

General Optical Council proposals on reform for the system of Continuing Professional Development – response from the Association of Optometrists

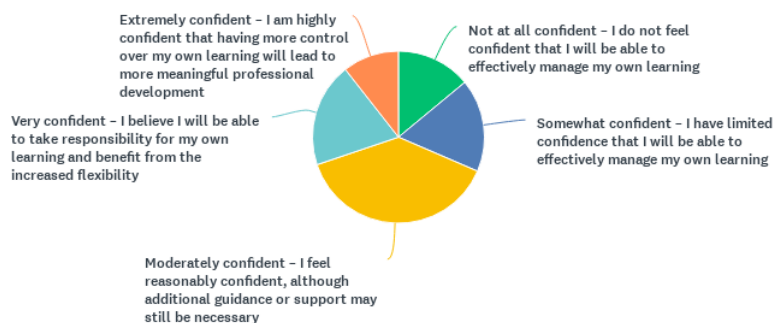
Introduction

The AOP welcomes the opportunity to respond to the GOC’s proposals on reform to the CPD system. In developing our response we have consulted with our Membership and Policy Committees and our Council. We have participated in useful cross-sector discussion.

We also conducted a survey of members. 752 people responded. This large number gives us confidence that the results are representative of the views of registrants. Very similar outcomes came from consulting attendees at a CPD event.

In the survey we asked respondents to tell us how confident they felt about taking on more responsibility for their own learning. The largest number (38%) was moderately confident, with 31.5% either not at all or only somewhat confident, and only 30% somewhat or very confident.

Q7 How confident do you feel about a new CPD system that gives all registrants more power and responsibility to determine their own learning?



These findings are the reason that we emphasise the need for the GOC to provide structure and clarity for registrants as it moves forward with its plans. While we answer many of the following questions positively, in most cases our “yes” is conditional upon

the GOC providing the guidance that registrants will need to go about planning their CPD, choosing their learning options and reviewing their progress. They will also need to understand what evidence they need to keep in order to satisfy the GOC if it undertakes an audit of their CPD. We have seen examples of guidance from other regulators^{1,2,3}, and expect that the GOC will want to produce something similar, but tailored to the optical professions, and taking into account the variability in work settings in optics.

This variability is the other consistent theme in our response. The results of our survey confirm this. A minority of employees and employers have structured personal and career development systems in place. A larger number has significantly less formal arrangements. For some, where only one or two registrants work in the business, it is unrealistic to suggest workplace systems.

Our responses

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

Yes

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

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

Yes, with a need for guidance

We agree that a points system is a crude measure that does not indicate the value or quality of CPD or its appropriateness for the individual. But we also note that it is hard to establish a system that does not have some quantitative element. For example, other professions use hours as indicators.

¹ [GMC guidance](#)

² [HCPC standards](#)

³ [GDC scheme](#)

In the absence of a quantitative system, we think that registrants will need guidance on how to measure their CPD. It is partly the role of professional and membership bodies to assist our members with that guidance, as the Colleges do in medicine. But the regulator also needs to play a role, not least because many membership bodies are also CPD providers. Mutual cooperation and critique is needed to ensure that the guidance given is in members' interests.

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

Yes, with a need for guidance

See also the answer to question 2. A quantitative measure such as hours would not be unhelpful, but it could end up being treated as a target rather than a guideline. Arguably, an hours measure could provide an increased level of freedom compared to points. But in isolation, it does not indicate value or quality, so is beset by the same challenge as points. Guidance on areas and types of CPD would be more helpful, as well as a clear understanding of what the GOC would expect to see as evidence of good CPD activity if it were to undertake an audit.

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

Both

In our answers to questions 2 and 3 we explain the danger that a quantitative indicator such as hours could become a target, while the quality or appropriateness of the education was ignored. But GOC registrants expect specificity and clarity from their regulator. While moving towards a more permissive system, the GOC must provide clear examples of the sort of portfolio they would expect to see from registrants if they were to undertake an audit.

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

based system, there remains a need for some shared understanding of the expected level of engagement with CPD.

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

Baseline expectations should be clearly articulated, recognising that these may vary depending on a registrant's scope of practice, qualifications and career stage. Illustrative examples would be particularly valuable in supporting understanding and consistency across the sector.

Any such guidance should emphasise professional judgement and flexibility, ensuring that the move to an outcomes-based model does not inadvertently lead to reduced engagement or a more superficial approach to CPD.

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

Yes

We agree that personal development planning and reflection on progress should form an important part of an outcomes-based CPD system. Cross-sector discussion strongly supported reflective practice as essential to meaningful learning and to linking CPD with improvements in practice.

