Consultation on reforms to Continuing Professional Development (CPD)

[2026]

We have redacted the participant data for anonymity in line with our GDPR obligations

RESPONDENT 002

Are you responding on behalf of an organisation?

Yes

What is the name of the organisation you are responding on behalf of?

Association of Optometrists

Which category best describes the organisation you are responding on behalf of?

Optical professional/representative body

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

Yes

Please provide comments.

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

Please provide comments.

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.
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

Please provide comments.

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

Please provide comments.

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

Please provide comments.

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 in10 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 Ilive 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

Please provide comments.

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 or own records

Please provide comments.

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

Please provide comments.

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

Please provide comments.

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.

Q10. Should we change the competencies (the four domains) which CPD events must relate to?

(No answer)

Please provide comments.

(No answer)

Q11. Should we adjust the points allocated to different activities to make it easier to reach the total points required under the CPD rules 2021?

(No answer)

Please provide comments.

(No answer)

Q12. Should we remove the limit on the minimum number of CPD points that must be obtained from provider-led activity?

(No answer)

Please provide comments.

(No answer)

Q13. Should we remove the need for a reflection statement to be provided for each self-directed CPD activity?

(No answer)

Please provide comments.

(No answer)

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.

Q15. Should business registrants have specific responsibility to ensure individual registrants have an up-to-date personal development plan?

(No answer)

Please provide comments.

(No answer)

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

Please provide comments.

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?

(No answer)

Please provide comments.

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

Please provide comments.

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

Please provide comments.

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

Please provide comments.

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:

(a) opportunities for persons to use the Welsh language?

Not sure

(b) treating the Welsh language no less favourably than the English language?

Not sure

If yes, please explain your reasoning.

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:

(a) opportunities for persons to use the Welsh language?

(No answer)

(b) treating the Welsh language no less favourably than the English language?

(No answer)

If yes, please explain your reasoning.

(No answer)

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?

(No answer)

(b) treating the Welsh language no less favourably than the English language?

(No answer)

Q26. Are there any aspects of our proposals that could discriminate against stakeholders with specific characteristics?

c) Not sure

If yes, please explain your reasoning.

(No answer)

Q27. Are there any aspects of our proposals that could have a positive impact on stakeholders with specific characteristics?

c) Not sure

If yes, please explain your reasoning.

(No answer)

Can we publish your response?

Yes

RESPONDENT 002

Are you responding on behalf of an organisation?

No

Which category of respondent best describes you?

Therapeutic prescribing optometrist

Type your answer

(No answer)

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

Not sure

Please provide comments.

I am not sure you really understand the issues that those of us completing CPD are experiencing. as with so much that the GOC and others deliver too much is developed by those with no real understanding of the realities of work, life and the profession. the aim to be be less prescriptive is to be lauded however I worry that the recording burden will be just as if not more onerous....

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

Yes

Please provide comments.

Providing that you don't make it overly onerous to make declarations - also when attending or completing provider led CPD it is important that points are automatically added to an account based on attendence/completion

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

No

Please provide comments.

(No answer)

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?

Notional minimum amount

Please provide comments.

You need to work out how to address the age old problem of those that literally tick boxes and learn nothing vs those of us who continually learn via activities, teaching etc but can't face the bureaucratic hurdles to record CPD yet deliver an enhanced level of care on the back of completing the activities

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

Not sure

Please provide comments.

(No answer)

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

Please provide comments.

However this feels likely to be a tick box exercise that would make very little difference to those who lack desire to develop

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

GOC systems

124

Providing you can quickly and easily record and log and ideally those courses / exams etc provided and marked by others just appear on succesful completion... I have very little faith that the GOC is capable of delivering a suitable user friendly system - the current one requires far to many clicks to record even simple activities and definitely didn't seek UAT views prior to rolling out

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

Not sure

Please provide comments.

Again if you have an appropriate IT system that can record you can automate a large percentage of the due diligence - I have neither the time, desire or will to try and maintain a personal auditable log of activities - the number of Podcasts I listen to alone

is huge yet the faff to record their value vs time is crazy

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?

Not sure

Please provide comments.

Removal should only be a last resort - it would be better to mandate that non concordant registrants attend a university led :"naughty step" CPD day -that can cover critical developments for those lagging behind

Q10. Should we change the competencies (the four domains) which CPD events must relate to?

Not sure

Please provide comments.

THe competency domains feel like a complete waste of time and pointless tickboxing where we chase valueless points to satisfy a regulator rather than learn

Q11. Should we adjust the points allocated to different activities to make it easier to reach the total points required under the CPD rules 2021?

Not sure

Please provide comments.

I have no problem with raising the number of points provided you make recording simpler... I am wary about lowering barriers to competence at a time our profession should be aspiring to bigger and bolder things

Q12. Should we remove the limit on the minimum number of CPD points that must be obtained from provider-led activity?

Yes

Please provide comments.

For many of us the provider led CPD is useful and quick there is a risk however that you could become an expert in subject A at the expense of subject B to Z

Q13. Should we remove the need for a reflection statement to be provided for each self-directed CPD activity?

Yes

Please provide comments.

Pointless waffle generated to fill the box - makes me less likely to bother recording

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

Allow more self directed EASY Peer review type discussions amongst practice teams to be recognised without faff

Q15. Should business registrants have specific responsibility to ensure individual registrants have an up-to-date personal development plan?

No

Please provide comments.

We are a profession and as a professional it should be your responsibility to maintain relevance and education - there are already too many bureaucratic prescriptive demands on businesses without the GOC developing more

Q16. How can the standards for optical businesses be strengthened to help achieve this outcome?

Perhaps spend more time focussing on illegal supply of prescription products rather than mithering those of us trying to do the job to the best of our abililty

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

It shouldn't

Q18. Should we seek to end CPD provider approval?

Yes

Please provide comments.

Once again its an overly bureaucratic system that discourages people (like me !) from running CPD events

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

Yes

Please provide comments.

(No answer)

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

Yes

Please provide comments.

(No answer)

Q21. Should we withdraw GOC's standards for CPD providers?

Yes

Please provide comments.

(No answer)

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

January 2028

Please provide comments.

(No answer)

Q23. Will the proposed changes have effects, whether positive or negative, on:

(a) opportunities for persons to use the Welsh language?

Not sure

(b) treating the Welsh language no less favourably than the English language?

Not sure

If yes, please explain your reasoning.

These questions are not very clear...

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

(a) opportunities for persons to use the Welsh language?

Not sure

(b) treating the Welsh language no less favourably than the English language?

Not sure

If yes, please explain your reasoning.

(No answer)

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(a) opportunities for persons to use the Welsh language?

(No answer)

(b) treating the Welsh language no less favourably than the English language?

(No answer)

If yes, please explain your reasoning.

(No answer)

Q26. Are there any aspects of our proposals that could discriminate against stakeholders with specific characteristics?

b) No

If yes, please explain your reasoning.

(No answer)

Q27. Are there any aspects of our proposals that could have a positive impact on stakeholders with specific characteristics?

b) No

If yes, please explain your reasoning.

(No answer)

Can we publish your response?

Yes

RESPONDENT 004

Are you responding on behalf of an organisation?

No

Which category of respondent best describes you?

Therapeutic prescribing optometrist

Type your answer

(No answer)

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

No

Please provide comments.

I'm not sure optical businesses should be in charge of their employees CPD

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

Yes

Please provide comments.

(No answer)

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

Yes

Please provide comments.

(No answer)

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?

Notional minimum amount

Please provide comments.

(No answer)

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Not sure

Please provide comments.

(No answer)

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

Please provide comments.

(No answer)

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GOC systems

Please provide comments.

(No answer)

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Yes

Please provide comments.

(No answer)

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Yes

Please provide comments.

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Not sure

Please provide comments.

(No answer)

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Yes

Please provide comments.

(No answer)

Q12. Should we remove the limit on the minimum number of CPD points that must be obtained from provider-led activity?

Yes

Please provide comments.

(No answer)

Q13. Should we remove the need for a reflection statement to be provided for each self-directed CPD activity?

Yes

Please provide comments.

(No answer)

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

I don't believe businesses should have a role. The concern is that the individual is not supported to develop in the way they wish to improve their patient care. Businesses have profit as their main focus. The two requirements are juxtaposed. The individual should always be able to choose what they do and when they do it and how they do it.

Q15. Should business registrants have specific responsibility to ensure individual registrants have an up-to-date personal development plan?

