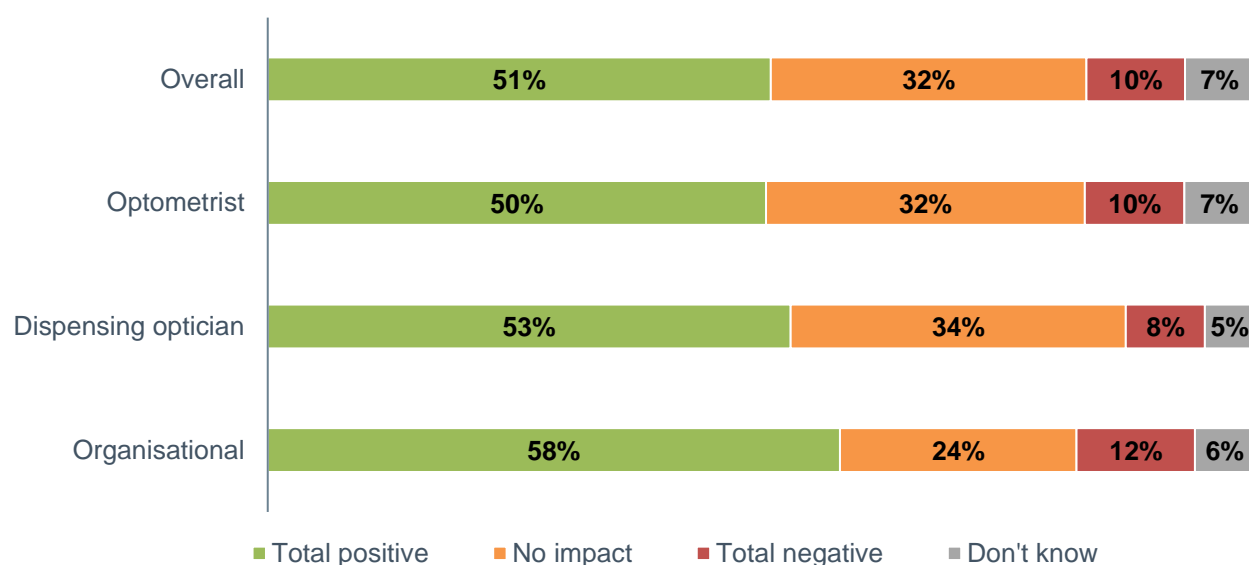
- *A: Specialty requirements. We will maintain current requirements for contact lens opticians and therapeutic prescribers to undertake CPD in relation to their specialty.*
- *B: Addressing current risks. We want to give ourselves the ability to set targeted CPD for a cycle and specify who does this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

6.1 Consultation survey response

- 6.1.1 Survey respondents were asked what impact, if any, requiring registrants to undertake CPD in the four domains identified will have on them or their organisation. The chart at **Figure 12** shows that, at an overall level, just over half of respondents thought this requirement would have a positive impact (51%). A third thought that this requirement would have no impact (32%). One in ten respondents overall thought it would have a negative impact (10%).
- 6.1.2 The perceived impact of this requirement is generally consistent across all respondent types, with the majority of optometrists (50%), dispensing opticians (53%) and organisations (58%) seeing a positive impact.

Figure 12 – What impact, if any, will requiring registrants to undertake CPD in the domains identified have on you/your organisation?

Base: All respondents (481), Optometrists (328), Dispensing opticians (112), Organisations (33)



- 6.1.3 Subgroup analysis of individual survey responses highlights that younger respondents aged 16-44 were more likely to be positive about this proposed change (60%) when compared with those aged 45+ (50%).
- 6.1.4 Respondents were asked to explain their answer if required, thinking about what potential improvements or barriers this new requirement could create. Respondents were able to provide free-text responses, which have been thematically coded for analysis by grouping similar responses together.
- 6.1.5 As shown in **Figure 13**, those who thought the introduction of CPD domains would have a positive impact explained that the domains seemed sensible and that they were relevant to practice (53%, 54 comments). Around a quarter of comments related to the domains allowing for more relevant and tailored learning and the opportunity for specialisation (24%, 24 comments), and a similar proportion mentioned increased flexibility, choice and control for professionals undertaking their CPD (21%, 21 comments).

Figure 13 – Explanation for why the introduction of CPD domains will have a positive impact
 Base: Respondents who thought it would have a positive impact and provided an answer (101)

Reason for positive impact	Number	%
Agree/sensible domains/relevant to practice	54	53%
Allows more relevant/tailored learning/specialisation	24	24%
More flexibility/choice/control	21	21%
Will help ensure safe practice/improve standards	16	16%
Focus should be on clinical skills/may create gaps in knowledge	9	9%
Good idea to set targeted CPD related to FtP/safety risks	9	9%
Further explanation/guidance needed	9	9%
Still too restrictive/more flexibility required	7	7%
Need to clarify if CPD can cover more than one domain	5	5%
Domains vague/unclear/overlap	4	4%
May be more difficult for providers/reduce availability of CPD	3	3%
Time consuming/additional workload	1	1%
Difficult to assess communication, professionalism etc.	1	1%
Not all registrants work in management/require leadership training	1	1%

6.1.6 **Figure 14** presents the types of explanations provided by those who thought that the introduction of CPD domains would have no impact. The vast majority of comments explained that this change would have no significant difference to education and training, with some commenting that the change was unnecessary (71%, 35 comments).

Figure 14 – Explanation for why the introduction of CPD domains will have no impact
 Base: Respondents who thought it would have no impact and provided an answer (49)

Reason for no impact	Number	%
No significant difference/no real impact/unnecessary change	35	71%
Focus should be on clinical skills/may create gaps in knowledge	8	16%
Agree/sensible domains/relevant to practice	5	10%
Still too restrictive/more flexibility required	3	6%
Difficult to assess communication, professionalism etc.	2	4%
Further explanation/guidance needed	2	4%
Allows more relevant/tailored learning/specialisation	1	2%
More flexibility/choice/control	1	2%
Domains vague/unclear/overlap	1	2%
May be more difficult for providers/reduce availability of CPD	1	2%
Good idea to set targeted CPD related to FtP/safety risks	1	2%
More funding/support needed	1	2%

6.1.7 The views of those who thought the introduction of CPD domains would have a negative impact and provided an explanation are presented in **Figure 15**. Half of comments explained that more focus should be given to clinical skills in order to avoid gaps in knowledge and skills (50%, 20 comments). Some comments expressed concern about the domains being vague and having the potential for overlap between domains and standards (20%, 8 comments). Although designed to be more flexible, some comments stated that the CPD domains would make the scheme too restrictive and that more flexibility was required (13%, 5 comments).

Figure 15 – Explanation for why the introduction of CPD domains will have a negative impact
 Base: Respondents who thought it would have a negative impact and provided an answer (40)

Reason for negative impact	Number	%
Focus should be on clinical skills/may create gaps in knowledge	20	50%
Domains vague/unclear/overlap	8	20%
Still too restrictive/more flexibility required	5	13%

Reason for negative impact	Number	%
No significant difference/no real impact/unnecessary change	5	13%
May be more difficult for providers/reduce availability of CPD	4	10%
Further explanation/guidance needed	4	10%
Time consuming/additional workload	3	8%
Not all registrants work in management/require leadership training	3	8%
Agree/sensible domains/relevant to practice	2	5%
More flexibility/choice/control	1	3%
Need to clarify if CPD can cover more than one domain	1	3%
Will help ensure safe practice/improve standards	1	3%
Difficult to assess communication, professionalism etc.	1	3%
Good idea to set targeted CPD related to FtP/safety risks	1	3%

6.2 Qualitative consultation activity feedback

Generally positive feedback about the domains, which are viewed as logical and sufficiently broad to provide increased flexibility

- 6.2.1 Most registrants and stakeholders who took part in the qualitative research were generally positive about the proposed CPD domains. It was suggested that they appeared to make sense, dividing the standards up into logical groups. Some participants were also positive about the domains because they felt they provided registrants with consistency from the CET scheme by retaining some form of framework, using the Standards of Practice that they should be familiar with, but at the same time providing a greater degree of flexibility and independence.

I think that's quite a standard way of dividing things up and it will translate into other professions. They intuitively make sense.

Royal College of Ophthalmologists

Using the Standards of Practice to underpin CPD seems an absolutely appropriate framework to build it on, promoting consistency.

Moorfields Eye Hospital

- 6.2.2 One of the most widely discussed positive impacts of the CPD domains was that they should help to provide registrants with increased flexibility in terms of the CPD they can access and choose to undertake. A number of participants explained that the Standards within each domain were much broader when compared to the competencies set out in the standards of competence. They therefore felt that this would allow for a greater degree of flexibility for what could be included within each domain and within each Standard, therefore significantly increasing the choice of what they could choose to learn as part of their CPD in the new scheme. As highlighted in relation to other proposed changes, participants felt this would help move away from the 'tick box' exercise which many associate with the current CET scheme, where learning is completed and points are achieved simply to meet the requirements of the scheme, whether they are relevant or not to the individual.

With the current way it's divided – it's like 'binocular vision', 'communication', 'Standards of Practice' – it's fairly rigid. Whereas this one has a lot more flexibility. A lot of the time you're kind of getting points just to get your points, and you're going by what's available. If they're going to give you that kind of flexibility then...you can work around that depending on what you want to delve into, rather than just what's in the magazine that month. It gives you a bit more independence within the CPD.

Optometrist, England (North)

The current system is almost patronising, telling you what you're going to learn whether you like it or not. At least this way...you've still got the same amount of points, but you get that flexibility to decide on your own skills and where you need work.

Dispensing optician, England

- 6.2.3 A number of participants said that, by dividing the Standards into the domains in this way, it would make many topics and areas currently outside of or difficult to justify within the standards of competency framework more relevant to and eligible for CPD. Some of those who thought the use of CPD domains would increase the flexibility of the scheme also thought that, as a result, it would be easier for registrants to complete the required CPD during the cycle, as they would no longer be searching for CET points in areas which they may not practise or may have little interest in. Instead, they would be able to complete CPD that was of interest and would enable them to truly develop professionally, being able to source opportunities more easily within the flexible domains and Standards.

It just kind of emphasises the flexibility of the whole new system. Where sometimes it might be quite hard to get hold of certain CPD modules for example, if you have this option it just means it's more accessible.

Optometrist, England (North)

At the moment we have to provide education so that eight boxes can be ticked if they're an optometrist or 17 boxes if they're therapeutics, so it's not something we're unfamiliar with having to do. So having just four domains is going to be a piece of cake to ensure they get at least one piece of CPD or CET from each...It does make things easier.

Association of Optometrists (AOP)

- 6.2.4 Some participants highlighted that the current offering for CET that was not necessarily related to clinical practice could be of variable quality. It was, however, suggested that the introduction of CPD domains which covered areas outside clinical practice and related them to the Standards of Practice may result in more relevant and higher quality CPD being available to registrants that could be related to the other three domains of professionalism, communication, and leadership and accountability.

We really like them. I think there's been a fear within Wales for some time that, without being disrespectful, there's a lot of weird and wacky CET out there, so stuff that isn't science-based and isn't particularly clinical or helps optometrists develop their softer skills like professionalism, communication, leadership, accountability – those are really important. I think a lot of CET is going to be a lot more relevant and appropriate now.

Optometry Wales

Positive impacts expected in relation to the inclusion of the professionalism, communication, and leadership and accountability domains

- 6.2.5 When discussing the domain names, many participants expressed that they were pleased to see the inclusion of non-clinical areas including communication, leadership and accountability, and professionalism. It was widely suggested that CET focuses primarily on clinical knowledge and skills, with little attention given to these other areas. By including them as individual domains and requiring registrants to complete at least one piece of CPD within each domain per cycle, a number of participants felt that this would have a positive impact, as it would require registrants to think about how they could develop in these areas which they may not have considered before.

Pre-reg's tend to think that things like professionalism, communication, and leadership and accountability are a bit wishy-washy, but actually having them in their own domains puts emphasis on them and will make people focus on them. They are the areas that people are most likely to get in trouble for, so putting focus back to that is no bad thing.

Optometrist, Wales

I was pleasantly surprised to be honest about the domains that are there because myself and many others have been saying for some time that when we're doing CET, a lot of it focused on clinical practice, a little bit of communication and very little of professionalism and leadership and accountability...In day-to-day practice, what we do is communicate with our colleagues and patients, we ensure we maintain our professionalism to look after our patients so that they continue to trust us and be supported. Ultimately, leadership and accountability is an underpinning trait that is needed in all healthcare professionals. So for me, it's really good to see these...because it embeds it into practitioners who are currently active registrants.

Primary Eyecare Services

- 6.2.6 The domains of communication, leadership and accountability, and professionalism were often grouped together by participants, who explained that it was these areas in which learning and development was very important, either because it currently received little attention through the CET scheme, or because it was such an important area of practice for optical professionals. For example, communication was viewed as extremely important for registrants, as communication skills were vital to be able to ensure high levels of patient care. Having communication as a stand-alone domain was encouraging for many participants, particularly stakeholders, who felt that this would increase the importance given to communication and increase the development of registrants in this area.

From a Scottish Government point of view, we're after high standards of clinical care, we're after professionals, and communication skills are absolutely vital. If this pushes that message out there, then that's all well and good.

Scottish Government

The vast majority of published CET, as we speak now that are live, fall under the clinical practice domain. I think there's always been a big issue in less of a focus on some of the key things such as communication and the legal environment in which you work.

Optician Magazine (CET provider/approver)

The communication domain is really important – that is the bread and butter of optometrists, DOs and CLOs, so they need to be able to communicate.

Vision Express

- 6.2.7 Similarly, a number of participants expressed that they were pleased to see leadership and accountability included as a domain. They explained that they felt this was an area that was often not considered or overlooked in the optical sector, and that leadership was increasingly needed from registrants as their roles change and a greater level of responsibility is gained, working in multi-disciplinary teams and expanded roles and settings.

It feels relevant. It's nice that the leadership domain has been brought in because I don't think typically that's featured well or highly. I think it's the first time we've started talking about that and it's really welcomed to see that CET could be structured in that way.

Boots Opticians

I hope it will help registrants to think particularly about leadership and give them confidence to lead. I don't think it comes naturally to everyone but it's so vital that they lead in their practices and support their patients. I think it will send a good message out about patient care and patient safety.

Scottish Government

I absolutely love that... Too many of my colleagues behave like technicians and they're frightened to make decisions and to take ownership and accountability – they want us to create a set of rule books and a framework for decision making and it's not possible.

Optical Consumer Complaints Service (OCCS)

- 6.2.8 Including the domain of professionalism was also viewed in a very positive light by some participants, who again explained that the current CET scheme did not cover it sufficiently, despite it being an area of high importance for registrants. It was also highlighted that moving towards a CPD scheme and away from a CET scheme would require a greater degree of professionalism from registrants, therefore increasing the relevance of this domain.

Having a domain that focuses on professionalism is very positive. I've done a lot of work in the past about the relationship between CPD and professionalism – CPD is a way in which professionalism is demonstrated and maintained, it's very much a two-way process.

The College of Optometrists

- 6.2.9 It was also highlighted that the domains of leadership and accountability, communication and professionalism were particularly important because these were areas that are perceived to be insufficiently covered during undergraduate training. Some participants felt that newly qualified optometrists and dispensing opticians were not sufficiently equipped in these areas, and that therefore including them as domains within the CPD scheme would ensure that they develop to the necessary standards after they qualify and begin to gain experience.

Particularly for newly qualifieds – when they come out of their pre-registration year they've had a lot of supervision and guidance so if they choose to move off and work somewhere that they're the sole optometrist in the practice, their leadership may not have fully developed in that first year. So it's very important that this skill is developed as an ongoing skill over time.

Vision Express

We teach clinical practice and, to an extent, communication. What we don't teach in any sort of detail is professionalism, because that's what people learn whilst they're in their job... The domains and Standards cross over – I think it's quite good that we're focusing on professionalism.

Dispensing optician, England

- 6.2.10 A number of participants felt that the profession would benefit from including the domains of leadership and accountability, communication and professionalism in the new CPD scheme because it was within these areas that patient complaints and fitness to practise cases were more likely to originate. They explained that patients were more likely to complain about a registrant in relation to their skills and practice in these areas, rather than their clinical knowledge and abilities, something which was confirmed by the OCCS stakeholder interview. Therefore by ensuring that registrants are developing in these areas in the new CPD scheme, this may help to reduce the level of risk to patients in these areas, and ultimately reduce the number of complaints and fitness to practise cases.

I love the communication domain because, from an OCCS perspective, that's where we see the problems.

Optical Consumer Complaints Service (OCCS)

If you look at why people get struck off from the GOC, it's almost always because of poor communication and record keeping. It is rarely misdiagnosis or conning people...I would maybe look at preparing providers to increase the provision in those areas that previously have been under-represented.

Optician Magazine (CET provider/approver)

If you were to show the domains to patients, which is who the GOC is looking after, most of the problems that patients have with optometrists are reflected in the professionalism, communication and accountability domains rather than clinical practice...I can see why it looks weird because we're a clinical profession, but in terms of what matters to patients they almost take it as a given that the clinical stuff is alright, and it usually is. The things that cause problems for patients and optoms is often around lack of professionalism, lack of communication, lack of accountability.

Optometrist, Wales

- 6.2.11 As the inclusion of these domains would likely result in new areas of focus within the CPD scheme, some participants suggested that this may be confusing for some registrants at first, as they are currently accustomed to CET being primarily related to clinical knowledge, skills and development. Therefore support and guidance will be required from the GOC.

Optometrists and dispensing opticians are going to be a bit confused because the key category of clinical skills is the thing they focus most on in their CET, but it's one of four. But the messaging of professionalism, communication and leadership and accountability are absolutely vital and often overlooked.

Scottish Government

Mixed feedback about the requirement to complete one piece of CPD per domain

- 6.2.12 Some participants provided positive feedback on the requirement for registrants to complete one piece of CPD within each of the four domains per cycle. They felt that this requirement would allow for increased flexibility in comparison to the current CET scheme, as it would provide the ability for registrants to focus their CPD in areas that were more appropriate and relevant to their scope of practice, that they are more interested in, or that they feel that they actually need to develop in.

There might be an optometrist who is more interested in the clinical aspect so they're happy to get the minimum requirement for the others but be heavier in the clinical practice element. The next optometrist might be really confident clinically, but feel that they need more help with communication so they might have more CET there. If there's flexibility, then the optometrist or dispensing optician can tailor it to themselves.

Therapeutic prescriber, England

I think the fact it's been split into four different categories and people have to do a minimum of one per domain is going to make people have a greater breadth of training and CPD than finding a single competency that's vaguely related just so they can get that point. The current scheme is a very student way of looking at things – ticking a box to move on.

Dispensing optician, England

- 6.2.13 However, some participants were concerned about this requirement. They explained that providing this degree of flexibility may result in registrants concentrating too heavily in one domain at the expense of others, and therefore potentially deskilling in certain areas of knowledge or skill. Again, participants highlighted that people tend to avoid areas that they do not like, and that this requirement would allow them to do this. It was suggested that there could be a similar requirement in place to allow registrants some level of flexibility, but that perhaps just one piece of CPD per domain was insufficient to ensure that registrants were developing in all domains.

