

General Optical Council
CPD audit policy - providers
v1.0

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Audit at-a-glance

Why does the GOC need to audit?

We need to undertake audit as a form of quality assurance. For providers, it is to make sure the learning they provide to registrants is of good quality and that they are meeting the Standards for Providers. For registrants, it is to make sure they are choosing learning wisely, in accordance with their individual scope of practice and development needs. Audit is intended to be a positive process where, if issues are identified, registrants and providers are supported to work on them.

Audit has been introduced from the 2022-25 CPD cycle to provide a mechanism of quality assurance that was not required under the previous CET scheme, which required advance approval of learning events and for providers to allocate points to registrants. As the CPD scheme is much more flexible than the CET scheme was, audit is a proportionate way of quality-assuring CPD provision without the heavy administrative burden of advance approval.

When will audit take place?

Audit will take place annually, staggered throughout the year. The audit year runs from January to December, in line with each year of a CPD cycle.

Who audits my CPD records?

Audit is undertaken by our CPD auditors, who are not GOC staff but specially trained optometrists and dispensing opticians. You can find out more about some of our auditors on our website.

As part of the audit process, you may also have contact with members of the GOC CPD team, who are our expert in-house staff. You are welcome to contact them with questions at any stage of the audit.

How do you select records for audit?

A computer-generated sample of 10% of CPD providers and 10% of GOC registrants are selected every year. In addition, we also audit the records of those providers and registrants that have been flagged to us as 'at risk'. Those who are 'at risk' will be aware of their status and more information on what might trigger this is set out later in the document.

Are all CPD providers eligible for audit?

No. Providers holding 'provisional' status will not be eligible for audit. This is because the advance approval process they must follow provides sufficient quality assurance so as not to need audit as a safeguard.

Are all registrants eligible for audit?

No. If you are a newly qualified registrant, you will not be eligible for random audit until you have been on the fully-qualified register for at least two years.

How will I know if I have been selected for audit?

We will email your registered GOC email address to confirm that you have been selected for random audit. We will email you again once the audit is complete, with any advice or comments from the auditor. We may also email you before audit is complete if we need further information or clarification from you in order to undertake the audit.

What do I need to provide for audit to be undertaken?

Usually, nothing – audit is undertaken by looking at your records on the MyCPD system. It is therefore very important that you make sure your records of provision are as clear and complete as they can be, in accordance with your responsibilities under the Standards for Providers.

In some circumstances, the auditor may require more information from you: they will let you know during audit if this is the case.

Can I opt out of audit?

No. Being able to audit provider and registrant CPD records is a crucial part of our being able to undertake appropriate quality assurance and be satisfied that our registrants have access to learning that will help them to practise safely.

Where do I go if I have questions about audit?

If you have questions that are not answered by this policy, please contact our CPD team on [email address TBC]

Provider audit

1. Random audit

It is likely that all providers will be selected for random audit at some point in the time they are actively delivering CPD to GOC registrants. Being selected for audit is nothing to be concerned about if you have been keeping good records of the learning you deliver and are responsive to and reflective of feedback received.

1.1. The audit process

1.1.1. First steps and what we look at

If you are one of the 10% of providers selected for random audit annually, you will be notified by email. Audit selection happens throughout a calendar year, though in the first year of a new CPD cycle you will not be contacted before April. When you receive this notification, no action will be required from you.

We may not look at all the records on your MyCPD account as part of the audit, particularly if you are selected for audit in the final year of a CPD cycle when you may have delivered many CPD sessions. The auditor will instead be given a random sample of records (up to a maximum of 15) to audit. As records for audit are determined randomly, your auditor cannot change which ones they are asked to look at and you should not ask them to do so.

1.1.2. Supplying further information

Most providers will not need to supply any additional information in order for the audit of their records to proceed. In some circumstances, however, and depending on how far into the cycle you are chosen for audit, you may be asked to supply additional information – for example, if data is missing, or if information you have logged on MyCPD is unclear. If this is the case for you, your auditor will contact you via email and provide you with no fewer than 21 calendar days to supply the necessary information.

1.1.3. Outcomes of random audit

You will receive a further email from the CPD team once the audit has been completed. This will usually be within 6 weeks of your receiving the notification email, and will include a short report written by the auditor with their findings. The potential outcomes of audit are as follows:

Passed	The records are of a good standard and are sufficiently detailed to be able to quality-assure provision. The auditor may still give tips for improvement or development. No more action is required from you.
Passed – minor improvements needed	The records are of a good standard and are detailed, but some improvements/additions would be helpful to be able to effectively quality-assure going forward. You will need to implement these improvements but you will not need to revert to the auditor.

Further information required	The auditor requires further information in order to be able to quality-assure your provision. You will need to provide this as soon as possible so that the audit can be completed. Once this information has been received and the audit has been completed, you will be given a definitive outcome.
Requires improvement (RI)	Considerable improvement is required in your record-keeping and/or provision to pass audit. Your auditor will provide information on what you need to do to reach an acceptable standard, with reference to the Standards for Providers. This outcome will be a trigger for targeted audit in the following year.
Serious concerns	There are serious issues with your record-keeping and/or provision which are not compatible with the Standards for Providers. Depending on the extent of the issues identified, this may trigger a review of your approved provider status.

It will be clear from the auditor's report which outcome applies to you, and whether there are any immediate actions for you to take.

1.1.4. Requires improvement

If you receive this outcome from the auditor, you will need to take action in accordance with the auditor's recommendations. You will be given specific actions and timeframes in which we expect you to complete them. If you cannot complete the actions within the specified timeframes for any reason, you must contact your auditor as soon as possible to advise of this, and explain why. Failure to respond or to take the actions requested with no explanation will trigger a move to a 'serious concerns' outcome.