No

Please provide comments.

(No answer)

Q16. How can the standards for optical businesses be strengthened to help achieve this outcome?

Businesses should not have a role. There is enough commercial pressure on practitioners. As a regulatory body you should be guarding against that and not supporting it.

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

It shouldn't

Q18. Should we seek to end CPD provider approval?

Yes

Please provide comments.

It is too difficult now. I do lots of things I don't claim.

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

Yes

Please provide comments.

(No answer)

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

Yes

Please provide comments.

(No answer)

Q21. Should we withdraw GOC's standards for CPD providers?

No

Please provide comments.

There is a lot of commercial pressure in the sector. We need providers to adhere to professional and not commercial pressures.

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

January 2028

Please provide comments.

(No answer)

Q23. Will the proposed changes have effects, whether positive or negative, on:

(a) opportunities for persons to use the Welsh language?

No

(b) treating the Welsh language no less favourably than the English language?

No

If yes, please explain your reasoning.

(No answer)

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

(a) opportunities for persons to use the Welsh language?

No

(b) treating the Welsh language no less favourably than the English language?

No

If yes, please explain your reasoning.

(No answer)

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(a) opportunities for persons to use the Welsh language?

No

(b) treating the Welsh language no less favourably than the English language?

No

If yes, please explain your reasoning.

(No answer)

Q26. Are there any aspects of our proposals that could discriminate against stakeholders with specific characteristics?

(No answer)

If yes, please explain your reasoning.

(No answer)

Q27. Are there any aspects of our proposals that could have a positive impact on stakeholders with specific characteristics?

c) Not sure

If yes, please explain your reasoning.

(No answer)

Can we publish your response?

Yes, but please keep my name and/or my organisation’s name private

RESPONDENT 006

Are you responding on behalf of an organisation?

No

Which category of respondent best describes you?

Optometrist

Type your answer

(No answer)

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

Yes

Please provide comments.

(No answer)

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

No

Please provide comments.

Points provide a good metric for progress and magnitude of learning achieved.

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

Yes

Please provide comments.
flexibility to relevant CPD is key.

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?

Sufficient CPD

Please provide comments.

Has to be a way to measure how much CPD has been completed, while also ensuring it is relevant to the registrant

Q5. Should registrants be required to make a personal development plan and

reflect on progress as part of appraisals and similar mechanisms?

Yes

Please provide comments.

Demonstrating some thought and purpose behind one's CPD is important, but does not have to be complex. Basic goals and timelines are fine.

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

Please provide comments.

Promotes accountability

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

GOC systems

Please provide comments.

Central database is useful

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

Yes

Please provide comments.

(No answer)

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?

No

Please provide comments.

These people need support first.

Q10. Should we change the competencies (the four domains) which CPD events must relate to?

No

Please provide comments.

Need more time to settle. The standards of practice and relevance to the domains does need updating. E.g. personal development sits under clinical practice, this is relevant to clinical skills but personal development of leadership skills and professionalism are also very important.

Q11. Should we adjust the points allocated to different activities to make it easier to reach the total points required under the CPD rules 2021?

Yes

Please provide comments.

More flexibility for roles. If in purely clinical role vs leadership role.

Q12. Should we remove the limit on the minimum number of CPD points that must be obtained from provider-led activity?

No

Please provide comments.

Interaction with colleagues and the CPD providers is essential.

Q13. Should we remove the need for a reflection statement to be provided for each self-directed CPD activity?

Yes

Please provide comments.

(No answer)

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

The sponsorship businesses provide for CPD events is essential and so active engagement with these organisations should be encouraged.

Q15. Should business registrants have specific responsibility to ensure individual registrants have an up-to-date personal development plan?

No

Please provide comments.

Individuals are personally responsible

Q16. How can the standards for optical businesses be strengthened to help achieve this outcome?

Standard must support the individual to achieve the outcome

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

It provides excellent material for case studies in interactive CPD.

Q18. Should we seek to end CPD provider approval?

No

Please provide comments.

Standards of CPD provision should be enforced

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

Not sure

Please provide comments.

Flexibility is key - if excellence demonstrated the CPD provider should be approved earlier.

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

No

Please provide comments.

Audits help keep standards high

Q21. Should we withdraw GOC's standards for CPD providers?

No

Please provide comments.

These provide excellent guidance though I do think they need updating for the non clinical domains. They are too patient/clinically focused and do not include enough guidance for leadership and communication with colleagues

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

January 2028

Please provide comments.

(No answer)

Q23. Will the proposed changes have effects, whether positive or negative, on:

(a) opportunities for persons to use the Welsh language?

(No answer)

(b) treating the Welsh language no less favourably than the English language?

(No answer)

If yes, please explain your reasoning.

(No answer)

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

(a) opportunities for persons to use the Welsh language?

(No answer)

(b) treating the Welsh language no less favourably than the English language?

(No answer)

If yes, please explain your reasoning.

(No answer)

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?

(No answer)

(b) treating the Welsh language no less favourably than the English language?

(No answer)

If yes, please explain your reasoning.

(No answer)

Q26. Are there any aspects of our proposals that could discriminate against stakeholders with specific characteristics?

c) Not sure

If yes, please explain your reasoning.

(No answer)

Q27. Are there any aspects of our proposals that could have a positive impact on stakeholders with specific characteristics?

c) Not sure

If yes, please explain your reasoning.

(No answer)

Can we publish your response?

Yes

RESPONDENT 007

Are you responding on behalf of an organisation?

No

Which category of respondent best describes you?

Dispensing optician

Type your answer

(No answer)

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

Yes

Please provide comments.

(No answer)

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

Yes

Please provide comments.

I do agree with moving away from the points system but am concerned that a different system could be confusing. Whatever replaces the points system mustn't make it harder for registrants to obtain any minimum requirement and must be clearly described.

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

Not sure

Please provide comments.

I think it depends on how prescriptive the new guidance is. I don't think it is fair to dictate the amount of CPD required nor the types of learning as I believe this could discriminate against certain groups of registrants. I think a simplified system for CPD is the best way forward.

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?

Not sure

Please provide comments.

Please don't impose a minimum amount of hours requirement. I think this could have a seriously detrimental impact on alot of registrants. For example, I have two young children, I am a carer for my husband and I hold a volunteer position as well as working part time as a DO. I would be very concerned that I wouldn't be able to meet a minimum requirement of hours as my time is stretched as it is. I feel this could be very difficult for other registrants e.g. people on maternity leave. This needs some more detail and further consideration.

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

No

Please provide comments.

I haven't found this helpful at all. It has been impossible to find the type of CPD that would enable me to fulfil a true personal development plan as it's quite specific.

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?

No

Please provide comments.

I think this is implied when completing the CPD cycle. I feel that this could contribute towards a feeling of mistrust when opinions towards the GOC are already fractious.

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

GOC systems

Please provide comments.

The current system for logging CPD is good, albeit slightly clunky. It is useful to be able to store them all in one place.

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

No

Please provide comments.

Again, I feel this creates an atmosphere of mistrust.

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?

No

Please provide comments.

I feel that there should be a "training program" or something similar to support the registrant, rather than using CPD as a weapon to beat them over the head.

Q10. Should we change the competencies (the four domains) which CPD events must relate to?

Not sure

Please provide comments.

I think it would depend on the proposed alternatives.

Q11. Should we adjust the points allocated to different activities to make it easier to reach the total points required under the CPD rules 2021?

Not sure

Please provide comments.

I do think that interactive CPD lectures (or similar) should carry more points for the fact that more work is required and they are harder to find.

Q12. Should we remove the limit on the minimum number of CPD points that must be obtained from provider-led activity?

Yes

Please provide comments.

I don't fully understand why this was imposed in the first place.

Q13. Should we remove the need for a reflection statement to be provided for each self-directed CPD activity?

Yes

Please provide comments.

(No answer)

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

I think businesses and employers should take greater responsibility for providing CPD

for their registrant employees. How they do this is difficult to quantify.

Q15. Should business registrants have specific responsibility to ensure individual registrants have an up-to-date personal development plan?

No

Please provide comments.

I think this responsibility should lie with the individual.

Q16. How can the standards for optical businesses be strengthened to help achieve this outcome?

(No answer)

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

(No answer)

Q18. Should we seek to end CPD provider approval?

Not sure

Please provide comments.

(No answer)

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

Not sure

Please provide comments.