I think the rigidity of it at the moment actually works well...If it's more flexible, I will find that I'm actually avoiding things and thinking, 'Well, I don't need to do that, so I won't bother doing it'. And that's quite dangerous, because we do need to keep up to date and make sure that we know all the things that we should know.

Optometrist, England (Midlands)

Personally, I think we should be doing one from each area each year...The concern or the worry is that you have people completing the Standards of Practice in those four areas and, although the clinical bit is in there about keeping your skills up to date, you technically then have a situation where you could have somebody who isn't doing that...Our dispensing opticians already tend to not go for low vision as much as our other competencies in CET...but from an ABDO perspective, we really want them to be doing that and we know they should be doing that. They have to do that because it's a competency currently, but when it's not, are dispensing opticians going to become deskilled in low vision? I think a chunk of them will.

Association of British Dispensing Opticians (ABDO)

- 6.2.14 In particular, some participants expressed concern about the requirement allowing registrants to only complete one piece of CPD in the clinical practice domain, as this included the Standard about keeping knowledge and skills up to date. They felt that one piece of CPD in this area would not be sufficient, as it could result in considerable deskilling of some registrants in many areas given the broad range of topics this included.

In clinical practice and keeping your knowledge and skills up to date, you only have to do one hour in that in three years. One hour is actually just one piece of CPD or CET as it is currently – that's very minimal.

Asda Opticians

I'm surprised it's so low...One point is one hour of content and there's 36 points, so you could effectively put 33 hours of content into professionalism and only do one hour in communication, one hour in clinical practice and one hour in leadership. So it's surprising to me that they're not driving more breadth across the competencies. For me it's about clinical practice and about the patients.

CET provider

I think we should have to do more than one piece of CPD in each domain. To put a number on it, I think you're looking at doing at least three because clinical practice has got three standards in it and we can't have people out there not doing CPD in clinical practice. Whether they're a manager or they're not seeing patients so much, they're still clinicians.

Dispensing optician, England (North)

- 6.2.15 However, some participants conceded that, in reality, registrants would naturally complete more than one piece of CPD in most domains, particularly clinical practice, given the nature of the profession and the roles of most optometrists and dispensing opticians and the current CET that is available. They felt it was more likely that, for the majority of registrants, it would be the other three domains where registrants completed fewer pieces of CPD.

Realistically I think very few people would not do more than one thing in clinical practice. Out of the four domains, that's probably the one that people will be most keen on maintaining and might see the others as a tick box exercise. Clinical practice is a fear for optometrists – not being able to recognise pathology or treat patients appropriately. So I would imagine that most optometrists would make sure that they keep on top of that.

Optometrist, Wales

Some criticism of the domains being vague, basic or too generalist

6.2.16 Despite a lot of positive feedback about the CPD domains, some participants were more critical. A number of participants were concerned that the domains and the Standards within them could be seen as vague, general and basic, explaining that what they set out were the minimum requirements that a registrant should be following to ensure safe practice. Therefore the domains did not necessarily suggest the need to develop and further knowledge and skills in these areas. It was suggested that only the Standard to keep clinical knowledge and skills up to date mandated any kind of advancement beyond basic requirements, but it was felt that even this Standard was very broad and lacking in depth and detail.

The leadership and accountability elements don't really describe what I would expect to see under that domain – they're very reductionist and limiting. CPD shouldn't be just about meeting basic professional responsibilities; it should also be about learning and development activity relevant to scope of practice and role that supports continuous improvement. The domain feels a little light... it needs to be grounded in contemporary patient-centred professionalism.

The College of Optometrists

I'd say that keeping your knowledge and skills up to date in the clinical practice domain is quite broad – that's basically what you're doing in your CET but you've got that in one small point. It might be better to break that point down, but then you're going back down the route of competencies. I think it should be expanded a little bit more.

Dispensing optician, Northern Ireland

Concern that there is not enough focus on the clinical domain

6.2.17 Another concern raised by some participants when looking at the proposed CPD domains was with the number of Standards in each domain. Some participants noted the difference between professionalism, which included nine of the Standards, and clinical practice, which included just three of the Standards, leading them to question whether sufficient weighting was being given to clinical practice in the new scheme. Whilst there was acknowledgement that professionalism was very important, some participants felt that the balance between these two domains did not seem appropriate.

It's interesting that the clinical practice part of it is so small compared to professionalism...if you thought about it, you could put a lot of them into clinical practice. We've gone from being very restrictive to very vague, but I suppose this has got to be in place for decades to come.

CET approver

It could be seen that the clinical element is very small compared to the other domains. It's not so much the balance is wrong, but the relevance of the other domains to safe, effective clinical practice needs to be drawn out.

The College of Optometrists

The one thing that did strike me is that the professionalism section is far larger than the other ones. It would be interesting to see if any of those could be shifted across to any of the other ones to even out the domains without compromising the suitability of an individual Standard under that domain.

British Contact Lens Association (BCLA)

6.2.18 Some participants felt that more weight should be given to the clinical practice domain, as they thought that, although more complaints may be related to communication and professionalism, it

was in this area that where the greatest harm could come to patients if registrants do not keep their clinical knowledge and skills up to date. It was suggested that, even though the domain contained fewer Standards, the new scheme could require registrants to obtain a greater number of points within the clinical practice domain, rather than just requiring one piece of CPD in line with the other three domains.

Considering the one domain that has the potential to cause the patient most significant harm is the clinical one, it looks like very vague wording, so I think you could take it one of two ways. You could focus on something very basic and get your CPD requirements but you're not meeting the high standard, or you could go with something very niche. The points in the professionalism domain are important, but there needs to be a lot more detail on the clinical side. It should reflect the varied clinical nature of the profession much more. The underpinning role is very clinical, whereas when you look at the domains it looks very much weighted towards surrounding skills...If you fall into a fitness to practise issue, it's likely to be the clinical practice that should be heavily weighted.

Association for Independent Optometrists & Dispensing Opticians (AIO)

Communication and clinical practice are still the foundation of what we do and should potentially have a higher weighting against professionalism, leadership and accountability.

Moorfields Eye Hospital

How much weight is on each of them? You could have one point in clinical practice and 30 points or whatever on professionalism, and that doesn't seem quite right. Surely as a clinician – obviously, you'll excel in certain areas – but you have to be competent in learning and keeping up with every area.

Optometrist, Northern Ireland

6.2.19 It was also suggested that the clinical practice domain could be further subdivided to provide a greater number of requirements that related to specific areas of practical skill, in order to create balance between increased flexibility within the other domains, and ensuring that the core competencies of clinical practice are met.

It would be better if clinical practice was subdivided further and you had to do a little bit of each area of clinical practice. There has to be a bit of variety. I think that would be in clinicians' and patients' best interests and ultimately, it's the patients who we're accountable to.

Optometry NI

As seen with all other changes, the CPD domains will need to be clearly communicated to registrants to work and avoid confusion

6.2.20 A number of registrant participants expressed some confusion about how the new CPD domains would work in reality. Rather than seeing the Standards as areas in which they could develop their knowledge and skills, they questioned how the Standards could be used to measure their abilities or how they could 'prove' that they had the required level of skill in each domain. A number of these participants said that this would be difficult, as the things listed in the Standards encompass what they are already doing every day, and that the majority of CET they complete is related to more concrete aspects of clinical practice.

How would you prove it? For example, 'maintain confidentiality and respect your patients' privacy' – how would you prove that? The current CET that we do is very clinical and it's a clear-cut answer and you discuss it within your group, but something like that – how would it look?

Optometrist, England (South)

A lot of them I think will be quite hard to meet...things you kind of just do day to day that are just sort of underpinned in what we do, rather than 'developing', in that sense. I don't know how you're going to do CPD to show that you can communicate and keep patient records. I think the CET that is available now will have to change quite dramatically really to cover professionalism, communication and leadership. I think most of the CET available now is more towards clinical practice.

Optometrist, England (North)

How would you assess that somebody's honest and trustworthy?

Therapeutic prescriber, England

Questions about how the domains would work in practice

- 6.2.21 When looking at the domains and Standards together, some participants questioned how the new CPD scheme would work in reality. A number of participants raised the question of what would happen if a piece of CPD could relate to more than one domain, providing various examples of topics that could be categorised as, for example, clinical practice and communication, leadership and professionalism, or even all four domains at once. It was agreed that more information was required from the GOC to help registrants understand how this issue would be resolved and how the domains would work in practice.

I wasn't sure whether a piece of CPD could belong to more than one domain. You could be doing something clinical and also communication – for example, going to an event about glaucoma and then you're talking about how you break the news to that patient but it's only branded as a clinical event. I'm unsure whether the GOC are proposing that a piece of CPD can only fall into one domain, whether it can be more than one, or whether it's up to me to decide what it falls under.

Optometrist, Wales

I think one answer the GOC weren't able to give us is whether or not one piece of CET could cover more than one domain. At present, one piece of CET could cover three or four competencies – very often two or three.

Association of Optometrists (AOP)

- 6.2.22 This finding highlights, as seen in relation to other proposed changes to the CET scheme, that the GOC will need to ensure that this change is carefully and clearly communicated across the profession to ensure all registrants understand how the new scheme will work. Many registrants will be very accustomed to the current CET model and may find moving to a more flexible, Standards-based model of CPD to be a difficult transition, and will therefore rely on guidance from the GOC to help them adapt and answer any queries they may have.

None of them are things that the profession won't have heard of, but I think registrants will need help to understand where this bit of their job role belongs or how they express a CPD aim in their personal development plan. I think they're going to need some practical guidance and tools.

The College of Optometrists

Some feel this change does not suggest moves towards 'true' CPD

- 6.2.23 Some participants were more sceptical of the CPD domains, the use of the Standards to underpin the new CPD scheme and the continuation of requiring a specific number of points to be completed. One stakeholder explained that the proposed changes did not go far enough to move towards a true CPD scheme by using the Standards of Practice to underpin it, as they did not believe that

they set out the expanding of knowledge and skills. Whilst it may be a step in the right direction, they viewed these changes as moves towards what they described as 'CPD lite', in that it was a combination of both a CPD and CET scheme.

It is sensible for CPD to be linked to the GOC standards but, as listed, these see still to be 'entry level' rather than expansive or developmental. For instance, there is nothing about expanding clinical knowledge and skills which is what we would have expected ...or indeed about learning something new or trying something new. The current proposals do not look like a CPD framework for a profession which has confidence in itself and the clinical benefit it is bringing to the nation...Given the rapidly expanding scope of the roles of optometrists and dispensing opticians, this proposed framework sadly looks like 'CPD lite' for an aspirant but not established clinical profession.

Federation of Ophthalmic and Dispensing Opticians (FODO)

6.2.24 Some participants also highlighted their surprise that the changes to the CET scheme did not propose moving away from a points based system. They highlighted that they were aware of other professions which did not use points, or others which used time instead of points. It was felt that retaining a points based system prevented the changes being proposed allowing for what they perceived to be 'true CPD', as it retained a rigid framework for registrants to work within rather than giving them the freedom to choose how they want to learn and develop.

If I have a concern over anything, it's the maintenance of a minimum number of points within a revised system. My preference would be a number of hours rather than points – a more modern way of doing something essentially very similar. It alters the thought process from a number of points to a number of hours spent doing something.

Optical Express

I think it's better to go for high quality CPD and do the reflection rather than focus on getting the 36 points – it makes it more meaningful, helps you to interact and relates more to your practice.

Contact lens optician, England (Midlands)

We feel the GOC should be a little bolder and get rid of CET points. Our view is that the proposed system seems to be a hybrid – it's taking the step and saying it's CPD...but somehow we're still left with people having to collect points, so the focus remains on learning inputs, rather than on learning outcomes. Are we swapping one sort of checklist system for another? There are many ways in which registrants can demonstrate their effective engagement in CPD, but the emphasis should be on what they distil from their learning and development activity and how they apply and reflect on their learning in practice. This is a very different approach from collecting points from activity.

The College of Optometrists

7. Non-approved CPD

Summary - What is changing and why?

Registrants will be allowed to participate in CPD that has not been formally approved for the purposes of the GOC CPD scheme as long as it meets certain requirements.

In the consultation, the GOC said:

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

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

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

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

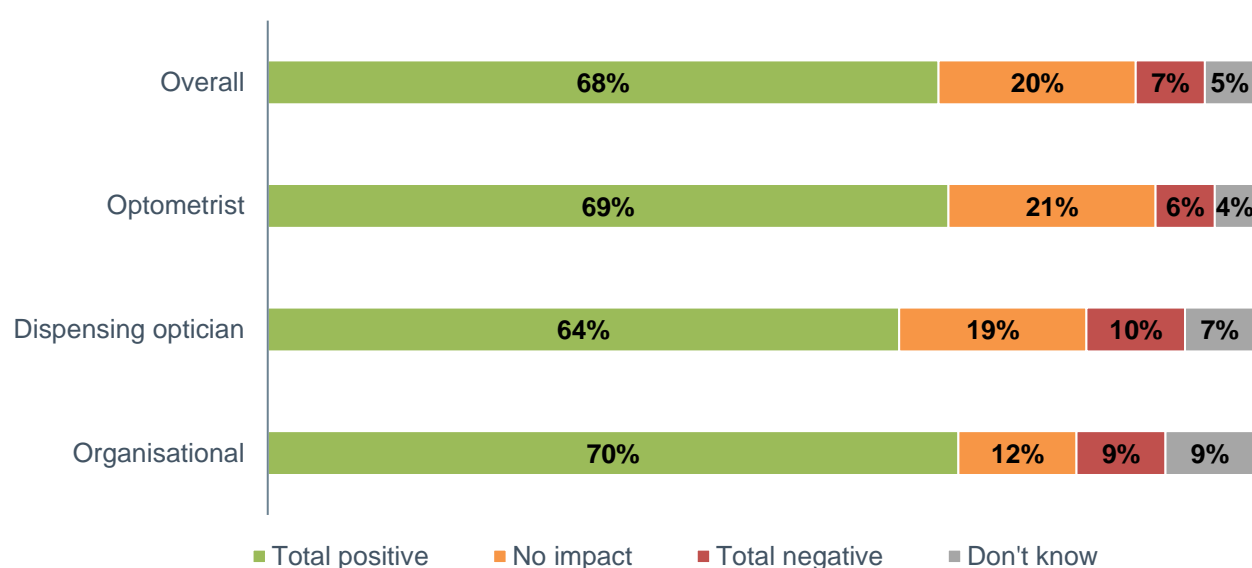
7.1 Consultation survey response

7.1.1 Survey respondents were asked what impact, if any, allowing registrants to use non-approved CPD to count as points towards their CPD will have on them or their organisation. The chart at **Figure 16** shows that, at an overall level, the majority of respondents thought this change would have a positive impact (68%). One in five thought that this change would have no impact (20%), and just 7% thought it would have a negative impact.

7.1.2 The perceived impact of this requirement is generally consistent across all respondent types, with the majority of optometrists (69%), dispensing opticians (64%) and organisations (70%) seeing a positive impact.

Figure 16 – What impact, if any, will allowing registrants to use non-approved CPD to count as points towards their CPD have on you/your organisation?

Base: All respondents (484), Optometrists (326), Dispensing opticians (110), Organisations (33)



7.1.3 Respondents were asked to explain their answer if required, thinking about what potential improvements or barriers this new requirement could create. Respondents were able to provide free-text responses, which have been thematically coded for analysis by grouping similar responses together.

7.1.4 As shown in **Figure 17**, those who thought allowing registrants to use non-approved CPD to count as points towards their CPD would have a positive impact focused on the ability to use previously uncredited learning, which would now be recognised (40%, 81 comments). A large number of comments also highlighted the benefit to interprofessional and multi-disciplinary learning (29%, 59 comments), how this change would make it easier to meet the requirements of and organise CPD (27%, 55 comments), and how it would enable more tailored learning and flexibility within CPD (26%, 52 comments).

Figure 17 – Explanation for why allowing non-approved CPD will have a positive impact

Base: Respondents who thought it would have a positive impact and provided an answer (201)

Reason for positive impact	Number	%
Recognises/validates currently uncredited learning	81	40%
Interprofessional learning/working beneficial	59	29%
Will make it easier to meet requirements/organise CPD	55	27%

Reason for positive impact	Number	%
More tailored learning/flexibility/choice	52	26%
Encourages further learning/development/improvement	47	23%
Good idea/welcome change/overdue	43	21%
Beneficial for hospital optometrists	26	13%
Further explanation/guidance needed	13	6%
Still too restrictive/more flexibility required	12	6%
May improve practice/patient care	11	5%
Auditing/monitoring essential	8	4%
Potentially open to abuse	7	3%
Learning opportunities not always one hour long	7	3%
50% non-approved CPD too high	6	3%
May reduce standards/potential for deskilling	4	2%
More funding/support needed	4	2%
36 points too low/points required should be increased	2	1%
No impact/unlikely to undertake non-approved CPD	1	0%

7.1.5 The comments of those who thought that allowing non-approved CPD would have no impact and provided an explanation are shown in **Figure 18**. The largest proportion stated that this change would have little or no impact because they were unlikely to undertake non-approved CPD (38%, 11 comments). Whilst also highlighting that this change was a welcome idea and potentially overdue (21%, 6 comments), those who thought the change would have no impact also mentioned some concerns shared with those who thought it would have a negative impact, as shown in **Figure 19**.

Figure 18 – Explanation for why allowing non-approved CPD will have no impact
 Base: Respondents who thought it would have no impact and provided an answer (29)

Reason for no impact	Number	%
No impact/unlikely to undertake non-approved CPD	11	38%
Good idea/welcome change/overdue	6	21%
Unnecessary/enough approved CPD/all CPD should be approved	3	10%
Still too restrictive/more flexibility required	2	7%
Recognises/validates currently uncredited learning	2	7%
50% non-approved CPD too high	2	7%
Potentially open to abuse	2	7%
Further explanation/guidance needed	2	7%
Auditing/monitoring essential	2	7%
More tailored learning/flexibility/choice	1	3%
Will make it easier to meet requirements/organise CPD	1	3%
Interprofessional learning/working beneficial	1	3%
Learning opportunities not always one hour long	1	3%

7.1.6 The small number of those who thought allowing non-approved CPD would have a negative impact and who provided an explanation highlighted their concerns about this change are shown in **Figure 19**. The largest number related to the change making the CPD scheme potentially open to abuse (43%, 10 comments), followed by concerns about a fall in standards and potential for deskilling (35%, 8 comments), concerns about allowing up to 50% of a registrants' CPD to be non-approved (17%, 4 comments), and comments about the change being unnecessary as there is sufficient approved CPD available and that all CPD should be approved by the GOC (17%, 4 comments).