The majority of providers receiving this outcome will be subject to targeted audit in the next calendar year. If the audit is successfully passed at that point, you will re-join the pool eligible for random audit. If, following the targeted audit, you receive another 'requires improvement' outcome or 'serious concerns', this will trigger a review of your approved provider status.

1.1.5. Serious concerns

If you receive this outcome from the auditor, the issues with your record-keeping and/or provision will be itemised with information about how these issues render you incompatible with the Standards for Providers. This outcome will only be issued where issues are deep-seated and cannot be easily remedied, although you will still be given an opportunity to make improvements to your provision and/or record-keeping. Your auditor will support you in doing this.

The GOC's Chair of Auditors will review any providers receiving this outcome and, taking into account the advice from the auditor, will make a decision on whether you should retain approved provider status or whether you should move to 'provisionally approved' status. Provisional approval allows you to deliver approved CPD to GOC registrants, but you must have each event individually approved in advance of it being held and comply with much more stringent administrative requirements than you would as an approved provider. There may also be increased costs to you – if so, we will let you know what these are likely to be. Your auditor will work with you to provide advice with a view to getting reinstated as an approved provider.

1.1.6. Disagreeing with the outcome

If, after receiving your auditor's report, you disagree with the outcome you have been given, the first step would be to discuss this with your auditor. They cannot change the outcome they have given, but they can explain why you have received that outcome and provide clarity (if needed) on their comments.

If you still disagree with the outcome following discussion with your auditor, you can ask for this to be escalated to an outcome review. The GOC Chair of Auditors will look at your request and decide whether it should be referred to a senior auditor who would re-audit your records.

1.1.7. Complaints or disputes

Complaints about outcomes, the random audit process or individual auditors should be sent to the CPD team and addressed to the GOC's Director of Education, who will aim to provide a response within 30 working days.

2. Targeted audit

2.1. The circumstances triggering targeted audit

Providers may be subject to targeted audit if there are repeated or serious issues with their provision or complaints made by registrants about their provision. Circumstances triggering targeted audit could include (but may not be limited to):

- Persistently low registrant feedback (less than 25% positive) over a sustained period of a year or longer
- The GOC's receipt of a formal complaint from a registrant or other regulated healthcare professional about the quality of provision or the conduct of trainers/other personnel connected to the provider
- Failure to respond to requests for information during random audit
- More than one trainer used by the provider being subject to a Fitness to Practise investigation relating to their behaviour or clinical competence
- An outcome of 'requires improvement' or 'serious concerns' being received at the previous annual random audit.

The GOC may instigate a targeted audit in circumstances falling outside the above. If this applies to you, you will be given reasons for the selection.

2.2. The audit process

The process for targeted audit is largely the same as that of random audit, with the exception of notification.

Providers will likely know or expect to be selected for targeted audit as a result of issues they have been having over a sustained period. To ensure awareness, however, all those selected for targeted audit will be informed by email, along with the reasons for their selection, before audit takes place. As with random audit, this could take place at any point throughout the calendar year.

2.2.1. What we look at

As part of targeted audit, we will look at records specifically pertaining to issues you have been having (if applicable) – for example, if you have had persistently low feedback about the quality of your webinars, we will ensure that some of the records we look at relate to your webinars. The records for targeted audit are not selected randomly but instead will be chosen by the auditor to get a broad view of your provision.

2.2.2. Supplying further information

As with random audit, you may be asked to supply additional information – for example, if data is missing, or if information you have logged on MyCPD is unclear. If this is the case for you, your auditor will contact you via email and provide you with no fewer than 21 calendar days to supply the necessary information.

2.2.3. Outcomes of targeted audit

You will be contacted by email with the outcome of the audit. The potential outcomes of targeted audit are the same as those of random audit listed under 1.1.3, with a few minor differences:

Passed	The records are of a good standard and are sufficiently detailed to be able to quality-assure provision. The auditor may still give tips for improvement or development. No more action is required from you.
Passed – minor improvements needed	The records are of a good standard and are detailed, but some improvements/additions would be helpful to be able to effectively quality-assure going forward. You will need to implement these improvements but you will not need to revert to the auditor.
Further information required	The auditor requires further information in order to be able to quality-assure your provision. You will need to provide this as soon as possible so that the audit can be completed. Once this information has been received and the audit has been completed, you will be given a definitive outcome.
Requires improvement (RI)	Considerable improvement is required in your record-keeping and/or provision to pass audit. Your auditor will provide information on what you need to do to reach an acceptable standard, with reference to the Standards for Providers. Under targeted audit, this will be a trigger for review of your approved provider status.
Serious concerns	There are serious issues with your record-keeping and/or provision which are not compatible with the Standards for Providers. Under targeted audit, this will result in an automatic removal of your approved provider status.

2.2.4. Disagreeing with the outcome

If, after receiving your auditor's report, you disagree with the outcome you have been given, the first step would be to discuss this with your auditor. They cannot change the outcome they have given, but they can explain why you have received that outcome and provide clarity (if needed) on their comments.

If you still disagree with the outcome following discussion with your auditor, and you wish to challenge this, you should submit a formal complaint in writing to the GOC Director of Education (see below).

2.2.5. Complaints and disputes

Challenges to selection for targeted audit, complaints about the targeted audit process and disputes about the removal of approved provider status should be sent to the CPD team in writing (cpd@optical.org) for review by the GOC Director of Education, who will aim to provide a response within 6 weeks of receipt.