(No answer)

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

Not sure

Please provide comments.

(No answer)

Q21. Should we withdraw GOC's standards for CPD providers?

Not sure

Please provide comments.

(No answer)

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

January 2028

Please provide comments.

(No answer)

Q23. Will the proposed changes have effects, whether positive or negative, on:

(a) opportunities for persons to use the Welsh language?

Not sure

(b) treating the Welsh language no less favourably than the English language?

Not sure

If yes, please explain your reasoning.

(No answer)

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

(a) opportunities for persons to use the Welsh language?

Not sure

(b) treating the Welsh language no less favourably than the English language?

Not sure

If yes, please explain your reasoning.

(No answer)

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?

Not sure

(b) treating the Welsh language no less favourably than the English language?

Not sure

If yes, please explain your reasoning.

(No answer)

Q26. Are there any aspects of our proposals that could discriminate against stakeholders with specific characteristics?

a) Yes

If yes, please explain your reasoning.

I am concerned that some of the proposed changes will impact those who are on maternity leave and those who have caring responsibilities. As previously explained, I am particularly concerned around the proposal for the prescribed amount of hours. I feel this would be hugely unfair as the disparity between those with no caring responsibilities and those with are huge. This needs further serious consideration.

Q27. Are there any aspects of our proposals that could have a positive impact on stakeholders with specific characteristics?

b) No

If yes, please explain your reasoning.

(No answer)

Can we publish your response?

Yes, but please keep my name and/or my organisation’s name private

RESPONDENT 008

Are you responding on behalf of an organisation?

No

Which category of respondent best describes you?

Therapeutic prescribing optometrist

Type your answer

(No answer)

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

Yes

Please provide comments.

(No answer)

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

Not sure

Please provide comments.

(No answer)

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

Yes

Please provide comments.

(No answer)

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?

Sufficient CPD

Please provide comments.

(No answer)

Q5. Should registrants be required to make a personal development plan and

reflect on progress as part of appraisals and similar mechanisms?

No

Please provide comments.

By fat the most boring part of the CPD cycle, that typically registrants leave for last moment.

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

Please provide comments.

(No answer)

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

Own records only

Please provide comments.

(No answer)

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

Yes

Please provide comments.

(No answer)

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

Please provide comments.

(No answer)

Q10. Should we change the competencies (the four domains) which CPD events must relate to?

Not sure

Please provide comments.

(No answer)

Q11. Should we adjust the points allocated to different activities to make it easier to reach the total points required under the CPD rules 2021?

Yes

Please provide comments.

IP points may be difficult to achieve. So either this, or make it easier for IP optoms to deliver IP CPD to colleagues

Q12. Should we remove the limit on the minimum number of CPD points that must be obtained from provider-led activity?

No

Please provide comments.

(No answer)

Q13. Should we remove the need for a reflection statement to be provided for each self-directed CPD activity?

Yes

Please provide comments.

(No answer)

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

(No answer)

Q15. Should business registrants have specific responsibility to ensure individual registrants have an up-to-date personal development plan?

No

Please provide comments.

(No answer)

Q16. How can the standards for optical businesses be strengthened to help achieve this outcome?

(No answer)

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

(No answer)

Q18. Should we seek to end CPD provider approval?

No

Please provide comments.

(No answer)

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

No

Please provide comments.

(No answer)

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

No

Please provide comments.

(No answer)

Q21. Should we withdraw GOC's standards for CPD providers?

No

Please provide comments.

(No answer)

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

January 2028

Please provide comments.

(No answer)

Q23. Will the proposed changes have effects, whether positive or negative, on:

(a) opportunities for persons to use the Welsh language?

No

(b) treating the Welsh language no less favourably than the English language?

Yes

If yes, please explain your reasoning.

(No answer)

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

(b) opportunities for persons to use the Welsh language?

Yes

(c) treating the Welsh language no less favourably than the English language?

Yes

If yes, please explain your reasoning.

(No answer)

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?

Yes

(b) treating the Welsh language no less favourably than the English language?

(No answer)

If yes, please explain your reasoning.

(No answer)

Q26. Are there any aspects of our proposals that could discriminate against stakeholders with specific characteristics?

b) No

If yes, please explain your reasoning.

(No answer)

Q27. Are there any aspects of our proposals that could have a positive impact on stakeholders with specific characteristics?

b) No

If yes, please explain your reasoning.

(No answer)

Can we publish your response?

Yes, but please keep my name and/or my organisation’s name private

RESPONDENT 010

Are you responding on behalf of an organisation?

No

Which category of respondent best describes you?

Student dispensing optician

Type your answer

(No answer)

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

No

Please provide comments.

I agree with some but not all

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

No

Please provide comments.

I think making the amount and nature of CPD points more flexible, for example for those nearing retirement or with caring responsibilities, makes sense. But doing away with the points system altogether, particularly in conjunction with removing oversight of CPD providers and pushing the providing role to businesses/employers is likely to lower the standard of the CPD on offer, and give more leeway to employers to push their employed registrants to training that benefits them financially instead of proritising knowledge and skills for patient care. I also am not sure how you would tell if people had in fact targeted their learning towards what they need to learn. Would this not open the door to ignorant members of the profession deciding they did not need more learning?

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

Not sure

Please provide comments.

I think it would be better to have guidance than nothing at all, but think the points system should remain. I would prefer this for myself once I graduate as well, as it can be easy to stay within your comfort zone unless you are required to challenge yourself.

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?

Sufficient CPD

Please provide comments.

(No answer)

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

No

Please provide comments.

Not all businesses carry out appraisals, and this area is one that should be overseen by an organisation dedicated to the standards of the profession, not businesses that are more concerned with profit.

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?

(No answer)

Please provide comments.

(No answer)

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

GOC systems

Please provide comments.

(No answer)

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

Yes

Please provide comments.

If going ahead with this system

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

Please provide comments.

If going ahead with this system

Q10. Should we change the competencies (the four domains) which CPD events must relate to?

Not sure

Please provide comments.

I am not sure "leadership" is that relevant to a clinical professional, but as I have done very little CPD so far, I will wait and see

Q11. Should we adjust the points allocated to different activities to make it easier to reach the total points required under the CPD rules 2021?

Not sure

Please provide comments.

(No answer)

Q12. Should we remove the limit on the minimum number of CPD points that must be obtained from provider-led activity?

No

Please provide comments.

Less easy to cheat on, and if one of the reasons this might be changed is because employers don't like paying for employees to attend CPD events -- Businesses do not have the best interests of patients as their top priority!! This is the nature of what they are, and allowing that to influence healthcare policy is dangerous!

Q13. Should we remove the need for a reflection statement to be provided for each self-directed CPD activity?

Yes

Please provide comments.

(No answer)

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

By ensuring they allow their registrants to have time, resources and support to carry

out CPD - not by pushing businesses to carry out CPD. Again, businesses do not have clinical excellence as a goal, they prioritise profits, this is something shown consistently across the world. Less regulation is a really bad idea if it will empower businesses rather than the clinical professionals who are overseen by the GOC.

Q15. Should business registrants have specific responsibility to ensure individual registrants have an up-to-date personal development plan?

No

Please provide comments.

(No answer)

Q16. How can the standards for optical businesses be strengthened to help achieve this outcome?

By ensuring they allow their registrants to have time, resources and support to carry out CPD. There should be a path via which optical professionals can report businesses that are not allowing this. Again, abolishing the points system is a bad idea in my view because there will absolutely be employers who will see this as an invitation to cut down on the support they currently have to provide to optical professionals for them to meet their CPD needs.

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

I don't think it should be, that is in the standards already and comes up in peer reviews, no need to specifically incorporate it in the CPD system.

Q18. Should we seek to end CPD provider approval?

No

Please provide comments.

How will this benefit anyone? Getting rid of a standard setting goal with no replacement does not seem like a good idea.

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

Not sure

Please provide comments.

That seems fair if it is currently onerous

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

Not sure

Please provide comments.

(No answer)

Q21. Should we withdraw GOC's standards for CPD providers?

No

Please provide comments.

Again, why? When I am doing CPD, I would really like to know there are safeguards in place to ensure the training I am being provided with is good quality. Otherwise I am relying on the competence and professional pride of the CPD provider. That is not how DOs or other optical professionals should function, so why would it be okay for those who train us?

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

January 2034

Please provide comments.