Figure 19 – Explanation for why the introduction of CPD domains will have a negative impact

Base: Respondents who thought it would have a negative impact and provided an answer (40)

Reason for negative impact	Number	%
Potentially open to abuse	10	43%
May reduce standards/potential for deskilling	8	35%
50% non-approved CPD too high	4	17%
Unnecessary/enough approved CPD/all CPD should be approved	4	17%
No impact/unlikely to undertake non-approved CPD	2	9%
Auditing/monitoring essential	2	9%
Good idea/welcome change/overdue	1	4%
Still too restrictive/more flexibility required	1	4%
Will make it easier to meet requirements/organise CPD	1	4%
Recognises/validates currently uncredited learning	1	4%
Encourages further learning/development/improvement	1	4%
Interprofessional learning/working beneficial	1	4%
Further explanation/guidance needed	1	4%

7.2 Qualitative consultation activity feedback

Generally a very popular change due to the increased flexibility and accessibility it will provide

7.2.1 Many participants were immediately very positive about the proposal to allow registrants to complete non-approved CPD as part of the new scheme. A number of registrants and stakeholders explained that this was something that many within the profession had been wanting for a long time, and therefore said that they would really appreciate this change. It appears that a significant number of registrants are already completing non-approved CET on a regular basis without receiving any points for it, and therefore this change will allow them to use this learning to count towards their CPD in the new scheme.

Personally I've done some extra pieces in dementia, some extra pieces in other things. I do quite a lot of paediatric work, so I've learned some very basic Makaton and things like that to enable me to communicate better with patients with developmental delays or specific syndromes, or things like that. And I would like to see that recognised by the regulator.

Dispensing optician, Scotland

I think it's a very positive thing and will be well received by all. If we take the example of learning and development at Optical Express, we do a lot of non-approved CPD already. At the moment an optometrist may spend time engaging one of our central clinical services optometrists on case management and we regularly undertake training on practical areas of optometry such as diagnostic scan interpretation and management. Optometrists also interact and develop with input from a consultant ophthalmic surgeon. This is continual professional development so therefore it should be allowed to be utilised by the individual registrant to count towards their CPD.

Optical Express

7.2.2 It was suggested that this change furthered the concept of giving registrants more control of and responsibility for their own development and learning, which most participants felt would be well received across the profession, as it was something most registrants had the appetite for.

Ultimately, it's kind of handing over responsibility to the individual practitioner...to choose the field they want to go and develop in.

Contact lens optician, England

We are used to making decisions for other people, for our patients. We can make the decisions for our own personal development ourselves. We don't have to be told by the GOC what to do. So whilst there is an element of compliance, it's putting the emphasis on the individual – and I think that's a very positive thing.

Optometrist, Scotland

7.2.3 As with the other proposed changes to the current CET scheme, it was felt that allowing registrants to complete non-approved CPD would significantly increase the flexibility of the new scheme. A number of participants said that this would better enable registrants to explore topics that were of relevance and interest to them in their role, undertaking learning opportunities from non-approved sources which would otherwise never have been approved by the GOC, and still gain points towards their CPD.

I've often thought it would be great if we could do some ENT or neurology CET, or something that really stretches us, that we don't know much about. And to be able to do that and have it count towards your points I think is a great idea.

Contact lens optician, England

There's a huge amount of education and training available, particularly in secondary care, that wouldn't at the moment be accredited through the GOC, but constitutes immensely valuable learning, so I think it's a right step in the right direction.

Moorfields Eye Hospital

7.2.4 This change was further seen to increase flexibility of the CPD scheme as it would enable points to be obtained from ad-hoc learning opportunities such as meetings and peer discussions, something which many registrants currently experience and cannot currently include within their CET.

Sometimes in the hospital we have a Friday afternoon audit meeting and... we don't have the prior knowledge of the programme and a copy of the talk etc. to put forward to get points. And sometimes the learning you can get from some of these other things is better, if not equally as good as a previously designed talk, conference, whatever. I think it's a good thing.

Optometrist, Northern Ireland

It was felt that this is going to be a lot easier to deliver more ad-hoc learning and I think that the younger generation really gripped onto it and felt it was progressive and really embraced it. The GOC have nailed it there, I think. They understand what newly qualifieds want.

Optometry Wales

It's important to recognise that formal education and training isn't just done by attending certain events once or twice a year. It can be a meeting, a peer review session, peer discussion...Optometrists being able to utilise that will only serve as benefit to them and their development.

Optical Express

7.2.5 A small number of participants also highlighted that this increased flexibility via non-approved CPD would enable registrants to undertake learning from other countries if it was relevant to their role and scope of practice. They explained that this could provide a wealth of useful opportunities for registrants.

I think it's good to have a percentage of CPD that could be earned in this way, because you may have optometrists going to overseas conferences and you can get that approved as a registrant – if you go to a

US conference, you know you're going to get content that's relevant to a UK optometrist but it's not easy to get it accredited at the moment for your own account. That side of it is good.

Association of Optometrists (AOP)

7.2.6 Another positive impact of this change related to increased flexibility was that it would allow CPD to be designed and arranged much quicker, without having to go through the GOC approval process. This would allow registrants to more easily access learning and would enable them to create personal development plans which are more achievable and responsive to changes in roles and the wider profession.

It's very difficult to plan when everything has to be accredited. I don't really see how you can create a plan at the start of the cycle and then guarantee that that's the areas you're going to be able to cover. I think if you can get some that aren't accredited, then it will be a lot easier to make your professional plan for the next cycle.

Optometrist, England (North)

In our practice we've found it really difficult to get CET approved, even when we've literally lifted it from the GOC and sent it back to them...We've tried to do our own peer review a few times and it just hasn't come off, because it's been so stringent...So I do think that taking any barriers away from people actually doing additional learning can definitely be a good thing.

Optometrist, Northern Ireland

This change will improve interprofessional learning and sharing of resources

7.2.7 A key benefit of allowing registrants to undertake non-approved CPD, suggested by many participants, was that it would enable CPD from other healthcare professions that may still be of benefit to optical professionals to be utilised and to count towards their CPD. In both primary and secondary care, many optometrists and dispensing opticians are working closely with other healthcare professions, including pharmacy, dentistry, nursing, and medicine. As a result, some participants said that they already participate in various learning opportunities with other professions that they find beneficial to their role, but which do not provide them with CET points within the current scheme. As it was likely these opportunities would be able to count towards their CPD in the new scheme, these participants were very positive towards this change.

In a hospital setting, we have weekly teaching and also monthly speciality teaching. It counts towards the medics' CPD and nurses' CPD, but we have to go, we present, and we don't get anything. This is going to be really great.

Optometrist, England (South)

I work alongside a lot of pharmacists, and to be able to maybe attend an event with them and claim professional points, and actually be able to talk about a certain topic with them – I'm all for that.

Contact lens optician, England

I think it's quite a positive change really. I work in a hospital, so we do quite a lot of what is considered CPD for the junior doctors... Things like diabetic macular oedema, with the new drug that's been introduced – it's very relevant to what we do day to day, but it's not counting towards what should be our continued development throughout our career.

Optometrist, England (North)

We would like to look at encouraging interprofessional learning – we’re seeing a lot more practice between primary and secondary care in community care, so having the greater ability to have shared continuous learning with other healthcare professions is a very positive thing.

Association of British Dispensing Opticians (ABDO)

- 7.2.8 Even those who did not already undertake learning alongside colleagues from other healthcare professions highlighted that this change could open up a wide range of new and beneficial CPD opportunities for them, allowing CPD resources to be shared more easily amongst professions. It was felt that increasing the sharing of learning opportunities may help to further multi-disciplinary working and increase the role and standing of optical professionals in the wider healthcare team.

In terms of things like professional record keeping, things like that, we could access CPD from GPs, dentists, see what those guys are doing and apply that to our practice...And it would be a bit more variety, seeing how other professionals work. As long as it applies to us as well.

Optometrist, England (Midlands)

We think it’s positive for multi-disciplinary learning between professions...As we’re seeing already, if an optom is working alongside an ophthalmologist or another colleague then if they have some sort of in-house training that isn’t approved that they can still record it and benefit from it – that’s a really good idea.

The College of Optometrists

I think it means that, for us, we could share resources with our pharmacy teams so there is a lot of crossover between pharmacy and optical – stuff that isn’t GOC approved but is good for CPD so that we could share the resources and do more cross-functional working from that would be beneficial. Also great for registrants who work in more specialised roles to be able to form their CPD around the roles they do.

Asda Opticians

The COVID-19 pandemic has highlighted that this change is needed and will have a positive impact

- 7.2.9 A number of participants explained that the recent COVID-19 pandemic has highlighted that allowing registrants to undertake non-approved CPD will be very beneficial. In the early stages of the pandemic, it appears resources were being widely shared between healthcare professions, with learning being carried out on an ad-hoc basis in relation to things such as personal protective equipment (PPE) and infection control. Participants said that, had non-approved CPD been available at this time, they would have been able to use this training towards their CPD.

Due to this whole coronavirus we looked into PPE and there was no guidance early on, so I spoke with some colleagues – a pharmacist and a dentist – and I accessed some of their videos to find out what we were supposed to do...If that had been in then that would have been great, because then that would have been CPD as well.

Optometrist, England (Midlands)

During lockdown there was a fantastic amount of worldwide webinars and lectures. None of it was CPD approved but it was really good learning, so this is a good move.

BBG-CET (CET provider)

Criticism of the requirement for non-approved CPD to be designed for healthcare professionals

- 7.2.10 Some participants were supportive of the change to allow non-approved CPD to be undertaken, but were critical of the requirement that any non-approved CPD must have been designed for healthcare professionals in order to be included. It was suggested that by limiting non-approved

CPD to only opportunities designed for healthcare professionals, registrants may miss out on potentially beneficial learning. It was also suggested that this restriction seemed to go against the rest of the changes being made to the scheme which allowed for more flexibility.

There are lots of providers of very relevant training that optics could learn from that aren't necessarily healthcare providers...HTML programming, HR policy, how you do good performance reviews and performance management, how you conduct disciplinaries. They don't have to be for a healthcare professional, they just have to be good.

Dispensing optician, England

The only thing that I would challenge is that the CPD has to be developed for healthcare...You could have a registrant who is very interested in learning from errors and in developing their approach to human factors and ergonomics. They could get a lot of value from working and developing their expertise in that field. It's not specifically designed for the healthcare sector so that might be a bit of a bear trap. I think the health system, in terms of sharing knowledge and getting insight from other industries, can be quite closed at times. You wouldn't want that to be too much of a constraint.

Patient Safety Learning

7.2.11 Some participants highlighted that this restriction seemed particularly at odds with the new CPD domains, which included professionalism, communication, and leadership and accountability. They explained that quality training in these areas could easily come from outside the healthcare sector, and may, in some instances, be of better quality, or come from a different outside perspective that would be beneficial for optical professionals. Therefore it was seen that imposing this requirement on non-approved CPD would be very limiting in terms of allowing registrants to develop in the new CPD domains outside clinical practice.

We recognise the need for quality assurance and all CPD should of course be relevant and accredited. However, we do not understand why would the GOC would constrain this this only to development provided for healthcare, when CPD can often involve cross-discipline learning. This seems to be an unnecessary restriction which, we are concerned, might rule out training by external providers (e.g. in statistical analysis, jurisprudence, choice and human rights, or leadership, which might benefit individuals and the professions overall) just because it is not offered by a healthcare provider.

Federation of Ophthalmic and Dispensing Opticians (FODO)

Leadership and accountability comes in every walk of life and there may be non-healthcare professional training that adds value in that particular domain. So whilst I'm supportive of the principle of things generally being designed for healthcare professionals, because there's a lot out there, I feel like there is a place for non-healthcare professional development in some of the domains...Healthcare professionals have a lot to learn in some of these domains which is potentially outside of the healthcare arena.

Primary Eyecare Services

Criticism of the requirement for non-approved CPD to be at least an hour in length

7.2.12 Another criticism lodged at the requirements of non-approved CPD was that it must be at least an hour in length. A number of participants were concerned about this requirement, explaining that many of the opportunities that they could think of which are non-approved that they could potentially benefit from via this change were not actually an hour in length. This included some lectures, meetings with colleagues, activities undertaken during lunch breaks, short video tutorials, and the time taken to read informative articles. They therefore questioned how beneficial this change would be, as a significant proportion of their new opportunities to undertake non-approved CPD would not meet the hour length requirement.

I think everything is good about this – except the one hour thing. A lot of the conferences, in particular, ophthalmology conferences that I've gone to, the lectures are 50 minutes long, to allow people to get from room to room. So they're already cutting out a whole swathe of potential learning. Also, hospitals often have lunchtime sessions, and they won't be an hour. And equally, say you wanted to do something like read a journal article – that may not take an hour to do, but you might learn an awful lot from that.

Therapeutic prescriber, Scotland

If you're doing something with an ophthalmologist like a discussion, you may not have an hour to have that discussion. You may only have half an hour or 45 minutes so I don't think the time should reflect the quality of discussion and learning that is taking place, because you can still have a very useful and informative discussion in half an hour. So I think the time is a bit restrictive.

Vision Express

7.2.13 These participants also questioned the reason behind the hour restriction for non-approved CPD and what evidence it was based upon. They highlighted that they could think of many excellent learning opportunities that did not last for an hour, and furthermore felt that conducting learning in shorter periods was actually more beneficial for registrants in terms of their ability to digest information, remain engaged, and fit it in amongst their work commitments.

The one hour thing is just baffling. There's no evidence for one hour being a good amount of time for anybody to learn anything. Twenty minutes is probably all anybody can concentrate for anyway without some sort of break.

Optometrist, Scotland

If I can learn as much from a 15-minute video on laser eye surgery as I would sit in a one-hour lecture, why is the YouTube video any less valuable? I'd love to break away from one-hour chunks.

Optical Consumer Complaints Service (OCCS)

There's definite scope for something to be less than an hour if you're gaining something out of it. If we think about concentration levels and how engaged people are going to be, I don't think your typical lecture presentation style of an hour is now the way to go forward. We see things like podcasts which are a lot less than an hour and quite established and effective now.

Optometrist, Wales

7.2.14 However, not all participants were critical of this requirement. Some stated that they expected the new CPD scheme to be realistic, allowing registrants who have attended a learning event that almost lasted an hour to be able to round this time up to an hour, using their professional judgement. Others stated that an hour was a reasonable amount of time for a piece of CPD, and that shorter opportunities may not be of the same level of quality.

I think an hour is fine...If I'm getting someone to talk, they talk for 45-50 minutes, because you might have ten minutes of questions and give a little bit of time for interaction with whoever is attending. So I think that is perfectly reasonable.

Optometrist, Northern Ireland

We're a professional group. We actually have to make time to keep our skills up to date. You can't just say, 'We need to fit it in the lunch hour, let's just shorten it', 'I'll just listen to this tape while I'm eating a sandwich'. I think that is selling the profession short.

Optometrist, England (Midlands)

7.2.15 Others suggested that, to avoid any problems with requirement, the GOC could consider the use of fractional points for CPD, for example allowing half a point to be assigned for learning that was only 30 minutes in length. This would mean that registrants did not miss out on new opportunities for non-approved CPD. It was explained that this approach was taken within other healthcare professions.

If you look at other system, doctors for instance can do half points, quarter points, so they still have roughly one CPD point per hour. Half an hour would be great...It's better having it more flexible.

Optometrist, Scotland

Concerns raised about allowing registrants to complete up to 50% of their CPD from non-approved sources

7.2.16 A number of participants, including both registrants and stakeholders, expressed some concern about the requirement that up to 50% of a registrant's CPD could come from non-approved CPD sources within the proposals for the new scheme. For many, this change was one of the most surprising, as it was a significant move away from a scheme where all CET had to be approved to allowing up to 50% of a registrant's CPD to be non-approved. Many of these participants explained that, whilst they were supportive of the move towards the inclusion of non-approved CPD, they felt that setting the threshold at 50% immediately was very high and potentially a concern. Suggestions for what proportion they had expected to see ranged from 10% to 30%.

I'm surprised it's as high as 50%. I thought it would've been more like 30% coming from non-approved.

Dispensing optician, Wales

50% is really high. You're going from such a structured CET to go to 50% basically, 'You can do what you want to do'. It does seem like a massive amount to have non-approved in the first go.

Optometrist, England (South)

This is the most controversial change within the scheme. To go from having every single piece of CET scrutinised by at least one approver and getting batted back and forth, then almost going to the extreme and saying, 'Well now half of your content can come from a space where we've got far less control over the quality', just seems to be quite a significant departure.

Association of Optometrists (AOP)

7.2.17 Some of these participants also highlighted that their concerns were furthered by the GOC's plan to audit 10% of non-approved CPD, which they thought was quite low in relation to what they perceived to be a high proportion of non-approved CPD being allowed (50%).

50% is way too much for the first cycle when only 10% of that is being checked. That's a big job and that's a big risk in that first cycle.

Dispensing optician, England

50% is a lot initially and only 10% is audited – that's very small.

Optometrist, England (North)

7.2.18 As the majority of participants supported the move towards allowing non-approved CPD in principle, most suggested that instead of setting the threshold at 50%, the GOC should consider reducing this to a lower percentage to begin with. This could then be increased over time as registrants become accustomed to undertaking non-approved CPD, if it is clear the change is a

positive one, and once the GOC is confident in how the new scheme works and can be audited effectively.

Difficult to know what percentage would be appropriate but I think 50% is quite a lot. I would be more inclined to say that it could perhaps only be 25% that was outside the approved CPD. If it could change and be moveable over time and following evaluation, I would just be slightly uncomfortable.

Moorfields Eye Hospital

We've suggested to the GOC they may want to consider at least a baby step with a smaller percentage.

Association of Optometrists (AOP)

I would think that 50% is quite ambitious for the first CPD cycle. I would've thought 25% maximum on the first rotation and then see how effective it is.

Association for Independent Optometrists & Dispensing Opticians (AIO)

7.2.19 It was also suggested by a small number of participants that different proportions of non-approved CPD could be set for different groups of registrants. For example, those working in a hospital setting could be allowed to complete a higher percentage of non-approved CPD because of their increased likelihood of multi-disciplinary team working. It was also suggested that the percentage of non-approved CPD could be lower for newly qualified registrants during their first years of practice to ensure they are completing appropriate and high quality training.

Maybe it should be slightly different for hospital optometrists that they get a bigger weight towards these non-approved courses and if you're not in a hospital setting it should be more like 30% or 40%.

Optometrist, England (South)

Is 50% too high? Is it giving them too much wiggle room? Maybe 25%. If you've got a new optometrist coming in straight from university, you probably wouldn't want them to be 50% self-reliant because do they really know what's good CPD? In our organisation we would want to see what people were submitting for self-approved CPD so we could maybe loosen the reins a little bit.

CET provider

7.2.20 The main reason behind the concerns raised by participants about the 50% threshold for non-approved CPD was that it may open the CPD scheme up to abuse. Participants explained that, although they expected the majority of registrants to complete genuine, worthwhile CPD, they were concerned that some may take advantage of this change to reduce the amount of CPD they complete, or to claim for CPD that may not be appropriate or of a high level of quality.

It's open to people manipulating things. If it's all down to record keeping, it could be quite difficult to prove exactly what did go on during that conference or whatever. I think it's open to people manipulating it.

Optometrist, England (Midlands)

I think 50% is too high. I think it's such an extreme change from what we're doing at the minute. I think probably between 30% and 40% would be enough, because I would be worried that 50% of people would just take off down the pub and have a little chat about a record card.