We also consider that requiring registrants to maintain a personal development plan and reflect on progress could be valuable.

The AOP undertook a short survey designed to establish their level of preparedness for and confidence in the proposed change. 750 people responded, not all of whom were AOP members (we made the survey available via LinkedIn and other mechanisms so that non-member registrants could also respond if they chose).

Our survey evidence indicates that, while nearly 60% of employee respondents reported some discussion with their employer/manager, access to structured personal development processes is inconsistent. Many report limited time, a lack of emphasis on training within their workplace, or – particularly in small practices – no appropriate colleague with whom to have these discussions. Some said that discussions with

managers did not focus on learning at all. Here is a selection of the free text comments showing the wide range of experience reported by **employee** respondents.

Comments from employee respondents to the AOP's survey

Learning needs and career progression doesn't really get discussed though. It's more KPIs

I think I should, but there has never been an appraisal organised by my manager in the NHS in 10 years, despite asking for this

Very rarely see my employer as we are a single testing practice, so if I am in, she is not and vice versa. Only generally see her at work social events!

Fast paced multiple, testing to the maximal commercial possible. No time to discuss career progression if any is possible at all.

CPD does not come into these conversations as it is irrelevant to my day job.

It would be encouraging to have those discussions, but I feel able to choose my own learning progress

Annual appraisal, plus senior colleagues available for impromptu discussions and are extremely supportive

We could if needed, but I am left to acquire the relevant training. My employer is a DO and believes I'm better able to judge what I need. If I need to leave early for an occasional meeting I can. I'm lucky to work for such a good employer but he wouldn't fund further specialist training as we are busy enough without it and he sees no benefit to the practice especially given how many schemes (cataract etc) have started then stopped due to lack of funding.

Career progression has been discussed within the company. Learning needs there is little discussion, but there is a CPD conference once a year which we can attend and regular CPD webinars put on by the company.

We discuss our learning frequently. I organise training for our OOs and DOs. I also run a group with our consultants with 390 members and often run webinars with CPD. I'm an approved CPD provider

Employer feedback suggests that the majority (c 60%) do not have established systems for supporting staff development, with some indicating that the size or structure of their practice makes formal processes difficult, even impossible, to implement.

Some made clear that they were the only optometrist in their practice, making the idea of a formal system irrelevant. It was clear from some comments that the current points system gave structure and clarity that would not be easy to replicate in their small work settings.

Here is a selection of the responses from employer respondents to the survey.

Comments from employer respondents to the AOP survey

I am the only GOC registered member of staff and manage my own learning needs

No other employed professional staff

Although no formal system is in place, at reviews we will discuss further development and training needs

No system required as I am always talking to my staff.

We run internal quarterly CPD Peer discussion and record audits

We meet monthly and discuss.

But no means to test this. We discuss their interests and career progression, but of course they want to learn in this area, not in where they are weak

Comment generally. The existing system though rather laborious and prescriptive means that everyone completes the required amount of CPD, with minimal feedback and interference from the GOC. A more relaxed system opens us to audits which can be stressful and difficult for practitioners who are already under pressure from all angles.

This range of experiences and views suggests that registrants and employers may require practical guidance and support to develop effective approaches to personal development planning and reflection. In particular, there is a need to recognise the diversity of working environments across the sector and to avoid over-reliance on employer-led appraisal mechanisms, which may not be available or appropriate in all settings.

Therefore, we consider that personal development planning and reflection should be expected as part of CPD, but the system should allow flexibility in how this is achieved. It should not depend solely on formal appraisals or employer-led processes. Clear guidance, tools and examples will be essential to support consistent and proportionate implementation across the sector.

The third important group of respondents was **locums**, who are nearly a quarter of registrants. 187 responded to our survey, 64% of whom said they had no way to access CPD through the workplaces where they locum. And obviously none have access to formal career development discussions.

The GOC's consultation document has only three mentions of locums that we could find. The question of how locums can have access to career development discussions or advice is not addressed. The GOC should address this problem by identifying how other healthcare regulators expect locums to achieve the sort of advice and development discussions envisaged by its proposals and consider if there is any solution that it could usefully adopt from those examples.

Here are some of the free text comments from **locum** respondents to our survey.

Comments from locum respondents to the AOP's survey

Only a limited amount, probably twice a year.

But I don't as it isn't convenient to access it. There is a conference which is far from where I live and I have a young family

The multiples where I work are only interested in sales revenue and push for dispensing sometimes to the point that I feel pressurised

what do you mean? I would have no spare time in my working day to do this at my workplace!!