(No answer)

Q23. Will the proposed changes have effects, whether positive or negative, on:

(a) opportunities for persons to use the Welsh language?

(No answer)

(b) treating the Welsh language no less favourably than the English language?

(No answer)

If yes, please explain your reasoning.

(No answer)

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

(a) opportunities for persons to use the Welsh language?

(No answer)

(b) treating the Welsh language no less favourably than the English language?

(No answer)

If yes, please explain your reasoning.

(No answer)

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?

(No answer)

(b) treating the Welsh language no less favourably than the English language?

(No answer)

If yes, please explain your reasoning.

(No answer)

Q26. Are there any aspects of our proposals that could discriminate against stakeholders with specific characteristics?

c) Not sure

If yes, please explain your reasoning.

I think increasing flexibility can be a good thing for many of these groups, but that is not the same as getting rid of a framework and leaving that to the people involved. As somebody who is neurodivergent, having a set framework within which I know what I need to achieve would be far less stressful than having to somehow "know what I need to know", which seems to sum up that particular change. Also, some of these groups are more likely to experience discrimination from their employers, and these changes would be strengthening employers' power vis-a-vis optical professionals, and that should be considered.

Q27. Are there any aspects of our proposals that could have a positive impact on stakeholders with specific characteristics?

a) Yes

If yes, please explain your reasoning.

I agree with the reasoning laid out for the positive effects related to age, in particular.

Can we publish your response?

Yes, but please keep my name and/or my organisation’s name private

RESPONDENT 012

Are you responding on behalf of an organisation?

No

Which category of respondent best describes you?

Optometrist

Type your answer

(No answer)

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

Yes

Please provide comments.

Self-directed CPD could become a far more beneficial method of deriving knowledge on current developments in eye care.

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

No

Please provide comments.

The system has worked well and, considering the availability of CPD, there are no better alternatives.

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

Yes

Please provide comments.

The domains and what they encompass limit providers and registrants to what they can teach and what they can learn.

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?

Notional minimum amount

Please provide comments.

(No answer)

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

No

Please provide comments.

It is too open and 'wishy washy'. No one knows what their plan of development is until they've learnt new things and their career has taken them down a specific path.

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

Please provide comments.

Many other professions do this.

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

GOC systems

Please provide comments.

(No answer)

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

Not sure

Please provide comments.

One has to have some degree of trust in professionals. CPD doesn't ensure registrants know the minimum required to pass their exams to become optometrists or DOs, for example.

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?

Not sure

Please provide comments.

Have they been negligent? Have they risked the sight or safety of a member of the public? Is this not a role for the colleges?

Q10. Should we change the competencies (the four domains) which CPD events must relate to?

Yes

Please provide comments.

Make them broader and simpler.

Q11. Should we adjust the points allocated to different activities to make it easier to reach the total points required under the CPD rules 2021?

Not sure

Please provide comments.

It depends on what this entails. Live CPD is always better received.

Q12. Should we remove the limit on the minimum number of CPD points that must be obtained from provider-led activity?

Yes

Please provide comments.

(No answer)

Q13. Should we remove the need for a reflection statement to be provided for each self-directed CPD activity?

Not sure

Please provide comments.

It's often hard to really put into words what one has learnt from a day of CPD, but delegates generally say they feel more confident and invigorated.

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

The time element is a problem. Why not have snippets of CPD, 15 minutes for 0.25 points (or give points as minutes - 3600 points a year), for example? Or, allow courses to be set by companies that achieve a time/content point score.

Q15. Should business registrants have specific responsibility to ensure individual registrants have an up-to-date personal development plan?

Yes

Please provide comments.

(No answer)

Q16. How can the standards for optical businesses be strengthened to help achieve this outcome?

(No answer)

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

(No answer)

Q18. Should we seek to end CPD provider approval?

No

Please provide comments.

(No answer)

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

Yes

Please provide comments.

I have provided CPD for over a decade, yet it is easier for me to get approval through 'CPD providers' than directly myself for the same content.

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

No

Please provide comments.

(No answer)

Q21. Should we withdraw GOC's standards for CPD providers?

No

Please provide comments.

(No answer)

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

January 2028

Please provide comments.

(No answer)

Q23. Will the proposed changes have effects, whether positive or negative, on:

(a) opportunities for persons to use the Welsh language?

Not sure

(b) treating the Welsh language no less favourably than the English language?

Not sure

If yes, please explain your reasoning.

(No answer)

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

(c) opportunities for persons to use the Welsh language?

Not sure

(d) treating the Welsh language no less favourably than the English language?

Not sure

If yes, please explain your reasoning.

(No answer)

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?

Not sure

(b) treating the Welsh language no less favourably than the English language?

Not sure

If yes, please explain your reasoning.

(No answer)

Q26. Are there any aspects of our proposals that could discriminate against stakeholders with specific characteristics?

b) No

If yes, please explain your reasoning.

(No answer)

Q27. Are there any aspects of our proposals that could have a positive impact on stakeholders with specific characteristics?

c) Not sure

If yes, please explain your reasoning.

(No answer)

Can we publish your response?

Yes

RESPONDENT 014

Are you responding on behalf of an organisation?

No

Which category of respondent best describes you?

Optometrist

Type your answer

(No answer)

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

Yes

Please provide comments.

(No answer)

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

No

Please provide comments.

(No answer)

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

No

Please provide comments.

(No answer)

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?

Sufficient CPD

Please provide comments.

(No answer)

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

No

Please provide comments.

(No answer)

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

Please provide comments.

(No answer)

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

GOC systems

Please provide comments.

(No answer)

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

Yes

Please provide comments.

(No answer)

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?

No

Please provide comments.

(No answer)

Q10. Should we change the competencies (the four domains) which CPD events must relate to?

No

Please provide comments.

(No answer)

Q11. Should we adjust the points allocated to different activities to make it easier to reach the total points required under the CPD rules 2021?

Yes

Please provide comments.

(No answer)

Q12. Should we remove the limit on the minimum number of CPD points that must be obtained from provider-led activity?

No

Please provide comments.

(No answer)

Q13. Should we remove the need for a reflection statement to be provided for each self-directed CPD activity?

Yes

Please provide comments.

(No answer)

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

(No answer)

Q15. Should business registrants have specific responsibility to ensure individual registrants have an up-to-date personal development plan?

Yes

Please provide comments.

(No answer)

Q16. How can the standards for optical businesses be strengthened to help achieve this outcome?

(No answer)

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

(No answer)

Q18. Should we seek to end CPD provider approval?

(No answer)

Please provide comments.

(No answer)

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

(No answer)

Please provide comments.

(No answer)

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

(No answer)

Please provide comments.

(No answer)

Q21. Should we withdraw GOC's standards for CPD providers?

(No answer)

Please provide comments.

(No answer)

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

(No answer)

Please provide comments.

(No answer)

Q23. Will the proposed changes have effects, whether positive or negative, on:

(a) opportunities for persons to use the Welsh language?

(No answer)

(b) treating the Welsh language no less favourably than the English language?

(No answer)

If yes, please explain your reasoning.

(No answer)

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

(a) opportunities for persons to use the Welsh language?

(No answer)

(b) treating the Welsh language no less favourably than the English language?

(No answer)

If yes, please explain your reasoning.

(No answer)

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?

(No answer)

(b) treating the Welsh language no less favourably than the English language?

(No answer)

If yes, please explain your reasoning.

(No answer)

Q26. Are there any aspects of our proposals that could discriminate against stakeholders with specific characteristics?

(No answer)

If yes, please explain your reasoning.

(No answer)

Q27. Are there any aspects of our proposals that could have a positive impact on stakeholders with specific characteristics?

(No answer)

If yes, please explain your reasoning.

(No answer)

Can we publish your response?

Yes, but please keep my name and/or my organisation’s name private

RESPONDENT 015

Are you responding on behalf of an organisation?

No

Which category of respondent best describes you?

Dispensing optician

Type your answer

(No answer)

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

Yes

Please provide comments.

(No answer)

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

No

Please provide comments.

(No answer)

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

(No answer)

Please provide comments.

(No answer)

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?

Notional minimum amount

Please provide comments.

(No answer)

Q5. Should registrants be required to make a personal development plan and

reflect on progress as part of appraisals and similar mechanisms?

No

Please provide comments.

(No answer)

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

Please provide comments.

(No answer)

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

GOC systems

Please provide comments.

(No answer)

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

Yes

Please provide comments.