Optometrist, Northern Ireland

I think 50% is too high. The majority of CPD should be approved, approximately 20% could be non-approved...Let's say you were doing infection control with the GDC – that's probably really useful, but you could also get people who would do 50% of irrelevant activity allowing the system to be abused.

Optometry NI

However, many participants supported the proposed 50% threshold for non-approved CPD

7.2.21 Despite a number of concerns from registrants and stakeholders, many were of the opinion that setting the threshold for the maximum amount of non-approved CPD at 50% was appropriate. They explained that setting it at 50% would allow for the flexibility that many registrants have been hoping for, but still ensured that there was a balance between approved and non-approved learning.

A minimum of 50% - I can see the benefit and justification for that, certainly in the first phases of this scheme.

Optical Express

I think 50% is probably about right.

Vision Express

50% seems reasonable – I don't have an issue with that.

BBG-CET (CET provider)

7.2.22 Some participants highlighted that allowing up to 50% of CPD to come from non-approved sources would help to bring the optical profession more in line with other healthcare disciplines, where the majority of CPD that is undertaken is non-approved. It was felt that this change placed more trust in registrants, allowing them to take more control over their development, as is the case in other healthcare professions.

Looking across other regulators, the majority of CPD is non-approved.

Federation of Ophthalmic and Dispensing Opticians (FODO)

I don't think the GMC approves any of the medics' CPD. I think it's all done on trust.

Optometrist, Wales

My understanding of it is it's to bring it more in line with what some of the other professions do. So if you're a doctor you can do whatever you like for your CPD, as long as you can justify why you're doing it.

Optometrist, Scotland

7.2.23 It was also discussed that, eventually, the 50% requirement may be increased or even removed completely as registrants become accustomed to the new CPD scheme and taking more responsibility for their own development and learning.

If they find out that it works without the [50%] safeguarding, then later on they might take it off completely and leave it to the professionals' judgement. But maybe it is important for the beginning at least to see how it goes.

Dispensing optician, England

In reality, registrants may not do as much as 50% of non-approved CPD

7.2.24 Many participants widely acknowledged that allowing registrants to complete non-approved CPD would be a welcome change for many across the profession. However, some registrant participants thought that this change may not have such a significant impact, as they predicted that the majority of registrants would continue to complete mostly approved CPD, rather than non-approved. They explained that, at least initially, they expected approved CPD to be more easily accessible and relevant for most registrants, who are already in the habit of completing this type of CET.

I don't think the majority of dispensing opticians and contact lens opticians are going to actively go out and find some super specialist CPD that isn't an approved source, and do that a lot of the time. It will challenge people in terms of having to do things for themselves because it's handed to them on a plate. They would have to think about it, go find it, plan it, and arrange it. Why would you do that when there is so much of what will be approved CPD for the majority of practitioners on their doorstep?

Dispensing optician, England (North)

People will probably find approved stuff easier to find than going out of their way to find the non-approved stuff.

Dispensing optician, England

7.2.25 It was also suggested that registrants may be deterred from completing too much non-approved CPD if they are concerned about whether or not it meets the GOC's requirements. These participants felt there was potential that registrants may choose to 'play it safe' and continue completing approved CPD, rather than run the risk of having their non-approved CPD scrutinised and rejected by the GOC, therefore putting their registration at risk.

I get the feeling that not many people will actually do the 50% because they'll be scared that it might bite them in the bum and become a registration issue.

Optometrist, England (South)

My only concern would be if you were to do a few hours of it and they [the GOC] were to turn round and say that it's not of the quality they would be happy with....Would the GOC come back to you and say [they're] not going to recognise that event, or it wasn't relevant?

Optometrist, England (North)

Concern that allowing non-approved CPD may reduce the quality of learning and could lead to abuse by providers

7.2.26 A small number of participants raised concerns about the potential impact the introduction of non-approved CPD into the scheme would have on the quality of learning, suggesting that it may be lowered as a result. Some based this on the quality of current CET applications which are not approved, and others suggested that if a piece of CPD was not approved, they would question how relevant it was to their role and development, particularly if it came from another healthcare profession.

As a CET approver, I think we will have a lowering of the standard of CET/CPD. Because I see the approvals that come through...There is a significant amount that is coming through which is not up to scratch on its first application.

Dispensing optician, England

How relevant is it going to be to that practitioner, say if it is from a nurse's training or a doctor's training? They could be learning things that are too detailed for their role or that are just irrelevant. They've got all these points or CPD that they've done, and it's just not really benefited them.

Therapeutic prescriber, England

7.2.27 Some participants said that they would question the quality of CPD if it was non-approved, based on the perception that it may not be approved for the reason that it was of lower quality than other approved opportunities.

What's the reason – why is this CPD not actually approved? Is it just bureaucracy, or is it that it's not meeting certain criteria? I think that's important. Because yes, there are things that we will do, that we want to do, that aren't approved, but they do have to, I think, meet some kind of criteria as well...It would concern me – why hasn't it been approved? What's 'wrong' with it, as such?

Optometrist, England (Midlands)

7.2.28 Concerns were also raised from participants who thought that allowing registrants to undertake non-approved CPD may result in employers setting CPD for their employees that is commercially driven rather than encouraging real development, in line with the Standards of Practice.

It could be abused by commercial interests rather than value to CLOs, DOs or OOs...You could have training providers banging the drum for a particular cause that isn't necessarily of quality, it is just a commercial sell. I don't think that really adheres to the professional development.

Dispensing optician, England

Some of the influences upon the delivery of CPD won't always be decided upon by people whose best interest is that of the individual clinician and of the patient.

Optician Magazine (CET provider/approver)

The problem with optometry is that it falls between clinical and retail...So there is a disparity with some business models which are much more interested with the business and sales side of optometry than the clinical side. I think you have a danger if the training is being run in-house that you're going to perpetuate that way of thinking. 50% of your CPD can effectively be employer-driven and very much about the sales and that side of things; potentially at the detriment to clinical expertise. It would meet the professionalism quota of the CPD but wouldn't perhaps meet the core values of an optometrist or dispensing optician.

Association for Independent Optometrists & Dispensing Opticians (AIO)

7.2.29 As previously highlighted, some participants were also concerned about the auditing process of non-approved CPD. Some thought that only auditing 10% of non-approved CPD was too low, particularly when allowing up to 50% of CPD to come from non-approved sources. Others questioned how the GOC would have the resources and capacity to effectively audit 10% of non-approved CPD if a large proportion of registrants take up the offer of completing 50% of their CPD as non-approved.

To check 10% is not really that significant, and there's a good chance that poor quality CPD will get through...You've got a 90% chance of getting away with it.

Dispensing optician, England

It would also be interesting to know how the GOC arrived at the figure of 10% of registrants, who undertake non-approved CPD, as the right level for auditing.

Federation of Ophthalmic and Dispensing Opticians (FODO)

Communication, guidance and support will be required to ensure registrants understand this change and have the confidence to utilise non-approved CPD

7.2.30 As found for all other proposed changes to the CET scheme, participants stated that it was important that the GOC clearly communicates this change to registrants to ensure it is widely understood. In particular, participants felt that the GOC would need to clearly explain what was acceptable non-approved CPD, exactly how the requirements worked and how points would be assigned, ideally providing some examples to make it easy to understand and relate to, to give registrants the confidence to utilise non-approved CPD opportunities and avoid any confusion.

They need to define more clearly what would and wouldn't count – could I read a part of a book for this? It just needs a bit more thought and a bit more clarity. The whole area is a bit grey.

Dispensing optician, Northern Ireland

There also needs to be something about what 'good' looks like and what 'good' doesn't look like – it doesn't have to be War and Peace, but it's just about pre-empting the risks.

Boots Opticians

There needs to be very clear guidelines around what is acceptable and what the registrant needs to provide as evidence. Perhaps a worked example for registrants would be welcomed in order to make this simple to understand.

British Contact Lens Association (BCLA)

The impacts of this change on providers and approvers

7.2.31 Those who currently provided and approved CET explained how they thought this change would affect them or their organisation. Some CET approvers said that they expected that their role would change, as the amount of CPD they approve may reduce as non-approved CPD increases. They also expected that they may have an increased role in the auditing of CPD providers and non-approved CPD.

I hope there will be more of an auditing role for approvers. Our role could change to include more auditing and checking things out, keeping the providers on track. I can see my role changing – there might be less work but that's OK.

CET approver

7.2.32 Although many current CET providers did not highlight any ways that this change would affect them or their organisation, some providers said that they may see fewer registrants attending their CPD events or other educational opportunities due to the potential increase in the availability and accessibility of non-approved CPD. Others said this change had made them question whether to continue as a CPD provider if the market for CPD was to be opened up to non-approved providers and sources.

From an organisational point of view, if that's the case, it kind of makes me sit here and think, 'Do we need to be CET providers?'... I can see us having some internal conversations about why we would go through the hassle.

CET provider

I guess it would mean fewer people attending our events and consuming our education delivery overall.

Association of Optometrists (AOP)

8. Reflection

Summary - What is changing and why?

The GOC will enhance the requirements for registrants to reflect on their practice and ensure this is a core part of the new CPD scheme from January 2022 by allowing more flexibility for documenting and planning reflection, and requiring all registrants to carry out and document a reflective exercise based on the content of their CPD plan either during or at the end of the cycle.

In the consultation, the GOC said:

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

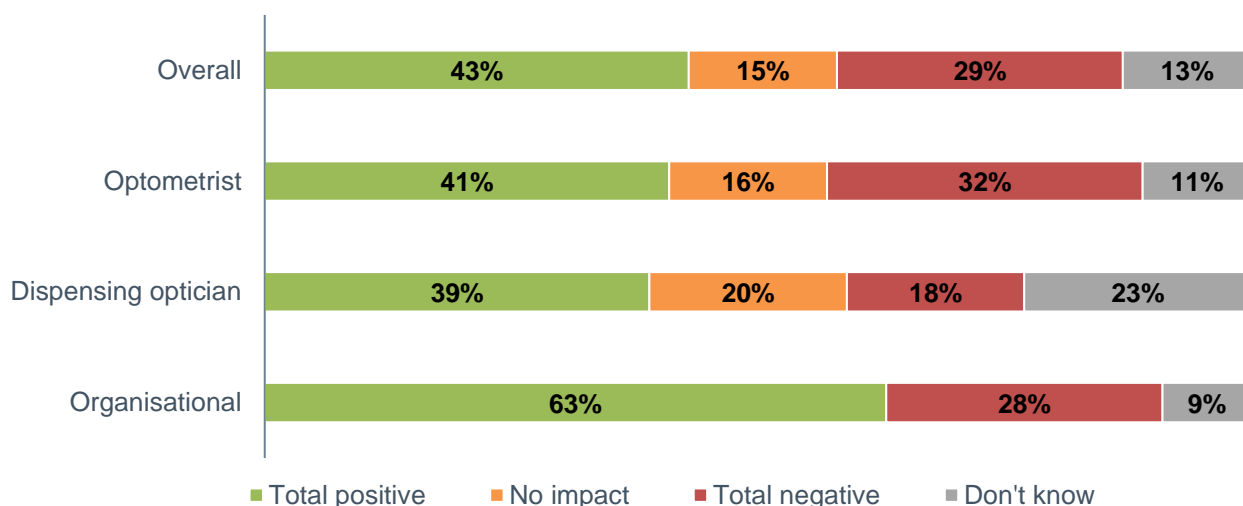
This new requirement is important because registrants will be given more control over what CPD they do. To balance this out, we need to have assurance that registrants are reflecting on their practice and have tailored their CPD to their own learning and development needs.”

8.1 Consultation survey response

- 8.1.1 Survey respondents were asked what impact, if any, introducing a mandatory requirement for reflection would have on optometrists, dispensing opticians, employers, and professional associations. The chart at **Figure 20** shows the perceived impact of this change on optometrists.
- 8.1.2 Whilst the largest proportion of respondents thought that this change would have a positive impact on optometrists (43%), one in three thought that it would have a negative impact (29%). A larger proportion of optometrist respondents answered that this would have a negative impact (32%) when compared with dispensing optician respondents (18%). The majority of organisational responses stated that mandatory reflection would have a positive impact on optometrists (63%).

Figure 20 – What impact, if any, will introducing a mandatory requirement for reflection have on optometrists?

Base: All respondents (451), Optometrists (328), Dispensing opticians (82), Organisations (32)



8.1.3 The chart at **Figure 21** shows that, although a large proportion of respondents thought that mandatory reflection would have a positive impact on dispensing opticians (40%), a quarter did not know what the impact would be (25%) and a further 22% thought the impact would be negative.

8.1.4 A larger proportion of dispensing optician respondents answered that this change would have a negative impact on their role (34%) when compared with optometrists (17%), who were more likely to answer that they did not know what the impact would be (36%). The majority of organisational responses perceived the introduction of mandatory reflection on dispensing opticians to have a positive impact (57%).

Figure 21 – What impact, if any, will introducing a mandatory requirement for reflection have on dispensing opticians?

Base: All respondents (360), Optometrists (212), Dispensing opticians (113), Organisations (28)

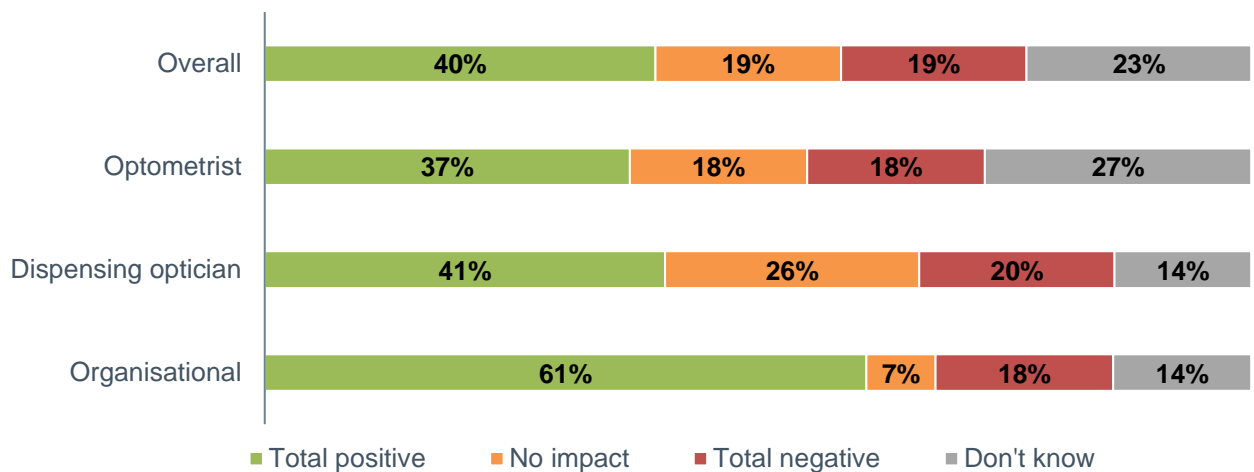


8.1.5 As shown in **Figure 22**, overall two in five respondents thought that introducing a mandatory requirement for reflection would have a positive impact on employers (40%).

8.1.6 Dispensing opticians were more likely to perceive a positive impact on employers (41%) when compared with optometrists (37%). Three in five organisational responses thought that this change would have a positive impact on employers (61%).

Figure 22 – What impact, if any, will introducing a mandatory requirement for reflection have on employers?

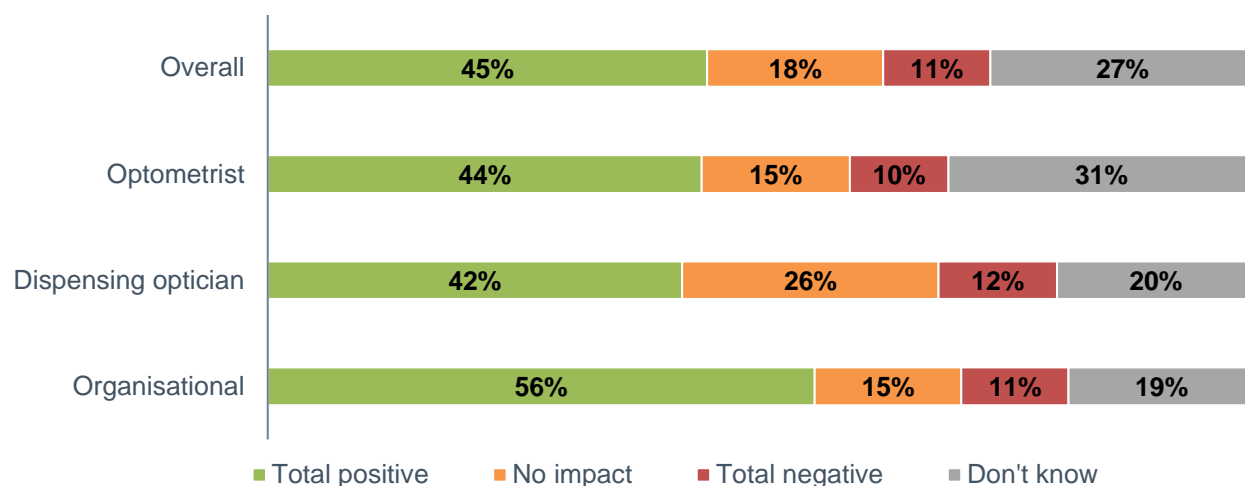
Base: All respondents (340), Optometrists (224), Dispensing opticians (81), Organisations (28)



- 8.1.7 When asked what impact introducing a mandatory requirement for reflection would have on professional associations, as shown in **Figure 23**, in line with previous results, the largest proportion thought it would have a positive impact (45%). However, over a quarter of respondents answered that they did not know what the impact would be (27%).
- 8.1.8 Dispensing opticians were more likely to think that there would be no impact on professional associations (26%) when compared with optometrists (15%). Almost three in five organisational responses thought that this change would have a positive impact on professional associations (56%).

Figure 23 – What impact, if any, will introducing a mandatory requirement for reflection have on professional associations?

Base: All respondents (336), Optometrists (220), Dispensing opticians (81), Organisations (27)



- 8.1.9 Respondents were asked to explain their answers if required, thinking about what potential improvements or barriers this new requirement could create. Respondents were able to provide free-text responses, which have been thematically coded for analysis by grouping similar responses together.
- 8.1.10 **Figure 24** presents the coded responses from respondents who answered that introducing a mandatory requirement for reflection would have a positive impact on optometrists, dispensing opticians, employers, or professional associations, and provided an explanation. The majority of comments focused on supporting the change and seeing reflection as beneficial (57%, 61 comments). A large proportion also explained that peer discussion was beneficial as a learning aid and could be an enjoyable experience (26%, 28 comments). However, a number of comments highlighted that this change was confusing and that further explanation and guidance was needed (22%, 24 responses).