My CPD is usually through online courses via OT, AOP, The Optician etc and through evening events organised by various optical/ ophthalmology based companies. I do this independently of the practices I work at.

I am concerned that although I could get a lot of good CPD done as I am always interested in learning, people other ways inclined may get away with not doing very much at all. So worried about decline in the knowledge of the profession

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

Yes

This would be a simple thing that would concentrate the minds of registrants on whether they are meeting the new, less clear, more unstructured, requirements.

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

Choose GOC systems, others, or own

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

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

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

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

Yes

This seems a reasonable, if not essential, way that GOC can satisfy itself that registrants are taking personal development seriously.

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

Yes, with appropriate systems and safeguards

We agree with this, but the requirements and processes must be transparent and there must be a procedure, with time for remediation and opportunity to appeal. It will be very important for registrants to have a clear process to remediate, especially during the first cycle, but probably permanently.

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

We find the wording of this question peculiar. A more open question would be “what might be the role of businesses within the new system?”. In answer to that question, we believe that employers have a responsibility to support the development of their team members. This will include providing opportunities for staff to reflect on their performance and their training needs, as well as their career ambitions where appropriate.

But the GOC needs to recognise the wide variation in the sector in the types of businesses and their circumstances.

As we outlined in response to question 5, a very small minority of the respondents to our survey spoke of structured personal development processes, including access to in-house training. These were mostly in large practices/multiples, although some people gave positive reports of working in smaller practices where learning and feedback were highly prized.

But a large number were from very small practices where they were the only optometrist and where it was assumed they were better placed to understand their own training needs than any of their colleagues. There were also examples of practices

perceived to be too busy to pay attention to staff training needs, and where no time was allowed for development.

This huge variation means that some work is needed to bring all practices to a level where they are granting time to staff to review their progress and undertake training and development. We would support this aim being reflected in business standards, but we believe that the GOC will need to be realistic in its expectations. It would serve no purpose for small practices with two or fewer registrants to be obliged to develop formal systems. It would create extra red tape and cost pressures with no positive outcome.

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

We do not think it is possible to create a one-size-fits-all solution here. A tiered approach may be appropriate, in which businesses over a certain size (say, ten registrants) are expected to undertake an in-work-hours documented review to aid registrant in meeting their development goals. It would be unrealistic and disproportionate to expect the same from business with small numbers of employees.

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

There are several ways that patient feedback could influence CPD.

- On an individual level, practitioners may receive feedback about their care, or their communication styles, that could influence their choice of CPD
- Practices could use complaints and patient feedback to decide on training for the practice team
- Public and patient feedback collected via surveys, for example by the GOC, could indicate possible areas for CPD providers to address in their courses

GOC guidance could suggest this type of material as part of the range of data that registrants can use in developing their learning goals. We do not, however, think it would be helpful for this to be a main focus.

Q18. Should we seek to end CPD provider approval?

Yes, but only in the context of alternative quality assurance mechanisms

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

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

Removing provider approval without appropriate safeguards risks increasing variability in CPD quality, exposing registrants to commercially biased or low-value learning, and placing unrealistic expectations on individuals to assess the suitability and impact of CPD. This is particularly significant given the diversity of the optical sector and the varying levels of confidence and capability in self-directed learning.

We therefore recommend that any move to remove provider approval is accompanied by proportionate and clearly articulated safeguards. These should include:

- Clear, published standards describing what constitutes high-quality CPD
- Practical guidance to support registrants in selecting and evaluating CPD
- Consideration of a light-touch provider assurance or monitoring mechanism.

Our support for the removal of provider approval is contingent on the wider CPD framework providing sufficient clarity, structure and support to ensure consistency across the sector and to maintain public confidence in professional standards.

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

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

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

Yes, if alternative safeguards are in place

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

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

Yes, but only if replaced by published quality principles

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

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

January 2031

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

Q23. Will the proposed changes have effects, whether positive or negative, on:
(i) opportunities for persons to use the Welsh language, and
(ii) treating the Welsh language no less favourably than the English language?

- a) Yes re (i)
- b) Yes re (ii)
- c) No re (i)
- d) No re (ii)
- e) **Not sure re (i) [x]**
- f) **Not sure re (ii) [x]**

A more permissive structure could make it easier for registrants to find CPD delivered in Welsh or CPD about delivering services to people who prefer to use Welsh. However, it could also make it harder to know if such CPD was high quality.

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

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

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

Please provide comments.

N/A

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

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

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

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

- a) Yes

- b) No
- c) **Not sure [x]**

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

- a) Yes
- b) No
- c) **Not sure [x]**

Note: For any queries about our response, or if you require further information on the survey information included, please contact policy@aop.org.uk