(No answer)

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

Please provide comments.

(No answer)

Q10. Should we change the competencies (the four domains) which CPD events must relate to?

No

Please provide comments.

(No answer)

Q11. Should we adjust the points allocated to different activities to make it easier to reach the total points required under the CPD rules 2021?

Yes

Please provide comments.

(No answer)

Q12. Should we remove the limit on the minimum number of CPD points that must be obtained from provider-led activity?

No

Please provide comments.

(No answer)

Q13. Should we remove the need for a reflection statement to be provided for each self-directed CPD activity?

Yes

Please provide comments.

(No answer)

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

(No answer)

Q15. Should business registrants have specific responsibility to ensure individual registrants have an up-to-date personal development plan?

Yes

Please provide comments.

(No answer)

Q16. How can the standards for optical businesses be strengthened to help achieve this outcome?

(No answer)

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

(No answer)

Q18. Should we seek to end CPD provider approval?

No

Please provide comments.

(No answer)

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

No

Please provide comments.

(No answer)

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

No

Please provide comments.

(No answer)

Q21. Should we withdraw GOC's standards for CPD providers?

No

Please provide comments.

(No answer)

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

January 2028

Please provide comments.

(No answer)

Q23. Will the proposed changes have effects, whether positive or negative, on:

(a) opportunities for persons to use the Welsh language?

No

(b) treating the Welsh language no less favourably than the English language?

No

If yes, please explain your reasoning.

(No answer)

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

(d) opportunities for persons to use the Welsh language?

No

(e) treating the Welsh language no less favourably than the English language?

No

If yes, please explain your reasoning.

(No answer)

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?

No

(b) treating the Welsh language no less favourably than the English language?

No

If yes, please explain your reasoning.

(No answer)

Q26. Are there any aspects of our proposals that could discriminate against stakeholders with specific characteristics?

b) No

If yes, please explain your reasoning.

(No answer)

Q27. Are there any aspects of our proposals that could have a positive impact on stakeholders with specific characteristics?

c) Not sure

If yes, please explain your reasoning.

(No answer)

Can we publish your response?

Yes

RESPONDENT 016

Are you responding on behalf of an organisation?

No

Which category of respondent best describes you?

Dispensing optician

Type your answer

(No answer)

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

Yes

Please provide comments.

It can be difficult to obtain the correct cpd points when you are a working parent and restricted in the hours you can be away from your children, the new structure sound like it may be easier for me to obtain points and learning

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

Yes

Please provide comments.

(No answer)

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

Yes

Please provide comments.

(No answer)

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?

Sufficient CPD

Please provide comments.

(No answer)

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

No

Please provide comments.

Some of us are just not very good at pdp or self appraisals but are still keen to learn or renew our knowledge

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

Please provide comments.

(No answer)

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

GOC systems

Please provide comments.

3 years can be tricky to keep own records, with busy lives. If done through a GOC data base it will be easier to keep track ans nothing gets loat

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

Not sure

Please provide comments.

(No answer)

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

Please provide comments.

(No answer)

Q10. Should we change the competencies (the four domains) which CPD events must relate to?

Not sure

Please provide comments.

(No answer)

Q11. Should we adjust the points allocated to different activities to make it easier to reach the total points required under the CPD rules 2021?

Not sure

Please provide comments.

It depends on if lots more work is involved to gain the points because as a working parent, time to complete these is sometimes difficult anyway

Q12. Should we remove the limit on the minimum number of CPD points that must be obtained from provider-led activity?

Yes

Please provide comments.

(No answer)

Q13. Should we remove the need for a reflection statement to be provided for each self-directed CPD activity?

Yes

Please provide comments.

(No answer)

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

(No answer)

Q15. Should business registrants have specific responsibility to ensure individual registrants have an up-to-date personal development plan?

Yes

Please provide comments.

(No answer)

Q16. How can the standards for optical businesses be strengthened to help achieve this outcome?

(No answer)

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

(No answer)

Q18. Should we seek to end CPD provider approval?

Yes

Please provide comments.

(No answer)

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

Yes

Please provide comments.

It currently discourages some to run events because of the work involved to approve it

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

Yes

Please provide comments.

(No answer)

Q21. Should we withdraw GOC's standards for CPD providers?

No

Please provide comments.

(No answer)

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

January 2028

Please provide comments.

(No answer)

Q23. Will the proposed changes have effects, whether positive or negative, on:

(a) opportunities for persons to use the Welsh language?

Not Sure

(b) treating the Welsh language no less favourably than the English language?

Not Sure

If yes, please explain your reasoning.

(No answer)

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

(a) opportunities for persons to use the Welsh language?

Not Sure

(f) treating the Welsh language no less favourably than the English language?

(No answer)

If yes, please explain your reasoning.

(No answer)

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?

Not Sure

(b) treating the Welsh language no less favourably than the English language?

Not Sure

If yes, please explain your reasoning.

(No answer)

Q26. Are there any aspects of our proposals that could discriminate against stakeholders with specific characteristics?

b) No

If yes, please explain your reasoning.

(No answer)

Q27. Are there any aspects of our proposals that could have a positive impact on stakeholders with specific characteristics?

b) No

If yes, please explain your reasoning.

(No answer)

Can we publish your response?

Yes

RESPONDENT 018

Are you responding on behalf of an organisation?

No

Which category of respondent best describes you?

Dispensing optician

Type your answer

(No answer)

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

Yes

Please provide comments.

(No answer)

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

Not sure

Please provide comments.

I think that getting a minimum of points is a good idea as it forces you to do something

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

Not sure

Please provide comments.

A broad area of subjects to complete is good

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

Please provide comments.

(No answer)

Q5. Should registrants be required to make a personal development plan and

reflect on progress as part of appraisals and similar mechanisms?

No

Please provide comments.

(No answer)

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?

No

Please provide comments.

(No answer)

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

GOC systems

Please provide comments.

(No answer)

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

Yes

Please provide comments.

(No answer)

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

Please provide comments.

(No answer)

Q10. Should we change the competencies (the four domains) which CPD events must relate to?

Not sure

Please provide comments.

(No answer)

Q11. Should we adjust the points allocated to different activities to make it easier to reach the total points required under the CPD rules 2021?

Yes

Please provide comments.

(No answer)

Q12. Should we remove the limit on the minimum number of CPD points that must be obtained from provider-led activity?

Yes

Please provide comments.

(No answer)

Q13. Should we remove the need for a reflection statement to be provided for each self-directed CPD activity?

Yes

Please provide comments.

(No answer)

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

(No answer)

Q15. Should business registrants have specific responsibility to ensure individual registrants have an up-to-date personal development plan?

No

Please provide comments.

(No answer)

Q16. How can the standards for optical businesses be strengthened to help achieve this outcome?

(No answer)

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

(No answer)

Q18. Should we seek to end CPD provider approval?

Not sure

Please provide comments.

(No answer)

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

Yes

Please provide comments.

(No answer)

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

Yes

Please provide comments.

(No answer)

Q21. Should we withdraw GOC's standards for CPD providers?

No

Please provide comments.

(No answer)

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

(No answer)

Please provide comments.

(No answer)

Q23. Will the proposed changes have effects, whether positive or negative, on:

(a) opportunities for persons to use the Welsh language?

Yes

(b) treating the Welsh language no less favourably than the English language?

(No answer)

If yes, please explain your reasoning.

(No answer)

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

(a) opportunities for persons to use the Welsh language?

Yes

(b) treating the Welsh language no less favourably than the English language?

(No answer)

If yes, please explain your reasoning.

(No answer)

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?

Yes

(b) treating the Welsh language no less favourably than the English language?

(No answer)

If yes, please explain your reasoning.

(No answer)

Q26. Are there any aspects of our proposals that could discriminate against stakeholders with specific characteristics?

c) Not sure

If yes, please explain your reasoning.

(No answer)

Q27. Are there any aspects of our proposals that could have a positive impact on stakeholders with specific characteristics?

c) Not sure

If yes, please explain your reasoning.

(No answer)

Can we publish your response?

Yes, but please keep my name and/or my organisation’s name private

RESPONDENT 019

Are you responding on behalf of an organisation?

No

Which category of respondent best describes you?

Optometrist

Type your answer

(No answer)

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

Yes

Please provide comments.

(No answer)

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

Yes

Please provide comments.