Figure 24 – Explanation for why introducing a mandatory requirement for reflection will have a positive impact

Base: Those who thought it would have a positive impact and provided an answer (107)

Reason for positive impact	Number	%
Support change/reflection is beneficial	61	57%
Peer discussions beneficial/aid learning/enjoyable	28	26%
Confusing/further explanation/guidance needed	24	22%
Disagree/no benefit to reflection/additional burden	13	12%
Will make registrants more focused/plan CPD better	13	12%
Peer discussions difficult to arrange for some	8	7%

Reason for positive impact	Number	%
Positive for employers/will help support employees	7	7%
Peer review important for dispensing opticians/ancillary staff	7	7%
Supportive of reflection but not in this format	6	6%
No need for formal reflection/discussion/trust in professionals needed	6	6%
Difficult to assess/open to abuse	6	6%
Potentially stressful/concerns about consequences of reflection	5	5%
Already covered during employer appraisals/performance reviews	4	4%
Potential cost implications (e.g. travel, employer costs)	4	4%
Concerns about who counts as an appropriate peer	4	4%
Difficult to plan CPD three years in advance/flexibility needed	3	3%
No significant difference/current system works well/no need to change	2	2%
More funding/support needed	2	2%
Reflection exercises should not be mandatory	1	1%
Delay between CPD and point allocation makes it difficult to reflect	1	1%

8.1.11 As shown in **Figure 25**, a large proportion of those who thought that a mandatory requirement for reflection would have no impact tended to disagree with the concept of reflection, viewing no benefit to it or seeing it as an additional burden (38%, 23 comments). A number of those who provided an explanation also stated that there was no need for formal reflection and that instead, professionals should be trusted to do this themselves (20%, 12 comments).

Figure 25 – Explanation for why introducing a mandatory requirement for reflection will have no impact

Base: Those who thought it would have no impact and provided an answer (60)

Reason for no impact	Number	%
Disagree/no benefit to reflection/additional burden	23	38%
No need for formal reflection/discussion/trust in professionals needed	12	20%
Peer discussions beneficial/aid learning/enjoyable	10	17%
Confusing/further explanation/guidance needed	9	15%
Support change/reflection is beneficial	8	13%
Supportive of reflection but not in this format	7	12%
Difficult to assess/open to abuse	6	10%
Peer discussions difficult to arrange for some	5	8%
Delay between CPD and point allocation makes it difficult to reflect	5	8%
Peer review important for dispensing opticians/ancillary staff	4	7%
Reflection exercises should not be mandatory	3	5%
No significant difference/current system works well/no need to change	3	5%
Difficult to plan CPD three years in advance/flexibility needed	3	5%
Potentially stressful/concerns about consequences of reflection	2	3%
More funding/support needed	2	3%
Positive for employers/will help support employees	1	2%
Already covered during employer appraisals/performance reviews	1	2%
Potential cost implications (e.g. travel, employer costs)	1	2%
Concerns about who counts as an appropriate peer	1	2%
Will make registrants more focused/plan CPD better	1	2%

8.1.12 Those who thought the introduction of a mandatory requirement for reflection would have a negative impact mostly commented that they did not see any benefit to reflection or that it was an additional burden for registrants (61%, 74 comments). As with those who saw no impact of this change, these respondents also highlighted that they did not see a need to formalise reflection and that professionals should be trusted to do this themselves (28%, 34 comments). Other concerns were raised, such as difficulties arranging peer discussions (14%, 17 comments). The full range of explanations are shown in **Figure 26**.

Figure 26 – Explanation for why introducing a mandatory requirement for reflection will have a negative impact

Base: Those who thought it would have a negative impact and provided an answer (122)

Reason for negative impact	Number	%
Disagree/no benefit to reflection/additional burden	74	61%
No need for formal reflection/discussion/trust in professionals needed	34	28%
Peer discussions difficult to arrange for some	17	14%
Supportive of reflection but not in this format	11	9%
Peer discussions beneficial/aid learning/enjoyable	10	8%
Delay between CPD and point allocation makes it difficult to reflect	8	7%
Confusing/further explanation/guidance needed	8	7%
Difficult to plan CPD three years in advance/flexibility needed	7	6%
Potentially stressful/concerns about consequences of reflection	6	5%
Reflection exercises should not be mandatory	6	5%
Difficult to assess/open to abuse	6	5%
Support change/reflection is beneficial	5	4%
Already covered during employer appraisals/performance reviews	5	4%
More funding/support needed	5	4%
Peer review important for dispensing opticians/ancillary staff	4	3%
No significant difference/current system works well/no need to change	4	3%
Potential cost implications (e.g. travel, employer costs)	3	2%
Concerns about who counts as an appropriate peer	3	2%
Will deter registrants from gaining additional points	3	2%
Positive for employers/will help support employees	1	1%
Will make registrants more focused/plan CPD better	1	1%

8.2 Qualitative consultation activity feedback

Those who were positive about reflection were supportive of the proposed change to implement a mandatory reflective exercise for all registrants

- 8.2.1 Many participants were positive about the increasing focus on reflection as part of the new CPD scheme. Almost all stakeholder participants stated that reflection was a very important and valuable tool that should be more widespread across the profession. They discussed what they saw as the benefits of reflection, including learning from mistakes, highlighting areas of strength and areas for development, and understanding what learning opportunities have provided, and emphasising that learning is an ongoing process.

I think the reflection piece is very important because if, for example, somebody had an issue, they can learn from it – there's some prevention there.

Vision Express

One of the reasons that reflective practice is important is because that's the point at which an individual is able to ascertain the level of learning that has taken place. So in that sense it's a very positive step because it's more active learning and less of a tick box exercise.

British Contact Lens Association (BCLA)

I'd like to think reflective practice allows you to be honest with yourself and realise that learning is an ongoing process and that's fine. It's building a culture of improvement and that's not a negative thing, it's positive. I think it enables you to be more transparent in considering your own strengths and weaknesses and opens opportunity to think wider.

Moorfields Eye Hospital

- 8.2.2 Some stakeholder participants also commented that reflection was much more widespread within other healthcare professions, where it is generally a more established practice. It was, therefore, felt that increasing the focus on reflection within the new CPD scheme was another positive step to bring the profession more in line with other healthcare disciplines.

If you talk to other groups of professionals, they think it's poor that we don't do it. They talk about it as a positive experience and don't think their cases are something to hide. We talk a lot about being candid with our patients, candid when things go wrong – but if we're not being reflective then we're not being candid at all.

Optometry NI

Other healthcare professionals use reflective practice to improve the care they deliver, and I don't see why we should be any different. People will certainly, I would hope, think a bit more about the education they do rather than go on the courses which are convenient.

Scottish Government

Reflective practice is quite embedded in medical education, so we support that.

Royal College of Ophthalmologists

- 8.2.3 A small proportion of registrant participants were also vocal about their positive perceptions of reflection, suggesting many of the same benefits as highlighted by stakeholders.

I think reflection is pretty essential moving forward for people to grow. Unless you can reflect and be honest about what you've done, you can't look at your performance objectively and think about what you need to learn and improve on.

Dispensing optician, England (South)

I'm all for it, because I just think there is so much learning in reflection...I think it brings so many positives.

Optometrist, Northern Ireland

- 8.2.4 As could be expected, participants who were positive about reflection and highlighted its benefits were generally supportive of the GOC's proposal to include a mandatory reflective exercise with a peer about their CPD plan or broader professional development for all registrants as part of the new CPD scheme. It was suggested that this requirement would encourage reflection for all registrants, including those who do not currently undertake much reflection or who try to avoid it, allowing them to begin to see the benefits of the process. By ensuring all registrants reflect on their CPD plan and broader professional development, these participants felt that it would help registrants view CPD less as a 'tick box exercise' and take it more seriously, as they would be actively thinking about their development rather than how they can obtain the required number of points to continue their registration.

That would give me a chance to look at what I do and what I want to do for the next year...If I was made to write about it, I probably would think about it a little more, rather than it just being a complete tick box exercise. I think it's something that's worthwhile, for sure.

Optometrist, England (North)

I think reflection is a good use of CPD and will hopefully make it less of a points collecting exercise, so it should help people choose more carefully what they are choosing to do in their CPD.

CET approver

- 8.2.5 Some participants said that they thought this change would help registrants to take a more organised approach to their CPD by being forced to actively think about their development choices and review their options.

It can keep you on track. You can see what you wanted to achieve in the beginning of your cycle and then go through it again after doing the CPD sessions to see where you are, what you need to do further.

Dispensing optician, England

- 8.2.6 It was suggested that introducing a mandatory reflective exercise would also have a positive impact on the patients and the public, as they expected that, as a result of taking their professional development more seriously, the knowledge and skills of professionals will grow.

We very rarely mention the word 'patient' but we're all doing this for the benefit of the patients. So I think if somebody is being made to take their professional development more seriously, then that has to ultimately be good for the patient. If a patient benefits because an optom has had to sit down and really think about their professional development a lot more than they would have done otherwise, and as a result they happen to manage that patient better, it's got to be good.

Association of Optometrists (AOP)

If you're doing CET as a tick box exercise and you're not contemplating the purpose of it, it doesn't help anybody. But if they're forced into reflection you want to hope that they have that feedback loop of, 'That's better for my clinical practice and that helped my patient', and that's really where we should be in the future. It just has to be there.

Association of British Dispensing Opticians (ABDO)

Those who were unconvinced by the benefits of reflection were not pleased about the proposed mandatory requirement to complete a reflective exercise

- 8.2.7 Although most stakeholder participants and some registrant participants were positive about reflection, and therefore happy about the proposal to include a mandatory reflective exercise as part of the new CPD scheme, a significant number of registrant participants did not hold this opinion. Many registrant participants explained that they did not like reflection as they could not see any benefit of it, instead viewing it as a chore. This feedback seems to be mostly related to the free-text boxes that registrants are required to complete at the end of a piece of CET where they are asked to reflect on what they have learnt, which many found difficult and frustrating to complete. Many participants highlighted that they skip these questions or do not write anything meaningful, yet they have never been contacted by the GOC about it, which had made them question what the purpose of the reflection is. Generally, reflection is viewed by this group of registrants as an inconvenience.

Personally...I hate [reflection]. A lot of the practitioners that I've spoken to hate it. They feel that it's patronising, that it is really just a tick box.

Contact lens optician, England

I don't think people see the value in it. I spoke to one practitioner who said that for four years he's just put a dot in the box for everything he's ever done, and nobody has ever said anything.

Dispensing optician, England

The way the reflections are at the moment...you're just thinking of something to write rather than reflecting. So again, you're just kind of making something up just to put it in the box.

Optometrist, England (North)

8.2.8 Again, as could be expected, those who did not like reflection or who struggled to see the benefit of it were generally negative towards the proposal to introduce a mandatory reflective exercise in the new CPD scheme. Many of these participants focused on the amount of time they thought they would have to dedicate to the exercise, explaining that they already felt pressured by the number of hours they worked and the amount of time they had to commit to completing the required number of CET points.

I think most optometrists would have gone, 'Oh God, mandatory requirements!' They're probably thinking it's just another thing to do.

Optometrist, England (North)

They probably feel as though they're doing enough. They're working long hours and won't want to sit around and discuss it at the end of three years.

Dispensing optician, Wales

8.2.9 However, some of these registrant participants became slightly more accepting of the idea when they realised that, as stated in the consultation document, the reflective exercise would consist of a discussion with a peer rather than a written exercise or reflecting on every piece of CPD they complete. It seems that it is the thought of having to complete a written exercise or answer a series of reflective questions that registrants are most deterred by, preferring to take a more flexible approach to reflection via peer discussion.

I think peer discussion is the way to go for reflection. You'd probably need a guide but it's better to bounce ideas off each other and ask questions rather than just filling in the boxes yourself.

Dispensing optician, Northern Ireland

My main problem with it at the moment is that it's so prescriptive. When you complete CET you've got this form where you have to say what you like, say what you didn't like, and it actually makes it quite hard to reflect properly. I find my best reflection comes from conversations with my peers...What the GOC needs to avoid is making it a tick box exercise because there are times when you're doing it for your CET points and it feels very stagnant. I don't feel like I'm reflecting, I feel like I'm doing it because they're asking me to complete a form.

Optometrist, Wales

A mandatory requirement for reflection may be a culture shock for many registrants, but they should adapt

8.2.10 By creating a mandatory requirement to complete a reflective exercise for all registrants, some participants highlighted that this may come as a culture shock for many within the profession who are not used to reflecting. Therefore, it was expected that this change may provoke some resistance initially. However, some participants said that, once registrants understand what is actually required of them, and once they are able to see the benefits of this change, it is likely that it will be broadly accepted, as was the case when peer reviews were introduced.

It's just one of those things where we have to leap in. Nobody will like it initially but once they do it and they see the benefit, they'll feel differently about it.

Optometry NI

People will hate it I think in the beginning, just because they want an easy life. I probably would feel a little bit the same. At the moment when I earn a CET point, the only thing I need to reflect upon in a mandatory way is my peer discussion points...I have the option to reflect upon it, and I don't. I don't think I'm unusual

in that regard. If people have had a busy day in practice and they have to come back and do some CET and then they have to do a reflective exercise, they might grumble, but I do think it's a good thing.

Association of Optometrists (AOP)

When peer reviews were introduced, everybody was really against it. It's not compulsory for dispensing opticians but they really like doing it because they get lots of points for it and it's a good learning curve. The feedback from peer reviews is always really good and I suspect the reflection thing will be the same – people will benefit from it. It will be more positive once it's up and running.

Contact lens optician, England (Midlands)

- 8.2.11 Some participants suggested that it may be that registrants with more experience in the profession who are more reluctant to undertake the mandatory reflective exercise, as they may be more set in their ways. It was also suggested that newly qualified registrants would be less likely to be concerned by this change, as they may have received training about reflection during their studies and therefore already be accustomed with it, and therefore may welcome it.

I think it will stress everybody out when it's first introduced, but everybody gets used to these things. I guess youngsters coming through will have more training in that from the current way they learn.

CET approver

This change does not go far enough and there should be more reflection

- 8.2.12 Some participants, primarily stakeholders, did not feel that the changes proposed to the CET scheme in relation to reflection went far enough. As they supported reflection and thought it was very beneficial for registrants, they suggested that it should be more than just a single mandatory reflective exercise, and should instead be embedded more throughout the profession, particularly as it is taught at undergraduate level.

Reflective learning is key and it is doubtful whether this is being given a high-enough profile. The aim must be to embed reflection throughout the breadth of clinical practice, of which CPD is an integral part (not an add-on). The statements around reflective learning here are rather wishy-washy. Reflective learning is taught at undergraduate level so it would be good for the GOC to set out how it expects it to extend to practice and CPD. To give the idea that reflection is something you stop at a traffic light for once every three years is not appropriate in a healthcare setting.

Federation of Ophthalmic and Dispensing Opticians (FODO)

- 8.2.13 Some participants stated that they did not feel the changes to reflection proposed for the new CPD scheme went far enough, and that requiring one reflective exercise per cycle did not focus sufficiently on reflective practice. Some felt that some form of reflection should be completed immediately following every learning and development opportunity, as this would make it easier to reflect at the time, rather than having to think back to something that may have happened potentially months ago, where the reflection could easily be lost.

We think the GOC could be a bit bolder about this. We don't feel that somebody reflecting on their CPD isn't necessarily fear-inducing about owning up to mistakes. If you attend a conference and learn about something I think it's the most natural thing in the world to think, 'How am I going to put this into practice?' because otherwise the learning gets left behind. We ask all our members to reflect and ask them how they will apply what they've learned to their practice... We thought why not get someone to do a reflective statement about what they've done? We thought saving it up for the end of the cycle – I can't imagine anyone is going to remember something they did at the beginning.

The College of Optometrists

I don't think they should be given the option to do it 'alternatively at the end of the cycle'...The whole point about reflection is that you think about it and maybe change the way you do things...That's where you get the learning and the development, isn't it? I think to leave it to the very end of the cycle is shutting the door when the horse has bolted.

Dispensing optician, Scotland

I would go further on this than the GOC have done. You could easily create a template reflective learning statement – 'Describe what happened, what did I learn from this, what am I going to do differently as a result of this?' You can create a portfolio that goes into your CPD, and that should count for a point. It's clear learning and structured. It would be brilliant from an OCCS perspective if they receive a complaint and they have a reflective learning statement about a particular case.

Optical Consumer Complaints Service (OCCS)

8.2.14 It was also suggested that an overall review of a registrant's professional development plan should be more frequent than once every three years. Participants highlighted that a lot can change over a three-year period, such as a role, workplace setting or responsibilities, and therefore a more regular review of learning and development would be more appropriate. It was suggested that the Covid-19 pandemic had also highlighted how quickly changes can occur and how development plans may need to adapt accordingly. Additionally, more regular reflection in this way would result in registrants more quickly changing and improving the way they practise as a result of their learning, development, and reflection.

Planning CPD over a three-year period in anything other than broad outline does not really make sense – life itself changes, and an individual's PDP and CPD should change with it. For instance, following the outbreak of Covid-19, we would expect optometrists and dispensing opticians this year to want to learn and understand far more about the infective properties of respiratory diseases, symptomology, eye care aspects, how to prevent cross infection and spread, etc which may require significant amendment to their CPD plans. In our view a CPD plan should be a living and evolving part of practice, responding to life, risks and opportunities. Setting an overly rigid plan at the beginning of a three-year cycle seems to defeat the purpose of self-directed development by autonomous professionals.

Federation of Ophthalmic and Dispensing Opticians (FODO)

I do think the reflection has to be thought through. The CPD that an optometrist would do would be dependent on the role they perform. If an optometrist was coming from a role that was primarily performing routine eye examinations and developed into an independent prescribing optometrist and was undertaking more independent prescribing activity in their practice, their focus may change. Similarly if they moved jobs and their new role provided different eyecare services than their previous, their focus may change. If the optometrist were to change role, gain a further higher qualification or employer then it may be considered best practice that they have to resubmit or update their CPD reflection statement.

Optical Express

Some concern expressed about how reflective statements may be used

8.2.15 Some participants expressed that an increased focus on reflection as part of the new CPD scheme may be concerning for some registrants. They explained that there may be a hesitancy to highlight weaknesses and admit to mistakes as part of reflection, even though this forms an important and beneficial part of the process, as they may be fearful of how that information may be perceived or potentially used against them in the future.

People might be a bit fearful of what they write and that it may not be seen in the right perspective, possibly.

Optometrist, England (North)

You're also worried about what you're writing in your reflection. If you've maybe made a mistake, are you going to use that as your reflection? Probably not. Most people, naturally, are not going to want to write about their mistakes, when in fact that's the best thing to do.

Optometrist, Scotland

8.2.16 This perception may stem from other areas of the healthcare sector. A small number of participants highlighted a recent high-profile case of a trainee paediatrician who was found guilty of gross negligence manslaughter after the death of a patient, where there was concern within the medical profession as to whether the doctor's written reflections on the events which led to the patient's death were used as evidence during the criminal trial. These participants explained that awareness of this case may have had an impact on attitudes towards reflection across all healthcare professions, including optometry, with concerns raised about whether reflection can be used as evidence against a professional, and whether doing so undermines the purpose of reflection to identify areas for development and improvement.

With the GMC, there is a fairly well published fear factor of how that shared knowledge [of strengths and weaknesses] may be used against you. In the Dr Bawa-Garba case...what she was asked to do by her consultant was to share her reflective practices, and that was used as part of an inquiry to demonstrate that she wasn't competent and formed part of the criminal prosecution. It had a huge impact on doctors...It seriously undermined the trust in the system and the fear that if you did do reflective practices...then if something goes wrong...it can be used against you in a fitness to practise approach. I don't know if that's a nervousness of GOC registrants, but I think I would want to reinforce the value of [reflection] and its confidentiality – when it might be used, who would see it, when it might be handed to the police.

Patient Safety Learning

If things are being highlighted and documented, it's going to be there forever. There was a whole thing with GPs at one point where they were using the reflections with some cases that had possibly gone to court. The reflections were supposed to be confidential and there was an issue about whether they were going to use those reflections or not. People worry when things are documented – they're only going to be honest to a certain degree.

Optometrist, England (South)

8.2.17 It was therefore widely discussed what impact this perception of concern about being open and honest during reflection may have on the changes to the CPD scheme, which aim to incorporate more reflective practice. A number of participants felt that most registrants would be hesitant to include areas of weakness or mistakes in their reflection, which will reduce the usefulness and purpose of the exercise. It was suggested that instead registrants will be careful about what they write and how they word their reflection to ensure they cannot be held accountable for what they include.

I'm not convinced how honest someone would necessarily be, particularly with reflection...People are going to think, 'No way on earth am I going to tell the GOC exactly what my errors are – I'd be up in front of a fitness to practise disciplinary hearing before the end of the week'. So I think if people are doing things wrong, they're possibly not going to reflect honestly and openly in that respect.

Contact lens optician, Scotland

You'll probably see stock phrases appearing on reflective statements, like 'confirms my current way of practice is correct'. People will start putting things like that down. Whether they actually change their current mode of practice is up for discussion.

Dispensing optician, Scotland

Suppose somebody has an untoward incident and they realise they could have done things better, is that reflection belonging to the writer or does that reflection get submitted to the GOC?...I think if somebody thought that what they submit could be used against them, it could influence what they write.

Royal College of Ophthalmologists

8.2.18 The level of trust in the GOC amongst registrants was discussed by some participants. Some participants stated that they did not sufficiently trust the GOC to feel comfortable admitting to mistakes and weaknesses during documented reflection. However, this was not the case with all registrants, as some felt that it was a misconception that the GOC would hold registrants accountable to their reflection should mistakes be made in the future.

If you're doing some reflection and you think that you haven't done very well in something, then there's maybe a bit of 'Big Brother' – the GOC is watching – and you might be a little bit concerned about that type of thing.

Optometrist, England (North)

Like it or not, people don't trust the GOC. They have this mistaken belief that someone from the GOC is watching every single thing they do in their way of life, and if they do something wrong then they'll be up in front of the GOC.

Contact lens optician, Scotland

8.2.19 To overcome this barrier and enable registrants to feel comfortable with reflection, and to ensure it is honest and therefore worthwhile, it was suggested that the GOC should provide guarantees and reassurances to registrants that the information they provide during reflection will never be used against them. By doing so, it was felt that some registrants may be more open and honest during their reflection, highlighting areas of weakness or mistakes made, and hopefully thereby improve as a result of this process. However, some conceded that, even if reassurances were provided, registrants may still not feel comfortable with reflection in this way, and that a greater level of trust may need to be established.

I can see how there's a scary impact in that, but if they were sort of protected, knowing that they wouldn't be struck off or something, then people might be a bit more willing.

Optometrist, Northern Ireland

It would be nice for the GOC to say, 'We're never going to use your CPD reflections against you'. But how much do we actually trust the GOC?

Optometrist, Scotland

More information and guidance required to support and reassure registrants with reflection

8.2.20 It was widely suggested that the GOC would need to provide clear communication, guidance and support to registrants to assist them with reflection. As previously highlighted, this change will be more significant to some groups than others, who may require additional support to adapt to increased reflection, specifically, dispensing opticians and registrants with more experience, who may not have completed any reflective practice before.

There are lots of DOs on the register with a level 5 qualification who will never have done any form of reflective practice at all.

Dispensing optician, Scotland

There needs to be some sort of toolkit so that people who aren't used to reflecting can do it.

Optometrist, Wales

I've never done reflection in my 30 years of practice...so for registrants like me, I think it will be quite scary and we'll probably need some help. I'd like to know the pros and cons of it and how to do it effectively...It's selling it in a positive manner.

Contact lens optician, England (Midlands)

- 8.2.21 A number of participants said that it was very important that the GOC not only make it clear how to complete the reflective exercise, providing guidance about exactly how to undertake the exercise and what is required, but to communicate the reasons why the reflective exercise is mandatory and what the benefits of it will be. It was felt that this will be important to ensure that all registrants buy in to the new concept and take part in reflection properly. Additionally, it was suggested that any guidance should make clear the distinction between a reflective exercise and peer-to-peer review to avoid any confusion between these similar activities.

Reflection is normal for everyone else, but we haven't embraced it within the profession. I don't think it's because people are averse to it, I just don't think it's been explained...I think it helps position it that this is how you stay up to date as a good clinician. I think it really does need to be explained to people. The tools are already there on the GOC website, I just don't think people understand the relevance of it.

Boots Opticians

This is quite new in the profession and some of the explanation and interpretation may be a little ambiguous. Perhaps it's about how it's defined, i.e. make it a bit clearer for practitioners. There's also what it means, and making the benefits clearer and selling it a bit more. Because of the lack of clear discussion for DOs, it may impact on their ability to complete reflection, as this has not been required so far.

British Contact Lens Association (BCLA)

The GOC has got themselves into a bit of a pickle with terminology and I think they'll admit that. It's about to get a bit trickier with the peer-to-peer reflective exercises that they're about to introduce...They define peer review as being split into two different types of activity – one is provider-led peer discussion, the second is a registrant-led peer review...They both meet the peer review requirement and they're now looking to bringing in a peer-to-peer reflective exercise. I've sent some suggestions about how they can perhaps tidy up the terminology because it is confusing. Registrants don't care probably, but I think they will get confused if they do talk about a peer-to-peer reflective exercise.

Association of Optometrists (AOP)

- 8.2.22 A common suggestion from participants was that the GOC could provide examples of what good reflection looks like, as it was felt this would be an easy way for registrants to understand how to approach the reflective exercise, particularly if they had not done anything similar before. Some participants suggested that the GOC could use videos to clearly communicate this information and make it easy to access, share and digest online.

It would be really good if the GOC made a few examples of what a reflection looks like...Some examples of what a good reflection would be, so that people aren't scared of it and people recognise this is something that is probably going through their own heads anyway.

Therapeutic prescriber, Scotland

I think we should embrace technology more – so the GOC website should have links to private YouTube videos just to say what 'good' looks like – show how the system works. I think a lot more people would be on board if they were able to see what 'good' looks like.

Optometrist, England (South)

- 8.2.23 Another common suggestion was that the GOC should provide specific CET opportunities about the upcoming changes to the scheme and how to prepare for them, particularly focusing on reflection, to ensure that all registrants are ready for the new CPD scheme.

I think possibly if somebody was to give me a task of putting together a CET session of how to fill in a reflective statement, and how to use it to its best advantage, for three points I think quite a lot of people would be interested in that.

Contact lens optician, Scotland

There will have to be some sort of training in how to do reflective exercises for those of us who are from a generation who haven't ever had to do that...Some sort of training or online course would be useful and professional bodies should be able to do that...I can't see why anybody couldn't do it.

CET approver

Why not some webinars to really explain it? It could become a compulsory part of this new programme that someone has to watch something before it kicks off so that everyone is on the same page.

Moorfields Eye Hospital

Surprise and disappointment that peer review is not being introduced for dispensing opticians

- 8.2.24 Linked to this change, a number of participants stated that they were dissatisfied to see that the proposed changes to the CET scheme did not introduce peer-to-peer discussions for dispensing opticians. Currently, these are only required for optometrists and contact lens opticians. Stakeholders representing dispensing opticians, and some dispensing opticians themselves, highlighted that this was disappointing. They explained that peer-to-peer discussions were very beneficial, and that many dispensing opticians already took part in them without receiving any CET points.

The one negative is that dispensing opticians are still not required to take part in peer discussion even though 82% do so voluntarily and receive no accreditation for that.

British Contact Lens Association (BCLA)

We feel very strongly that peer discussions should be mandatory for dispensing opticians. I understand why they weren't included in the first place due to the risk-based factors involved...but it's perceived by dispensing opticians that discussion-based education is more impactful on clinical practice...We're doing online peer discussions at the moment and the impact on people is incredible – having those small group discussions really makes the difference.

Association of British Dispensing Opticians (ABDO)

I think the one negative I could flag up is that peer discussion is not going to be mandatory for dispensing opticians, as it is for contact lens opticians and optometrists...Peer to peer discussion, particularly in mixed groups, adds so much to learning, as you can often see things from a slightly different perspective than if you're all siloed in your own registrant groups.

Dispensing optician, Scotland

9. CPD approvals and audit

Summary - What is changing and why?

The GOC plans to change the way that CPD activities are approved and audited. This change will be a shift to approving and auditing CPD providers rather than approving everything they do.

In the consultation, the GOC said:

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

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

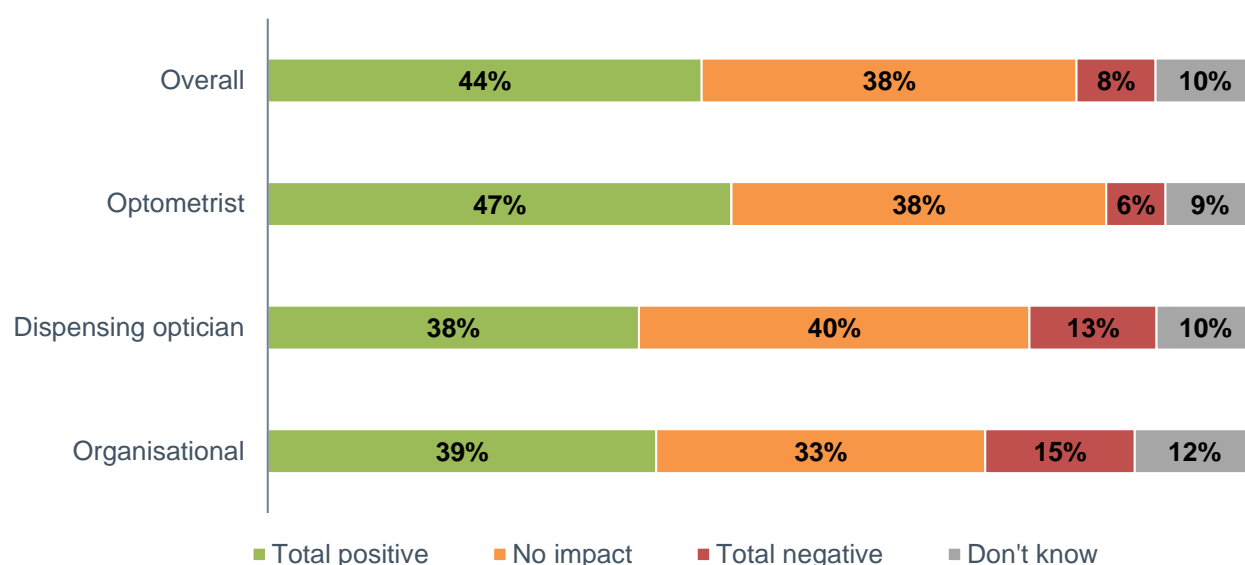
We will implement the following model:

- *We will continue to register CPD providers for the purposes of approved CPD*
- *We will require all CPD providers to demonstrate that they understand the requirements of CPD delivery and are capable of delivering to a high standard by approving up front the first ten submissions from a new CPD provider. Further CPD sessions from that provider will not need to be approved in advance of delivery, but will still need to be recorded so that points can be appropriately allocated to attendees*
- *We will introduce a provider audit scheme whereby auditing will be completed each year as follows:*
 - *Benchmark the standards we expect of CPD providers, which set out our expectations and what might lead to suspension*
 - *Paper based audit of providers to consider whether there are any ‘at risk’, taking account of registrant feedback and complaints – completed annually*
 - *Targeted auditing of providers considered ‘at risk’*
 - *Audit of providers in general to ensure that 10% are audited each year”*

9.1 Consultation survey response

- 9.1.1 Survey respondents were asked what impact, if any, the proposed new CPD approval system will have on them or their organisation. The chart at **Figure 27** shows that, at an overall level, opinion is split between those who thought it would have a positive impact (44%) and those who thought it would have no impact (38%). Just 8% of respondents overall thought it would have a negative impact.
- 9.1.2 The sample highlights that a larger proportion of optometrists thought that this change would have a positive impact (47%) when compared with dispensing opticians (38%) and organisations (39%). However, it is important to note that just 33 organisational responses were received to this consultation, so care should be taken when interpreting results from this subgroup.

Figure 27 – What impact, if any, will this new CPD approval system have on you/your organisation?
 Base: All respondents (482), Optometrists (329), Dispensing opticians (112), Organisations (33)



- 9.1.3 Respondents were asked to explain their answer if required, thinking about what potential improvements or barriers this new requirement could create. Respondents were able to provide free-text responses, which have been thematically coded for analysis by grouping similar responses together.
- 9.1.4 As shown in **Figure 28**, those who thought the new CPD approval system will have a positive impact explained that they thought it would make it easier and faster to arrange CPD, increasing flexibility (51%, 47 comments). A number of respondents also agreed that the new system was a good common sense approach (23%, 21 comments), and others highlighted that it would allow for more CPD opportunities and improve access to CPD (15%, 14 comments). However, a number of respondents also explained that the audit process would be very important to ensure standards were maintained (20%, 19 comments).

Figure 28 – Explanation for why the new CPD approval system will have a positive impact
 Base: Those who thought it would have a positive impact and provided an answer (93)

Reason for positive impact	Number	%
Will make it easier/faster to arrange CPD – more flexibility	47	51%
Agree/good idea/common sense approach	21	23%
Audit/review important to maintain standards	19	20%

Reason for positive impact	Number	%
More CPD opportunities/better access to CPD	14	15%
Current system is restrictive/time consuming/deters providers	12	13%
More information/clear guidance needed	10	11%
Feedback on CPD needs to be taken into account	9	10%
Providers know what they are doing – no need to approve all CPD in advance	5	5%
May improve quality of CPD	3	3%
May reduce quality of CPD	2	2%
Could be more difficult/time consuming for providers	1	1%
Important to approve CPD – current CET of variable quality	1	1%
More funding/support needed	1	1%

- 9.1.5 Of the small number of respondents who thought the new CPD approval system would have no impact and provided an explanation (36 respondents), most stated that, as they do not provide CPD, the change did not have any impact for them (15 comments). A number of these respondents also mentioned the importance of the audit process to ensure standards were maintained (7 comments).
- 9.1.6 Just 26 respondents who thought the new CPD approval system would have a negative impact provided an explanation. The most common comments related to this change potentially deterring CPD providers or decreasing the amount of CPD available (10 comments). Other concerns related to the risk of a fall in quality of CPD (6 comments) and the importance of approving CPD, which was viewed by some as currently quite variable in quality (6 comments).

9.2 Qualitative consultation activity feedback

A very welcome change for those who currently provide CET as it would make the process more efficient and less frustrating

- 9.2.1 This proposed change to the CET scheme was only discussed during the qualitative research with stakeholders, for whom it was potentially more relevant, and not with registrants during the focus groups. The majority of stakeholders, and particularly those who were involved in providing CET within the current scheme, provided very positive feedback about the proposed change to introduce a new CPD approval system which approves and audits the providers themselves rather than each piece of CPD they produce. All CET providers felt that the current CET approval process was very time-consuming, inconsistent and frustrating. It was hoped that this change would remove a lot of the current ‘red tape’ and bureaucracy which cause the approval process to be this way, enabling providers to more easily and efficiently develop CPD as required to meet the needs of registrants.

Some of my team have had varied experiences of getting courses approved. The overall sense I get is that it's quite laborious. Nothing difficult is being asked but there's a lot to go through. These proposals will help make it a lot easier to deliver CPD.

British Contact Lens Association (BCLA)

Big tick for that one. As a CET provider I would say the amount of work involved at present is very onerous. I think you still need to justify how some elements of your CPD is going to relate to the professional standards...but I don't think it needs to be done for every single learning outcome.

Moorfields Eye Hospital

As a provider, our biggest frustration is the approval process. Anything that is an improvement on what they've got at the moment, whilst still maintaining those high standards, is great...It is such an admin

burden, to the point that we have conversations internally where we're asking if it's really worth applying for CET points.

CET provider

- 9.2.2 Some participants explained that they hoped this change would provide more consistency within the approval process. A number of CET providers reported their experiences of inconsistency when trying to gain approval for a piece of CET, which at one point may be approved, but then later rejected despite being identical. It was assumed that this inconsistency was due to the different approaches taken by CET approvers, but was something which these participants found frustrating.

The big problem is inconsistency. I could submit 12 identical events to be delivered on a monthly basis and I could have seven approved and five rejected...with some of them taking what felt like a long time for a decision either way. Approval decisions felt particularly slow during lockdown and as I'm always having to chase deadlines, that in itself is a little bit frustrating.

BBG-CET (CET provider)

We provide CET and it can be a bit unusual that you'll put something in that you don't think will get through and it passes, and equally you can submit something that you think is okay and it doesn't get past. Sometimes it's a little inconsistent, so it should address those concerns.

Boots Opticians

- 9.2.3 It was also suggested that, if this change made the approval process more efficient, it could significantly help reduce the amount of time, money and resources committed by CET providers to gain GOC approval. Furthermore, it was suggested that by approving and auditing providers, rather than individual pieces of CPD, this would save time and resources for the GOC.

I think it's a good change – I think it's good for everyone. We're already an approved provider so why not invest the resource in auditing us periodically to ensure we're behaving ourselves rather than every single piece of CET being scrutinised. There isn't very much consistency with the panel of approvers. We have to submit our CET to an anonymous panel. The approvers may disagree, so you could get one that accepts it and one that rejects it, so we can go to appeal sometimes.

Association of Optometrists (AOP)

It will certainly have a cost-saving impact for the GOC and registrants who have to pay their membership costs for people like me to approve their CET.

CET approver

A more efficient approval process may result in higher quality CPD

- 9.2.4 Some participants felt that changing the way that CPD is approved and audited as part of the new scheme may result in higher quality CPD being produced. They explained that this change would allow CPD providers more freedom and flexibility to create CPD in new areas, without the constraints of meeting the standards of competence to ensure the CPD was approved. This may, in turn, encourage providers to become more inventive with the content they create, as they may be more confident that the CPD will be approved, which they felt would produce more interesting and beneficial learning opportunities for registrants.

I think it allows the provider a little bit more freedom to target areas they feel their workforce needs training on. You might have certain issues that you want to tackle for patient safety. It would be good not to have to get the CET approved every single time.

Vision Express

I think it could probably allow us to be more inventive. It's really hard sometimes to get some really neat pieces of education past the approvers because sometimes they feel it's a bit too left field or they feel like it's pushing the parameters of CET, so we'd just have a bit more control over that. So I think it would help on those odd occasions where we think, 'This would be really nice as a piece of CET', yet the shackles of the scheme don't allow us to put that through... Sometimes we just think there's no point trying [to get CET courses approved].

Association of Optometrists (AOP)

Anything that makes CPD easier to access and encourages people to produce more varied and interesting CPD is positive and perhaps more useful.