Removing the requirement to gain 'points' is a positive change. Professionals should be able to properly guage their needs for practice. Not every optometrist will be involved in all facets of practice. As a result, individual needs for professional development will vary.

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

Yes

Please provide comments.

Similar to earlier comments. Professionals should be able to direct their learning through guidance rather than sets of specific requirements.

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?

Notional minimum amount

Please provide comments.

There should be a notional minimum. This would help ensure that even the most reticient practitioners will fulfil minimum requirements.

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

Yes

Please provide comments.

A development plan is worthwhile and encourages practitioners to reflect on the type and amount of learning that they need. It is also helpful when reviewing professional practice as long as such plans incorporate the ability to change during the reporting session.

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?

Not sure

Please provide comments.

This is more difficult to answer. How would a practitioner (or the GOC) know that they have maintained their competence? This assume that a set amount of CPD is sufficient to maintain competence, but competence in what? General practice, specific skills or some other?
I support some sort of annual declaration but not sure of the form this should take.

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

GOC systems

Please provide comments.

(No answer)

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

Not sure

Please provide comments.

What would be the purpose? The GOC should make it clear why they are sampling and how the data would be used.

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?

Not sure

Please provide comments.

How would the GOC determine that CPD records are inadequate? How would such a determination relate to the competency of a practitioner?

Q10. Should we change the competencies (the four domains) which CPD events must relate to?

No

Please provide comments.

(No answer)

Q11. Should we adjust the points allocated to different activities to make it easier to reach the total points required under the CPD rules 2021?

Yes

Please provide comments.

Some CPD activities (e.g. face-to-face) require more effort and interaction so should attract more points

Q12. Should we remove the limit on the minimum number of CPD points that must be obtained from provider-led activity?

Yes

Please provide comments.

(No answer)

Q13. Should we remove the need for a reflection statement to be provided for each self-directed CPD activity?

Yes

Please provide comments.

Self reflection is helpful but should not be required for every occurance.

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

Not sure

Q15. Should business registrants have specific responsibility to ensure individual registrants have an up-to-date personal development plan?

No

Please provide comments.

(No answer)

Q16. How can the standards for optical businesses be strengthened to help achieve this outcome?

not sure

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

Patient feedback of what? Not sure what is being asked here.

Q18. Should we seek to end CPD provider approval?

No

Please provide comments.

Some form of approval is likely to help to ensure some consistency of standards

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

Yes

Please provide comments.

(No answer)

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

Not sure

Please provide comments.

(No answer)

Q21. Should we withdraw GOC's standards for CPD providers?

No

Please provide comments.

(No answer)

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

January 2028

Please provide comments.

As soon as possible

Q23. Will the proposed changes have effects, whether positive or negative, on:

(a) opportunities for persons to use the Welsh language?

Not Sure

(b) treating the Welsh language no less favourably than the English language?

Not Sure

If yes, please explain your reasoning.

(No answer)

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

(e) opportunities for persons to use the Welsh language?

Not Sure

(g) treating the Welsh language no less favourably than the English language?

Not Sure

If yes, please explain your reasoning.

(No answer)

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?

Not Sure

(b) treating the Welsh language no less favourably than the English language?

Not Sure

If yes, please explain your reasoning.

(No answer)

Q26. Are there any aspects of our proposals that could discriminate against stakeholders with specific characteristics?

b) No

If yes, please explain your reasoning.

(No answer)

Q27. Are there any aspects of our proposals that could have a positive impact on stakeholders with specific characteristics?

c) Not sure

If yes, please explain your reasoning.

(No answer)

Can we publish your response?

Yes, but please keep my name and/or my organisation’s name private

RESPONDENT 021

Are you responding on behalf of an organisation?

No

Which category of respondent best describes you?

Dispensing optician

Type your answer

(No answer)

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

Yes

Please provide comments.

More flexible approach is better for registrants, as is being able to use professional higher qualifications toward professional development goals.

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

Yes

Please provide comments.

(No answer)

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

Yes

Please provide comments.

(No answer)

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

Please provide comments.

(No answer)

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

Yes

Please provide comments.

(No answer)

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?

Not sure

Please provide comments.

3 year cycle seems to work well

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 or own records

Please provide comments.

As a professional, they should be responsible for keeping their own records - that is part of being a professional, however, regulator should have access/ authority to access.

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

Yes

Please provide comments.

(No answer)

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

Please provide comments.

(No answer)

Q10. Should we change the competencies (the four domains) which CPD events must relate to?

Not sure

Please provide comments.

Current domains accurately reflect scope of practice

Q11. Should we adjust the points allocated to different activities to make it easier to reach the total points required under the CPD rules 2021?

No

Please provide comments.

The current scheme takes into account sufficient learning.

Q12. Should we remove the limit on the minimum number of CPD points that must be obtained from provider-led activity?

Not sure

Please provide comments.

(No answer)

Q13. Should we remove the need for a reflection statement to be provided for each self-directed CPD activity?

Not sure

Please provide comments.

(No answer)

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

Internal professional development opportunities may ‘tie in’ businesses & accrediting internal CPD enhances relationship.

Q15. Should business registrants have specific responsibility to ensure individual registrants have an up-to-date personal development plan?

Not sure

Please provide comments.

Each individual as a professional should be responsible for meeting their own CPD targets, however, businesses should only employ suitably accredited professionals.

Q16. How can the standards for optical businesses be strengthened to help achieve this outcome?

Not sure!

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

Not sure

Q18. Should we seek to end CPD provider approval?

Not sure

Please provide comments.

(No answer)

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

Yes

Please provide comments.

I think the CPD system has been running for long enough that providers know what is required.
Sadly, accredited CPD does not always translate into relevant/stimulating discussion & debate depending in presenters & facilitators.

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

Not sure

Please provide comments.

(No answer)

Q21. Should we withdraw GOC's standards for CPD providers?

No

Please provide comments.

(No answer)

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

January 2028

Please provide comments.

Only if all parties are satisfied it is an improvement. Should not be change for change's sake

Q23. Will the proposed changes have effects, whether positive or negative, on:

(a) opportunities for persons to use the Welsh language?

Not Sure

(b) treating the Welsh language no less favourably than the English language?

Not Sure

If yes, please explain your reasoning.

(No answer)

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

(f) opportunities for persons to use the Welsh language?

Not Sure

(h) treating the Welsh language no less favourably than the English language?

Not Sure

If yes, please explain your reasoning.

(No answer)

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?

Not Sure

(b) treating the Welsh language no less favourably than the English language?

Not Sure

If yes, please explain your reasoning.

(No answer)

Q26. Are there any aspects of our proposals that could discriminate against stakeholders with specific characteristics?

c) Not sure

If yes, please explain your reasoning.

(No answer)

Q27. Are there any aspects of our proposals that could have a positive impact on stakeholders with specific characteristics?

c) Not sure

If yes, please explain your reasoning.

(No answer)

Can we publish your response?

Yes, but please keep my name and/or my organisation’s name private

RESPONDENT 022

Are you responding on behalf of an organisation?

No

Which category of respondent best describes you?

Dispensing optician

Type your answer

(No answer)

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

Not sure

Please provide comments.

I believe that for the most part changing the system is needed and getting rid of needing a certain amount of points for core subjects would be very helpful. I would need to see it working to decide fully if it works for me. I'm part time because I want to maintain a certain work/life balance and needing to gain the same amount of points means taking webinars during my family time. I'm often found doing them in my car whilst taking my children to their activities

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

Yes

Please provide comments.

A set point system if hard to maintain when also trying to balance home life. Taking children to all their activities takes up most of my spare time

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

Yes

Please provide comments.

Guidance is good but needs to not be mandatory

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?

Neither

Please provide comments.

Guidance should not state specific time or amount but maybe have the registrant show they have gained knowledge from their cpd.

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

No

Please provide comments.

It's hard to make a plan when you don't know what cpd articles will be available. Maybe a short reflection on each topic undertaken would be better

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

Please provide comments.

Making a declaration is good. Need guidance on how the records should be kept

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 or own records

Please provide comments.

Being able to choose where to keep them would be best

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

Yes

Please provide comments.

Always good to review to make sure people are being compliant

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

Please provide comments.

We need to make sure people are keeping up to date

Q10. Should we change the competencies (the four domains) which CPD events must relate to?

Yes

Please provide comments.

I don't think there should be set competencies. I think we should be able to concentrate on areas we feel we need to improve on or areas that interest us

Q11. Should we adjust the points allocated to different activities to make it easier to reach the total points required under the CPD rules 2021?