Optometry NI

9.2.5 However, a number of participants expressed the opposite opinion, stating that they were concerned that this change to the approval and audit process had the potential to result in CPD that was of questionable quality. As with the move to non-approved CPD, some participants explained that this change could result in commercial organisations producing CPD for their employees that may be too commercially driven and not necessarily promoting practice in the interests of patients.

I think I need to be careful not to let things stray and become too left field. I think there will be some providers perhaps within the sector that try to push things too far in the wrong direction... We don't know enough about how we'll be audited, so I'm hoping that if we're robust enough then that won't be an issue.

Association of Optometrists (AOP)

There's always a risk of the system being abused and without appropriate audit. There is risk that an organisation, company or individual could use CPD to direct unorthodox change and thought processes, but I don't know why anyone would produce CPD that wasn't in a patient or practitioner's best interests. There's always going to be a bit of risk but there has to be trust too.

Optometry NI

The new approval and audit process will need to be sufficiently robust to enable this change

9.2.6 A common theme amongst feedback from stakeholders in response to this change was that the new approval and audit process for CPD providers would need to be sufficiently thorough in order to enable the proposed new method of approvals without reducing the quality and increasing risk.

If you go down that path, which I understand is more flexible and workable, you have to have a reasonable system of approving providers. That's something that we do. You have to submit things to show that you are doing something useful and you can justify why people will want to learn with you.

Royal College of Ophthalmologists

The process was flawed before, so as long as the auditing process is a robust one and the education that people receive isn't just box ticking then I think it's probably a good thing.

Scottish Government

9.2.7 When discussing the information provided about the approval and audit process found in the consultation document, some stakeholder participants expressed reservations. Some questioned the proposal to audit 10% of CPD providers each year, as they felt this was a low proportion in comparison to the current system of approvals, where every piece of CPD is verified and approved. Others questioned the approach to approving new CPD providers, where their first ten CPD submissions are approved up front, explaining that this may be too light a touch, and that newer

providers, and possibly all providers, should be more regularly checked to ensure the content they are providing is of high quality.

10% isn't a lot, is it? At the moment none of it is audited because it's approved in advance. I've been to CET that I've approved but then when I've got there it's not been what I thought it was going to be at all and then I've been to other CET and I'm amazed that it got approved, but you don't know what they said on the form. Again, everyone knows how to play the system.

CET approver

I just had to question that as a new provider you could put ten submissions in in one day and you're approved. I think there potentially needs to be a time frame and a review of the feedback of some of those sessions of new providers before you let somebody off on a longer leash.

Association of British Dispensing Opticians (ABDO)

- 9.2.8 A suggestion made by several stakeholder participants to ensure the audit process was fair and robust was to utilise registrant feedback. It was suggested that direct feedback from those who have completed the CPD would be an accurate measure, alongside other parts of the audit, of the quality of the CPD being provided, and would help to avoid CPD providers taking advantage of the new system in which they have more freedom.

You need to make sure that freedom and flexibility is not being abused by providers who are trying to game a system and trying to change things. The GOC need to be mindful of people trying to cut corners. I don't know whether there's some sort of feedback loop from registrants who are receiving the training so there's another way [of auditing providers] other than the GOC straight to the providers.

Patient Safety Learning

I would look at the registrant feedback. People who attend each session have to give feedback – start there. If registrants think it's useful then they'll give good feedback and if they don't, they won't. That's your first diagnostic. If somebody's an outlier and their feedback is weak, maybe that's when you go and do some coaching with the provider and see what they're doing and need to do differently.

Optical Consumer Complaints Service (OCCS)

I would be happier knowing that this group that provide one-day live events will be at least one in ten times be sat in on by a mystery shopping delegate who will be giving full, honest and robust feedback...The robustness of the auditing is going to be key for you.

Optician Magazine (CET provider/approver)

By giving registrants more responsibility, is the audit and approval process still necessary?

- 9.2.9 A small number of stakeholder participants were more critical of the proposed changes to the CPD approval and audit process, questioning why it was still necessary in the first place. They felt that the optical sector should be trusted to seek out and complete learning and development without the need for approval and audit by the regulator, with reflection of registrants used to assess the quality of CPD opportunities. Some explained that this change was a step in the right direction, but that ultimately more responsibility should be given to registrants to choose CPD that is relevant to their own development, focusing on the outputs of CPD rather than the inputs.

We find it hard to understand why the GOC is spending registrants' money on approving courses. The market should work here because clinicians should not tolerate poor quality courses – their time is precious. If professionals are practising reflective learning, they should be recording 'I did this course and it taught me nothing – it was very poor quality' and feeding that back to the provider. It seems again as if

the GOC is not quite trusting the professions to stand on their own feet and feel that eye care practitioners are not quite grown up enough to be trusted like doctors.

Federation of Ophthalmic and Dispensing Opticians (FODO)

It's heading in the right direction and is more streamlined, from what I understand of the process. My fundamental point would be...why focus on the inputs of CPD when the regulator should be focused on the quality of the outcome that registrants generate from that learning activity, the application of that learning to their practice and the enhancements the learning makes to their patient care. It doesn't go far enough because I don't know of any other regulator that focuses on the inputs of CPD.

The College of Optometrists

You've got to trust people. You've got to trust human beings. We can't live in a police state forever. We're professional people, professional organisations. If the training is poor, then people won't participate in it. It's as simple as that. People are going to use their time wisely and go and do good, complete pieces of training.

Optometry Scotland

More clarity and detail is still required

9.2.10 Whilst most stakeholder participants were generally supportive of this change, particularly those who were involved in providing CET within the current scheme, most had some queries about how the new approval and audit scheme would work in reality and felt that the information provided in the consultation document did not give them enough detail to fully know whether the new process would be sufficiently robust. Therefore, it was suggested that the GOC would need to provide additional and more detailed information about the process, to provide clarity to CPD providers and reassurances to the profession before the new CPD scheme is introduced.

This is where it got a bit confusing for some of us. At first, I thought it was quite clear but some of my colleagues needed further clarification about what this actually means. Overall it's a more simplified process but I think there's a bit of misunderstanding about how it works.

British Contact Lens Association (BCLA)

Something that would be helpful to know on the get-go would be more information on the audit scheme so that we can prepare for it and gather the relevant data and evidence from the start...What data and types of evidence would they be looking for?...There's a lot of collating of data.

The College of Optometrists

As an organisation that depends upon the infrastructure of the CET programme to assure other parts of the system that our clinicians are maintaining their skills, I suppose we'd still want to be assured of the quality and standards of this process. More detail about the audit and approval process would be very useful, but overall we're very supportive so long as we have the ability to go back and check the detail and quality.

Primary Eyecare Services

10. Conclusions

In this chapter we have drawn conclusions from the consultation based on analysis of the quantitative and qualitative consultation activities, aiming to highlight the key themes that have emerged.

10.1 The proposed changes to the CET scheme will provide increased flexibility and freedom

General acceptance of the proposed changes, seeing positive impacts or no impacts

- 10.1.1 The consultation findings have highlighted that the GOC's proposed changes to the CET scheme are generally accepted by the majority of registrants and optical sector stakeholders. The consultation survey results highlight that, with the exception of the mandatory requirement for a reflective exercise for all registrants, only small proportions of consultation survey respondents felt that these changes would have a negative impact on them or their organisation.
- 10.1.2 For many, it seems that the proposed changes are overdue and which they have been hoping to see for many years, particularly changing the name of the scheme to CPD and allowing registrants to gain points from non-approved CPD activities.
- 10.1.3 Although some concerns were raised about the potential impact of some of the changes, it appears that generally the changes are still welcome.

Increased freedom and flexibility in relation to professional development are likely outcomes of the changes, which will lead to other positive impacts

- 10.1.4 It was widely suggested in relation to most changes that they would bring about a greater degree of freedom and flexibility for registrants in relation to their professional development and learning, by moving away from the standards of competence to the Standards of Practice and allowing non-approved CPD to count towards CPD points.
- 10.1.5 Many felt that these changes were placing a greater amount of trust in optical professionals, allowing them the freedom to undertake learning and development in areas that are more relevant to their role, scope of practice, and interests. By placing more trust in registrants and giving them more responsibility for their professional development and enabling them to access a wider variety of CPD, it was hoped this would bring about the benefits of fostering greater levels of development in the profession and allowing for increased specialisation.
- 10.1.6 Benefits for CPD providers were also highlighted in relation to the increased flexibility and freedom that the proposed changes may bring. CPD providers may be able to offer more inventive and interesting learning opportunities outside the rigid standards of competence, by utilising the non-approved CPD route, and via a more efficient approvals and audit process.

10.2 The proposed changes will bring the optical sector more in line with other healthcare professions

- 10.2.1 Throughout the consultation, a common theme that has arisen is that the proposed changes will help to bring the optical sector more in line with other healthcare professions, in particular the

change of name from CET to CPD and allowing for non-approved CPD to count towards CPD points.

- 10.2.2 By changing the name of the scheme to CPD, a term used by most other healthcare professions such as dentistry, pharmacy, nursing and medicine, many of those who took part in the consultation thought that this would help to improve communication between the optical sector and other professions, and may help to increase the standing of the optical professions amongst other healthcare professions. By allowing registrants to complete non-approved CPD, it is hoped that this will enable increased multi-disciplinary learning and the sharing of resources between healthcare professions.
- 10.2.3 Furthermore, the increasing focus on reflection that the proposed changes will bring also prompted feedback that the optical sector would become more similar to other healthcare professions, where reflection is already more entrenched in the CPD systems.

10.3 The proposed changes may improve the quality of learning available for registrants

- 10.3.1 A positive impact of the proposed changes to the CET scheme that has been suggested in various areas of this consultation is that the changes may result in improvements to the quality of learning available to registrants. Firstly, by freeing up the scheme via the Standards of Practice, it was hoped that CPD providers would have increased flexibility to develop learning opportunities that are no longer restricted by meeting the more entry-level requirements of the standards of competence. A similar impact was suggested for allowing non-approved CPD, which may also encourage more creativity from CPD providers who would be able to provide a wider range of CPD opportunities.
- 10.3.2 It was also felt that registrants would benefit from these changes, as the increased freedom provided would allow them to explore new areas of practice. Additionally, it was hoped that the changes to reflection by requiring a mandatory reflective exercise for all registrants would also improve the quality of learning, as registrants would take their learning and development more seriously and seek out high quality CPD.

10.4 There are some concerns about the proposed changes

The changes could provide too much freedom, resulting in deskilling in key areas

- 10.4.1 Although the majority of consultation feedback was positive, important concerns were raised in relation to some of the proposed changes to the CET scheme. Firstly, a key concern relating to the move to use the Standards of Practice to underpin the new CPD scheme, split into the new CPD domains, led to some concerns about how the GOC would ensure that all registrants maintain the core competencies of practice to the required standards. In particular, some were concerned about the perceived lack of focus on clinical practice. However, it was also suggested that, in a CPD scheme, it is the responsibility of the professionals themselves to maintain a safe level of knowledge and skill across key areas, whilst also having a greater degree of freedom to develop in areas that were of more relevance.
- 10.4.2 Linked to this concern, it was also highlighted that the proposed changes may lead to too much flexibility and freedom in the scheme, particularly in relation to the requirement of just one piece of

CPD per CPD domain per cycle, and allowing up to 50% of a registrant's total CPD to come from non-approved CPD sources. Some concern was raised that this level of flexibility may result in registrants avoiding certain areas, which may lead to deskilling, or taking advantage of the scheme. However, again it was felt that a CPD scheme was about placing more responsibility in the hands of professionals and trusting them to develop in a well-rounded and safe way.

Some aspects of the changes are not flexible enough

10.4.3 Despite being generally positive about the proposed changes, some concerns were raised about some of the finer details of the changes, which were seen as hampering the increased flexibility that they were aiming for. For example, some felt that the requirements for non-approved CPD (including it being designed for healthcare professionals, being an hour in length and only up to 50% of CPD coming from non-approved sources) were still too restrictive.

Concerns about how the changes will work in reality

10.4.4 The consultation found that questions were raised about how some of the changes would work in reality. In relation to the CPD domains, some raised questions about CPD overlapping the Standards and domains, and others questioned whether and how they would be measured or judged on their ability to meet the Standards via their CPD. This may be related to another concern that some of the descriptions for the proposed changes within the consultation document lack detail and are considered by some as too vague.

Concern about how accepting of the proposed changes some registrants will be

10.4.5 Others were concerned about how accepting of the proposed changes some registrants will be, especially in relation to the mandatory requirement for increased reflection. This has been highlighted in both the feedback from the focus groups and interviews, and in the consultation survey results, which show that younger respondents typically were more positive about some of the changes when compared to those from older age groups.

10.4.6 However, more often than not it was hoped that, whilst there may be some initial reluctance to accept some of the changes, they would eventually do so once they understood them and were able to see the benefits.

10.5 The proposals are a step in the right direction, but may not go far enough

10.5.1 Although in the minority, some of those who took part in the consultation felt that the proposed changes to the CET scheme did not necessarily go far enough. Whilst they are seen as positive changes, and signify movement in the right direction, some view them as lacking in their scope.

10.5.2 Some stakeholders felt that the changes would not bring about a real CPD scheme, as found in other healthcare professions, since they retain aspects of the CET scheme, such as a points system and a framework for development, such as the Standards of Practice, continuing to approve CPD and requiring a proportion of CPD to come from approved sources, and by not having a greater focus on reflection.

10.5.3 Therefore, some viewed the proposed changes as a step in the right direction away from CET and towards CPD, but not necessarily 'true' CPD, in line with other healthcare professions.

10.6 Clear communication of the proposed changes and support to adapt to them will be key to success

- 10.6.1 A common finding throughout the consultation for all proposed changes to the CET scheme was that communication of the changes to registrants was very important. In order to ensure they fully understand why and how the scheme is changing, clear and effective guidance is required.
- 10.6.2 This communication could help registrants to be more accepting of the changes to the scheme, particularly around the finer details of how the changes will work in practice, so that they do not have any queries or unanswered questions regarding what is required of them. Guidance and support from the GOC will be required to inform registrants about the specific changes, such as what good non-approved CPD looks like and how to record it, how to select their CPD within the new CPD domains, how to complete and record a reflective exercise, and how the audit and approval process will work.

Appendix A – Consultation document

CPD (CET) review proposals

Overview

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

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

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

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

Why we are consulting

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

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

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

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

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

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

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

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

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

Privacy Statement

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

Right to Erasure

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

Data Controller

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

Introduction

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

1 What is your name?

Name

2 What is your email address?

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

Email

3 Are you responding on behalf of an organisation?

(Required)

Please select only one item

- Yes No

Tell us who you are

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

4 Which category best describes you?

(Required)

Please select only one item

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

If other, please specify

Organisation details

5 On behalf of which organisation are you responding?

(Required)

6 Which of the following categories best describes your organisation?

(Required)

Please select only one item

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

If other, please specify

Section 1: Change of name

What are we changing?

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

Why are we changing?

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

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

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

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

Please select only one item

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

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

Section 2: Freeing up the scheme

What are we changing?

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

Why are we changing?

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

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

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

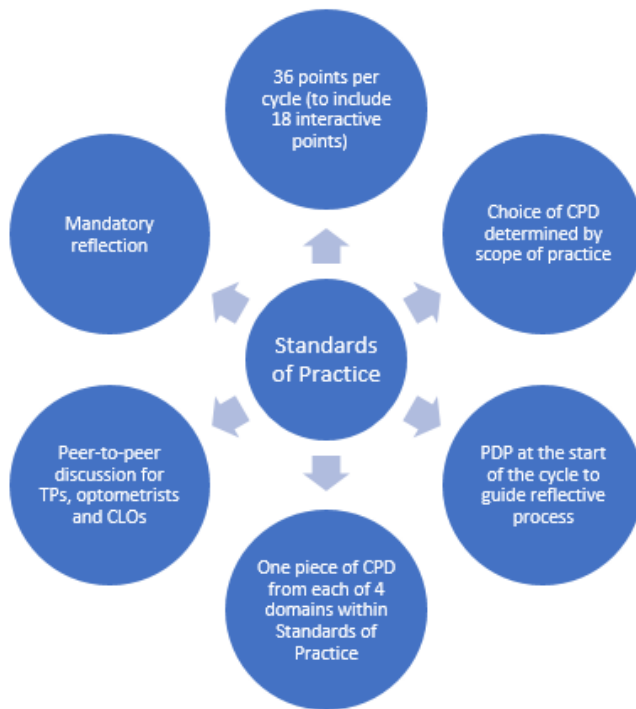
We think that a new CPD scheme should be underpinned by the **Standards of Practice for Optometrists and Dispensing Opticians** <<https://standards.optical.org/the-standards/optometrists-and-dispensing-opticians/>> as these are the standards that cover the wider set of professional skills and responsibilities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

How will it work?

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

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

Diagram 1: Overview of key components of the CPD scheme



What we're introducing:

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

What we're retaining from the current scheme:

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

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

Please select only one item

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

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

Section 3: CPD domains

What are we changing?

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

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

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

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

We are not planning to require registrants to undertake any CPD under area B at present (i.e. as part of the 2022-2024 cycle), however, including it as an option within our new scheme will make sure that we can respond to risks if evidence emerges that we should do so.

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

Table 1

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

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

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

Please select only one item

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

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

Section 4: Non-approved CPD

Why are we changing?

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

What are we changing?

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

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

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

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

Please select only one item

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

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

Section 5: Reflection

Why are we changing?

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

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

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

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

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

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

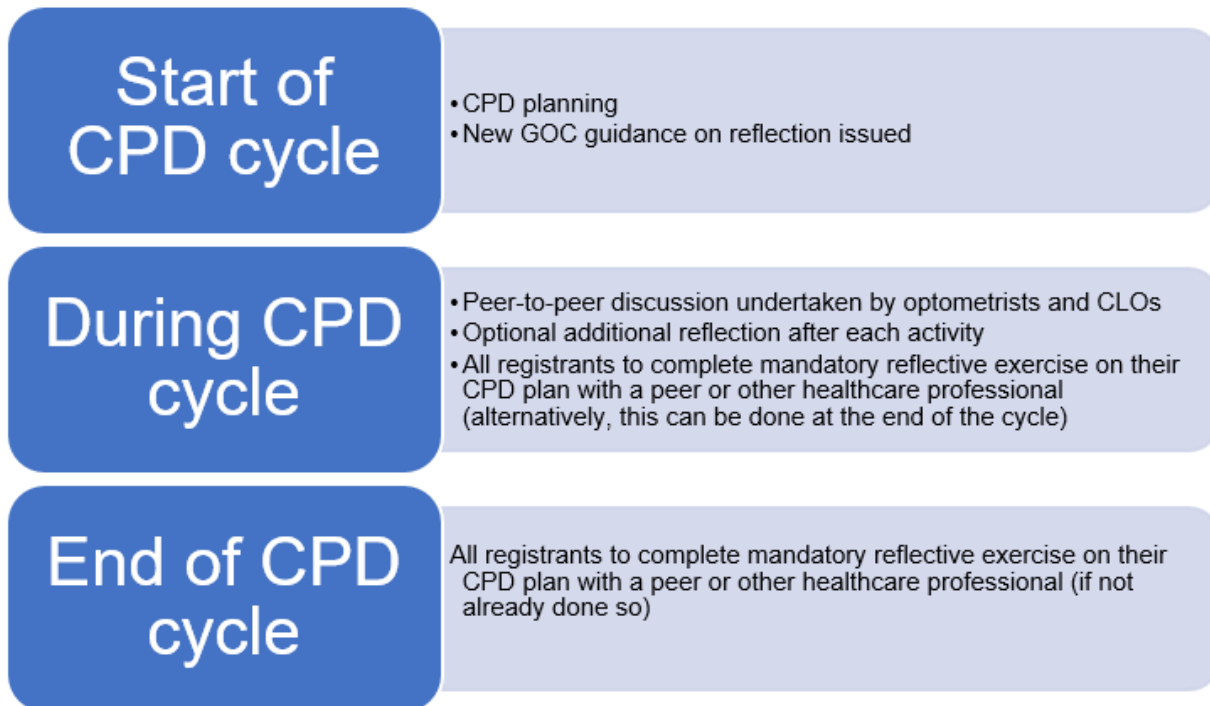
What's staying the same?