Yes

Please provide comments.

I find it very hard to find the time to get all the interactive points needed without it interrupting my home life.

Q12. Should we remove the limit on the minimum number of CPD points that must be obtained from provider-led activity?

Yes

Please provide comments.

This will give more freedom to registrants to undertake cpd in their own time

Q13. Should we remove the need for a reflection statement to be provided for each self-directed CPD activity?

Not sure

Please provide comments.

I've not done self-directed cpd so don't know the process

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

Make it easier for businesses to be able to provide cpd for people

Q15. Should business registrants have specific responsibility to ensure individual registrants have an up-to-date personal development plan?

Yes

Please provide comments.

Businesses need to make sure their employees are doing the correct thing

Q16. How can the standards for optical businesses be strengthened to help achieve this outcome?

I don't really know

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

I don't think it's really needed

Q18. Should we seek to end CPD provider approval?

Yes

Please provide comments.

Makes it easier for registrants to find cpd that suits them

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

Yes

Please provide comments.

Makes it easier for registrants to find cpd needed

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

Yes

Please provide comments.

Help gain more cpd providers

Q21. Should we withdraw GOC's standards for CPD providers?

Not sure

Please provide comments.

They would need to cover certain aspects

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

January 2028

Please provide comments.

Best start in a new cycle

Q23. Will the proposed changes have effects, whether positive or negative, on:

(a) opportunities for persons to use the Welsh language?

Not Sure

(b) treating the Welsh language no less favourably than the English language?

Not Sure

If yes, please explain your reasoning.

(No answer)

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

(g) opportunities for persons to use the Welsh language?

Not Sure

(i) treating the Welsh language no less favourably than the English language?

Not Sure

If yes, please explain your reasoning.

(No answer)

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?

Not Sure

(b) treating the Welsh language no less favourably than the English language?

Not Sure

If yes, please explain your reasoning.

(No answer)

Q26. Are there any aspects of our proposals that could discriminate against stakeholders with specific characteristics?

c) Not sure

If yes, please explain your reasoning.

(No answer)

Q27. Are there any aspects of our proposals that could have a positive impact on stakeholders with specific characteristics?

c) Not sure

If yes, please explain your reasoning.

(No answer)

Can we publish your response?

Yes, but please keep my name and/or my organisation's name private

RESPONDENT 023

Are you responding on behalf of an organisation?

Yes

What is the name of the organisation you are responding on behalf of?

Which category best describes the organisation you are responding on behalf of?

CPD provider

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

Yes

Please provide comments.

The CPD system has bedded in, but should be reviewed as part of the NHS 10 year plan. A system that is more flexible would be welcomed by the vast majority of registrants.

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

Not sure

Please provide comments.

Traditionally, CPD systems have all been based around hours/credits/points. So I'd like to know more before being a yes

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

Yes

Please provide comments.

Registrants still need a lot of explaining around CPD, so any GOC guidance would be welcomed.

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?

Sufficient CPD

Please provide comments.

Don't use nominal, as that is what people will focus on You want to encourage registrants to engage with CPD

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

Yes

Please provide comments.

Yes, a PDP is helpful, but the quality across registrants is variable, as most still do not understand its uses.

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

Please provide comments.

Agree

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

GOC systems

Please provide comments.

I would strongly suggest that for at least one cycle, keep it to the GOC system. This would also give the GOC access to data that would be hidden is registrants hold their own record.

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

Yes

Please provide comments.

Definitely! this can be light touch, but there needs to be some scrutiny e.g. 5-10% a year

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

Please provide comments.

Yes, but only after they are given an opportunity to improve.
Maybe you could recruit some 'mentors' to help in these situations?

Q10. Should we change the competencies (the four domains) which CPD events must relate to?

Not sure

Please provide comments.

This should be thought through in more detail, considering recommendations from the Education Committee and research

Q11. Should we adjust the points allocated to different activities to make it easier to reach the total points required under the CPD rules 2021?

Yes

Please provide comments.

Yes, different activities should continue to be allocated different weightings.

Q12. Should we remove the limit on the minimum number of CPD points that must be obtained from provider-led activity?

Yes

Please provide comments.

This keeps things flexible and there is some great training out there that is not CPD accredited with the GOC.

Q13. Should we remove the need for a reflection statement to be provided for each self-directed CPD activity?

No

Please provide comments.

Reflection is a key component of professional eduation

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

With such wide differences between businesses, this will be difficult to achieve.

Q15. Should business registrants have specific responsibility to ensure individual registrants have an up-to-date personal development plan?

Yes

Please provide comments.

Yes, they are the employer of registrants and they should play a role.

Q16. How can the standards for optical businesses be strengthened to help achieve this outcome?

Employers to carry out checks on registration and to support their employees in obtaining the CPD necesssary to their continued registration.

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

This is difficult to obtain. Even optical businesses struggle to obtain useful response rates.

Q18. Should we seek to end CPD provider approval?

Not sure

Please provide comments.

Registrants will want some form of quality assurance.
e.g. They won't want to pay money for a CPD conference if they are unsure of the quality of the event & content

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

No

Please provide comments.

I'm not aware of this being a barrier. Approval means that the provider has enough experience

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

Not sure

Please provide comments.

Unsure. If a complaint came to the GOC about a provider, would you still carry out an audit on them?

Q21. Should we withdraw GOC's standards for CPD providers?

No

Please provide comments.

As a provider, I am happy to follow GOC guidance, so I have no issues with the Standards and have not heard other providers complain.

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

January 2031

Please provide comments.

(No answer)

Q23. Will the proposed changes have effects, whether positive or negative, on:

(a) opportunities for persons to use the Welsh language?

No

(b) treating the Welsh language no less favourably than the English language?

No

If yes, please explain your reasoning.

(No answer)

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

(a) opportunities for persons to use the Welsh language?

No

(b) treating the Welsh language no less favourably than the English language?

No

If yes, please explain your reasoning.

(No answer)

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?

No

(b) treating the Welsh language no less favourably than the English language?

No

If yes, please explain your reasoning.

(No answer)

Q26. Are there any aspects of our proposals that could discriminate against stakeholders with specific characteristics?

b) No

If yes, please explain your reasoning.

(No answer)

Q27. Are there any aspects of our proposals that could have a positive impact on stakeholders with specific characteristics?

b) No

If yes, please explain your reasoning.

(No answer)

Can we publish your response?

Yes, but please keep my name and/or my organisation’s name private

RESPONDENT 025

Are you responding on behalf of an organisation?

No

Which category of respondent best describes you?

Optometrist

Type your answer

(No answer)

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

Not sure

Please provide comments.

Happy with present system

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

(No answer)

Please provide comments.

(No answer)

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

No

Please provide comments.

(No answer)

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

Please provide comments.

(No answer)

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

Yes

Please provide comments.

(No answer)

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

Please provide comments.

(No answer)

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 or own records

Please provide comments.

(No answer)

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

Yes

Please provide comments.

(No answer)

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

Please provide comments.

(No answer)

Q10. Should we change the competencies (the four domains) which CPD events must relate to?

No

Please provide comments.

(No answer)

Q11. Should we adjust the points allocated to different activities to make it easier to reach the total points required under the CPD rules 2021?

No

Please provide comments.

(No answer)

Q12. Should we remove the limit on the minimum number of CPD points that must be obtained from provider-led activity?

No

Please provide comments.

(No answer)

Q13. Should we remove the need for a reflection statement to be provided for each self-directed CPD activity?

Yes

Please provide comments.

(No answer)

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

Make provision part of contract

Q15. Should business registrants have specific responsibility to ensure individual registrants have an up-to-date personal development plan?

Yes

Please provide comments.

(No answer)

Q16. How can the standards for optical businesses be strengthened to help achieve this outcome?

Not sure

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

Unlikely to be achievable

Q18. Should we seek to end CPD provider approval?

No

Please provide comments.

(No answer)

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

No

Please provide comments.

(No answer)

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

No

Please provide comments.

(No answer)

Q21. Should we withdraw GOC's standards for CPD providers?

No

Please provide comments.

(No answer)

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

January 2031

Please provide comments.

(No answer)

Q23. Will the proposed changes have effects, whether positive or negative, on:

(a) opportunities for persons to use the Welsh language?

No

(b) treating the Welsh language no less favourably than the English language?