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

What are we changing?

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

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



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

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

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

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

- You will be asked to self-declare that you have completed your CPD Plan / other planning document and also self-declare you have completed the discussion. Your peer must sign your written reflection to confirm the peer-reflection has been undertaken. The GOC will randomly audit a selection to ensure compliance
- **How will this exercise help me to plan my CPD for the next cycle?**
 - If you are using the GOC Plan, the written reflection will be displayed to you at the start of the next cycle to assist you in setting new goals

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

	Very positive impact	Positive impact	No impact	Negative impact	Very negative impact	Don't know
Optometrists <i>Please select only one item</i>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Dispensing opticians <i>Please select only one item</i>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Employers <i>Please select only one item</i>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Professional associations <i>Please select only one item</i>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>

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

Section 6: CPD approvals and audit

Why are we changing?

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

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

What are we changing?

We will implement the following model:

- We will continue to register CPD providers for the purposes of approved CPD
- We will require all CPD providers to demonstrate that they understand the requirements of CPD delivery and are capable of delivering to a high standard by approving up front the first ten submissions from a new CPD provider. Further CPD sessions from that provider will not need to be approved in advance of delivery, but will still need to be recorded so that points can be appropriately allocated to attendees
- We will introduce a provider audit scheme whereby auditing will be completed each year as follows:
 - Benchmark the standards we expect of CPD providers, which set out our expectations and what might lead to suspension
 - Paper based audit of providers to consider whether there are any 'at risk', taking account of registrant feedback and complaints – completed annually
 - Targeted auditing of providers considered 'at risk'
 - Audit of providers in general to ensure that 10% are audited each year

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

Please select only one item

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

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

Further information

19 Can we publish your response?

(Required)

Please select only one item

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

Equality, Diversity and Inclusion

Equality, Diversity and Inclusion

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

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

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

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

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

20 Gender

Please select only one item

Female Male Prefer not to say

21 Age

Please select only one item

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

22 Sexual orientation

Please select only one item

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

23 Disability

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

Please select only one item

- Yes No Prefer not to say

24 Gender identity

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

Please select only one item

- Yes No Prefer not to say

25 Pregnancy/maternity

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

Please select only one item

- Yes No Prefer not to say

26 Ethnicity

Please select only one item

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

If you have selected 'other', please specify

27 Marital status

Please select only one item

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

28 Carer responsibilities

Do you perform the role of a carer?

Please select only one item

Yes No Prefer not to say

29 Religion/belief

Please select only one item

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

If you have selected 'other', please specify

Appendix B – Registrant focus group discussion guide

Please note this discussion guide is intended as a guide to the moderator only. Sections may be subject to change during the course of the focus groups and interviews if, for example, certain questions do not illicit useful responses. Times shown are based on 60-minute online focus group

BEFORE GROUP START TIME

- Participants asked to join 5/10 minutes early and wait in waiting room to allow the group to start on time
- All participants asked to review the joining instructions
- All participants will have been asked to take part in the online consultation via Citizen Space

Introduction (5 mins)

- Moderator introduction
- Background to the research:
 - GOC is currently running a consultation on its proposals to introduce changes to the Continuing Education and Training scheme, designed to make it more flexible, less prescriptive, and giving registrants greater freedom to undertake learning and development that is more relevant to their scope of practice.
 - As you may know from recently taking part, the GOC is seeking views via an online consultation survey.
 - In addition, we are delivering a programme of other consultation activities, including a series of online focus groups like this with GOC registrants, and a programme of interviews with stakeholders representing a wide range of organisations from across the UK optical sector.
- This group is your opportunity to give direct feedback on how the proposed changes to CET will affect you and your professional career. We will be covering similar areas to the online consultation you completed, exploring your views and experiences in greater depth.
- Confidentiality:
 - Everything said during this discussion is confidential, so please be as open and honest as possible. There are no right or wrong answers.
 - Enventure Research is an independent research agency, not part of the GOC.
 - We may use quotes from this discussion within the report, but these will remain anonymous and any identifying information will be removed.
 - Market Research Society Code of Conduct and GDPR – ensure confidentiality.
 - All views and opinions of all present, no matter what your role or workplace, are important and valid.
- The group will be recorded – thank you for returning your signed consent forms. The recording will only be used to listen back to and write up notes. It is not passed to anyone else, including the GOC, and will be securely deleted once the consultation is over. **Moderator to start recording and ask everyone to confirm again that this is OK.**
- Please note that whilst I have a good broad understanding of the optical sector, please treat me as a lay person in terms of any abbreviations, acronyms or clinical terminology.
- The session will last for no more than an hour in total. Do you have any questions before we begin?

Can you please briefly introduce yourselves in three sentences?

- First name
- Job role/title and workplace setting
- How long you have been working in the optical profession?

Change of name (5 mins)

From 1 January 2022, Continuing Education and Training will be known as 'Continuing Professional Development' or 'CPD'. The GOC have decided to do this based on previous consultation and feedback, in order to reflect other changes being made to the scheme that promote lifelong learning and development, and to be more in line with other healthcare professions.

- What was your initial reaction to this change?
- What impact, if any, do you think changing the name to CPD will have?
 - What are the potential positive impacts?
 - What are the potential negative impacts?

If required to stimulate discussion - So far the consultation results show us that most people think that the change of name will have no impact (57%) or a positive impact (39%) on them or their organisation.

Freeing up the scheme and CPD domains (15-20 mins)

From 1 January 2022, the standards of competence for education which underpin the current CET scheme will be replaced with the Standards of Practice for Optometrists and Dispensing Opticians. The GOC think that this change will allow the scheme to be more flexible to help encourage and facilitate genuine learning and development throughout a registrant's professional life, as the standards cover the wider set of professional skills and responsibilities. It is hoped that this will give a greater focus to professional development, rather than just maintaining current levels of skill and knowledge.

Moderator to display diagram showing what is changing and what is staying the same – slide 1.

- What was your initial reaction to replacing the standards of competence for education with the Standards of Practice for Optometrists and Dispensing Opticians?
- What impact, if any, do you think this change will have?
 - What are the potential positive impacts?
 - What are the potential negative impacts?
- What do you think to the new requirements that will be in place?
 - Is it realistic? Is it achievable?
 - Can you foresee any problems? Barriers?
 - Can you think of how this may benefit registrants and/or the profession?

If required to stimulate discussion - So far the consultation results show us that there is a split between those who think replacing the standards of competence for education with the Standards of Practice for Optometrists and Dispensing Opticians will have no impact (36%) and those who think it will have a positive impact (40%). Only a small proportion see that there will be a negative impact.

Registrants will need to complete all 36 points within this new framework during a CPD cycle. The Standards of Practice have been divided into four main domains within the new CPD scheme, with registrants required to do at least one piece of CPD in each of the four main domains

Moderator to display table showing CPD domains – slide 2.

- What was your initial reaction to this change?
- What impact, if any, do you think that requiring registrants to undertake CPD in these domains will have?
 - What are the potential positive impacts?
 - What are the potential negative impacts?
- What do you think to the new requirements that will be in place?
 - Is it realistic? Is it achievable?
 - Can you foresee any problems? Barriers?
 - Can you think of how this may benefit registrants and/or the profession?

If required to stimulate discussion - Again, so far the consultation results show us that the majority of people think the introduction of CPD domains will have a positive impact (51%), with a large proportion stating that it will have no impact (33%). Only a small proportion see that there will be a negative impact.

Non-approved CPD (10 mins)

From January 2022, the GOC will allow registrants to undertake CPD that has not been formally approved as long as it meets certain requirements.

Moderator to display requirements on the screen – slide 3.

- What was your initial reaction to this change?
- What impact, if any, do you think allowing registrants to use non-approved CPD to count as points towards their CPD have?
 - What are the potential positive impacts?
 - What are the potential negative impacts?
- What do you think to the new requirements that will be in place?
 - Is it realistic? Is it achievable?
 - Can you foresee any problems? Barriers?
 - Can you think of how this may benefit registrants and/or the profession?

If required to stimulate discussion - So far, the online consultation results show that the majority of respondents think this change will have a positive impact (67%). 21% think it will have no impact.

Reflection (15 mins)

Part of the changes to the scheme will mean that greater importance is given to reflection, something which many registrants already undertake successfully. In addition to extra guidance and support with reflection, from January 2022, the GOC will introduce the requirement that all registrants will need to undertake a reflective exercise about their CPD plan and broader professional development either during or at the end of the CPD cycle.

Moderator to display a summary of the new process on the screen – slide 4 (also have Q&As to hand in consultation document)

- What was your initial reaction to this change?
- What impact, if any, do you think this new requirements for reflection?
 - What are the potential positive impacts?
 - What are the potential negative impacts?
- What do you think to the new requirements that will be in place?
 - Is it realistic? Is it achievable?
 - Can you foresee any problems? Barriers?
 - Can you think of how this may benefit registrants and/or the profession?

If required to stimulate discussion - Moderator to display current consultation survey results – slide 5

The consultation results to date show that opinion towards this change is mixed, with some people seeing a positive impact, but also significant proportions seeing a negative impact, particularly for optometrists.

- What do you think to this result?
- Is it what you expected?
- Can you explain it?

Summary and close (5 mins)

Based on everything we have discussed today:

- Overall, how do you feel about the proposed changes?
- What impact do you think the changes overall will have on:
 - You
 - Your colleagues
 - Your workplace
 - Your employer
 - The optical sector
- Is there anything else that the GOC needs to consider when implementing these changes that we have not already discussed?

Moderator to:

- ***Thank everyone for their time and input***
- ***Direct those who have not already done so to complete the consultation online***
- ***Ensure everyone has completed to online consent form***
- ***Explain how incentives will be administered***
- ***Thank & close***

Appendix C – Stakeholder in-depth interview guide

Please note this discussion guide is intended as a guide to the moderator only. Sections may be subject to change during the course of the focus groups and interviews if, for example, certain questions do not illicit useful responses. Times shown are based on 30-minute interview.

Before the interview, all stakeholders will have been asked to take part in the online consultation via Citizen Space.

Introduction (5 mins)

- Moderator introduction
- Background to the research:
 - GOC is currently running a consultation on its proposals to introduce changes to the Continuing Education and Training scheme, designed to make it more flexible, less prescriptive, and giving registrants greater freedom to undertake learning and development that is more relevant to their scope of practice.
 - As you may know from recently taking part, the GOC is seeking views via an online consultation survey.
 - In addition, we are delivering a programme of other consultation activities, including a series of 12 online focus groups with GOC registrants, and a programme of interviews like this with stakeholders representing a wide range of organisations from across the UK optical sector.
- These interviews are an opportunity to get direct in depth feedback from those involved in optical care, education, training and professional development across the sector. We will be covering similar areas to the online consultation you completed, exploring your views and experiences on the most relevant areas to you and your position/organisation in greater depth.
- Confidentiality:
 - Everything said during this interview is confidential, so please be as open and honest as possible. There are no right or wrong answers.
 - Enventure Research is an independent research agency, not part of the GOC.
 - We may use quotes from this interview within the report – **Moderator to confirm whether they are happy to be named or would prefer to be anonymous**
 - Market Research Society Code of Conduct and GDPR – ensure confidentiality.
- The interview will be recorded. The recording will only be used to listen back to and write up notes. It is not passed to anyone else, including the GOC, and will be securely deleted once the consultation is over. **Moderator to start recording confirm again that this is OK.**
- Please note that whilst I have a good broad understanding of the optical sector, please treat me as a lay person in terms of any abbreviations, acronyms or clinical terminology.
- The interview will last for no more than 30 minutes in total. Do you have any questions before we begin?

Can you please introduce yourself?

- First name
- Job role / title
- The organisation you represent and its remit

Moderator to ask stakeholder whether there are any particular areas they want to discuss to establish the focus of the interview from the following:

- ***Change of name***
- ***Freeing up the scheme***
- ***CPD domains***
- ***Non-approved CPD***
- ***CPD approvals and audit***
- ***Reflection (likely to only be relevant to businesses and regional organisations)***

More time will then be spent on those areas. If they have no preference, all areas will be covered.

Change of name

From 1 January 2022, Continuing Education and Training will be known as 'Continuing Professional Development' or 'CPD'. The GOC have decided to do this based on previous consultation and feedback, in order to reflect other changes being made to the scheme that promote lifelong learning and development, and to be more in line with other healthcare professions.

- What was your initial reaction to this change?
- What impact, if any, do you think changing the name to CPD will have?
 - What are the potential positive impacts?
 - What are the potential negative impacts?
- What impact, if any, do you think changing the name to CPD will have on your organisation?

Moderator to display current consultation survey results

So far the consultation results show us that the majority of people think that the change of name will have no impact on them or their organisation, with a smaller proportion thinking it will have a positive impact.

- What do you think to this result?
- Is it what you expected?
- Can you explain it?
- Does this result have any implications for your organisation?

Freeing up the scheme

From 1 January 2022, the standards of competence for education which underpin the current CET scheme will be replaced with the Standards of Practice for Optometrists and Dispensing Opticians. The GOC think that this change will allow the scheme to be more flexible to help encourage and facilitate genuine learning and development throughout a registrant's professional life, as the standards cover the wider set of professional skills and responsibilities. It is hoped that this will give a greater focus to professional development, rather than just maintaining current levels of skill and knowledge.

Moderator to display diagram showing how this change will work.

- What was your initial reaction to this change?
- What impact, if any, do you think replacing the standards of competence for education with the Standards of Practice for Optometrists and Dispensing Opticians will have?
 - What are the potential positive impacts?
 - What are the potential negative impacts?
- What do you think to the new requirements that will be in place?
 - Is it realistic? Is it achievable?
 - Can you foresee any problems? Barriers?
 - Can you think of how this may benefit registrants and/or the profession?
- What impact, if any, do you think this will have on your organisation?

Moderator to display current consultation survey results.

So far the consultation results show us that there is a split between those who think this change will have no impact and those who think it will have a positive impact. Only a small proportion see that there will be a negative impact.

- What do you think to this result?
- Is it what you expected?
- Can you explain it?
- Does this result have any implications for your organisation?

CPD domains (10 mins)

Another change from January 2022 will be that the 19 Standards of Practice will replace the standards of competence for education, and registrants will need to complete all 36 points with CPD based on this new framework. The Standards of Practice will fall into four main domains within the new CPD scheme, with registrants required to do at least one piece of CPD in each of the four main domains

Moderator to display diagram showing how this change will work.

- What was your initial reaction to this change?
- What impact, if any, do you think that requiring registrants to undertake CPD in these domains will have?
 - What are the potential positive impacts?
 - What are the potential negative impacts?
- What do you think to the new requirements that will be in place?
 - Is it realistic? Is it achievable?
 - Can you foresee any problems? Barriers?
 - Can you think of how this may benefit registrants and/or the profession?
- What impact, if any, do you think this will have on your organisation?

Moderator to display current consultation survey results

Again, so far the consultation results show us that there is a split between those who think this change will have no impact and those who think it will have a positive impact. Only a small proportion see that there will be a negative impact.

- What do you think to this result?
- Is it what you expected?
- Can you explain it?
- Does this result have any implications for your organisation?

Non-approved CPD (10 mins)

From January 2022, the GOC will allow registrants to undertake CPD that has not been formally approved as long as it meets certain requirements.

Moderator to display requirements and points available etc. on the screen.

- What was your initial reaction to this change?
- What impact, if any, do you think allowing registrants to use non-approved CPD to count as points towards their CPD have?
 - What are the potential positive impacts?
 - What are the potential negative impacts?
- What do you think to the new requirements that will be in place?
 - Is it realistic? Is it achievable?
 - Can you foresee any problems? Barriers?
 - Can you think of how this may benefit registrants and/or the profession?
- What impact, if any, do you think this will have on your organisation?

Moderator to display current consultation survey results

So far, the online consultation results show that the majority of respondents think this change will have a positive impact.

- What do you think to this result?
- Is it what you expected?
- Can you explain it?
- Does this result have any implications for your organisation?

CPD approvals and audit

As part of the changes to CET, the GOC plans to change the way that CPD activities are approved and audited. This change will be a shift to approving and auditing the CPD providers rather than approving everything they do, in order to make the process more efficient and less time consuming.

- What was your initial reaction to this change?
- What impact, if any, do you think introducing a mandatory requirement for reflection for all registrants have?
 - What are the potential positive impacts?
 - What are the potential negative impacts?
- What do you think to the new requirements that will be in place?
 - Can you foresee any problems? Barriers?
 - Can you think of how this may benefit registrants and/or the profession?
- What impact, if any, do you think this will have on your organisation?

Moderator to display current consultation survey results

So far, a large proportion of people think that this will have a positive impact. However, a large proportion also said that think this change will have no impact on them or their organisation.

- What do you think to this result?
- Is it what you expected?
- Can you explain it?
- Does this result have any implications for your organisation?

Reflection *(may be more relevant for businesses and regional organisations that have their own reflective practice mechanisms)*

Part of the changes to the scheme will mean that greater importance is given to reflection, something which many registrants already undertake successfully. In addition to extra guidance and support with reflection, from January 2022, all registrants will be required to undertake a reflective exercise about their CPD plan and broader professional development either during or at the end of the CPD cycle.

Moderator to display a summary of the new process on the screen.

- What was your initial reaction to this change?
- What impact would this have on your organisation and/or its members/employees?
- What potential barriers are there to registrants engaging with a reflective exercise?
 - How can the GOC help registrants get past these barriers?

Moderator to display current consultation survey results (including split by optoms/DOs).

The consultation results to date show that opinion towards this change is mixed, with some people seeing a positive impact for certain roles, but also negative impact for others.

- What do you think to this result?
- Is it what you expected?

- Can you explain it?
- Does this result have any implications for your organisation?

Summary and close

Based on everything we have discussed today:

- Overall, how do you/your organisation feel about the proposed changes?
- What impact do you think the changes overall will have on your organisation?
- What do you think the biggest impact of the changes will be?
 - Biggest positive impact
 - Biggest negative impact
- Is there anything else that the GOC needs to consider when implementing these changes that we have not already discussed?

Explain next steps.
Thank and close.