No

If yes, please explain your reasoning.

(No answer)

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

(a) opportunities for persons to use the Welsh language?

No

(b) treating the Welsh language no less favourably than the English language?

No

If yes, please explain your reasoning.

(No answer)

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?

No

(b) treating the Welsh language no less favourably than the English language?

No

If yes, please explain your reasoning.

(No answer)

Q26. Are there any aspects of our proposals that could discriminate against stakeholders with specific characteristics?

b) No

If yes, please explain your reasoning.

(No answer)

Q27. Are there any aspects of our proposals that could have a positive impact on stakeholders with specific characteristics?

b) No

If yes, please explain your reasoning.

(No answer)

Can we publish your response?

Yes, but please keep my name and/or my organisation’s name private

RESPONDENT 026

Are you responding on behalf of an organisation?

No

Which category of respondent best describes you?

Therapeutic prescribing optometrist

Type your answer

(No answer)

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

Yes

Please provide comments.

CPD points requirement is still a tick box exercise and adds additional workload to practicing optometrists

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

Yes

Please provide comments.

Learning should be determined by individual and their scope of practice - all learning should be voluntary and evidence shown for audits and complaints

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

No

Please provide comments.

Guidance is not mandatory so won’t land with majority

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?

Not sure

Please provide comments.

Minimum amount of time in clinic/patient episodes would be a better measure as that's where most learning comes to fruition

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

No

Please provide comments.

As a professional I should be able to manage my own learning without having to share my PDP

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?

Not sure

Please provide comments.

What's sufficient learning as this will vary by scope of practice and experience

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

GOC systems

Please provide comments.

Easier if all use same system

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

No

Please provide comments.

Only review if concern is raised or in front of FtP

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?

No

Please provide comments.

Doesn't mean they are a risk to public

Q10. Should we change the competencies (the four domains) which CPD events must relate to?

Yes

Please provide comments.

(No answer)

Q11. Should we adjust the points allocated to different activities to make it easier to reach the total points required under the CPD rules 2021?

Yes

Please provide comments.

(No answer)

Q12. Should we remove the limit on the minimum number of CPD points that must be obtained from provider-led activity?

Yes

Please provide comments.

(No answer)

Q13. Should we remove the need for a reflection statement to be provided for each self-directed CPD activity?

Yes

Please provide comments.

Really off putting

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

All businesses to achieve a certain amount of CPD based on number of clinicians working there. The total can be split between clinicians so they all contribute

Q15. Should business registrants have specific responsibility to ensure individual registrants have an up-to-date personal development plan?

No

Please provide comments.

(No answer)

Q16. How can the standards for optical businesses be strengthened to help achieve this outcome?

(No answer)

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

All sight test patients should receive a feedback form on clinician who tested their eyes and the results should be uploaded to Dashboard so clinician can see how they are being perceived

Q18. Should we seek to end CPD provider approval?

Yes

Please provide comments.

(No answer)

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

Yes

Please provide comments.

(No answer)

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

Yes

Please provide comments.

(No answer)

Q21. Should we withdraw GOC's standards for CPD providers?

No

Please provide comments.

(No answer)

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

January 2028

Please provide comments.

(No answer)

Q23. Will the proposed changes have effects, whether positive or negative, on:

(a) opportunities for persons to use the Welsh language?

(No answer)

(b) treating the Welsh language no less favourably than the English language?

(No answer)

If yes, please explain your reasoning.

(No answer)

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

(a) opportunities for persons to use the Welsh language?

(No answer)

(b) treating the Welsh language no less favourably than the English language?

(No answer)

If yes, please explain your reasoning.

(No answer)

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?

(No answer)

(b) treating the Welsh language no less favourably than the English language?

(No answer)

If yes, please explain your reasoning.

(No answer)

Q26. Are there any aspects of our proposals that could discriminate against stakeholders with specific characteristics?

c) Not sure

If yes, please explain your reasoning.

(No answer)

Q27. Are there any aspects of our proposals that could have a positive impact on stakeholders with specific characteristics?

c) Not sure

If yes, please explain your reasoning.

(No answer)

Can we publish your response?

Yes

RESPONDENT 027

Are you responding on behalf of an organisation?

No

Which category of respondent best describes you?

Optometrist

Type your answer

(No answer)

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

Yes

Please provide comments.

(No answer)

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

No

Please provide comments.

I feel the current scheme allows optoms to chart and manage their time well. and also still allows us to pick and choose which areas we wish to focus on. I don’t see a reason to change. Been qualified for 20+ years and it’s always worked well for me

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

Not sure

Please provide comments.

(No answer)

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?

Sufficient CPD

Please provide comments.

(No answer)

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

No

Please provide comments.

Personal development plan I've never been keen on. Feels like words for the sake of it. Should trust practitioners to seek out CPD that's relevant to them, without needing to justify what and why

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

Please provide comments.

(No answer)

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

GOC systems

Please provide comments.

(No answer)

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

Yes

Please provide comments.

(No answer)

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

Please provide comments.

(No answer)

Q10. Should we change the competencies (the four domains) which CPD events must relate to?

No

Please provide comments.

(No answer)

Q11. Should we adjust the points allocated to different activities to make it easier to reach the total points required under the CPD rules 2021?

No

Please provide comments.

The points needed seem reasonable amount so why change

Q12. Should we remove the limit on the minimum number of CPD points that must be obtained from provider-led activity?

Yes

Please provide comments.

(No answer)

Q13. Should we remove the need for a reflection statement to be provided for each self-directed CPD activity?

Yes

Please provide comments.

Because the words written are only to tick a box anyway.

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

(No answer)

Q15. Should business registrants have specific responsibility to ensure individual registrants have an up-to-date personal development plan?

No

Please provide comments.

Individuals should take responsibility for themselves

Q16. How can the standards for optical businesses be strengthened to help achieve this outcome?

(No answer)

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

(No answer)

Q18. Should we seek to end CPD provider approval?

Not sure

Please provide comments.

(No answer)

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

Not sure

Please provide comments.

(No answer)

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

Not sure

Please provide comments.

(No answer)

Q21. Should we withdraw GOC's standards for CPD providers?

Not sure

Please provide comments.

(No answer)

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

January 2028

Please provide comments.

(No answer)

Q23. Will the proposed changes have effects, whether positive or negative, on:

(a) opportunities for persons to use the Welsh language?

No

(b) treating the Welsh language no less favourably than the English language?

No

If yes, please explain your reasoning.

(No answer)

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

(a) opportunities for persons to use the Welsh language?

No

(b) treating the Welsh language no less favourably than the English language?

No

If yes, please explain your reasoning.

(No answer)

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?

No

(b) treating the Welsh language no less favourably than the English language?

No

If yes, please explain your reasoning.

(No answer)

Q26. Are there any aspects of our proposals that could discriminate against stakeholders with specific characteristics?

b) No

If yes, please explain your reasoning.

(No answer)

Q27. Are there any aspects of our proposals that could have a positive impact on stakeholders with specific characteristics?

b) No

If yes, please explain your reasoning.

(No answer)

Can we publish your response?

Yes, but please keep my name and/or my organisation’s name private

RESPONDENT 028

Are you responding on behalf of an organisation?

No

Which category of respondent best describes you?

Dispensing optician

Type your answer

(No answer)

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

Not sure

Please provide comments.

I agree with self certified CPD allowing GOC registrants to factor in learning from medical, legal and charitable, as well as academic sources in addition to CPD from GOC approved providers. However where CPD is provided by GOC accredited providers I believe we should revert to them uploading attendance details to avoid the potential for fraud, and also make it easier for registrants to accept their points from a link in an email from the GOC rather than having disparate and often difficult to find email addresses.
I totally DISAGREE with leveraging the role business registrants. By all means insist on them carrying out clinical performance appraisals on staff every three years, and also insist on the business registrant reflecting on its own support of individual registrants, provision of training etc but please do not expect business registrants to pursue ANYTHING OTHER THAN PROFIT. I have spoken at the conferences of all the major optical companies and frankly find the knowledge of staff appalling. For example in a provider led peer review this week I presented a fairly common though complex reason for non-tolerance to varifocals to a group of 90 registrants - not a single person was able to identify the problem from the prescription and history and symptoms details presented despite this being a routine scenario in every dispensing student's final oral examinations as well as theory papers. In another situation a couple of years ago presenting a discussion workshop on Standards of Practice to 15 audiences totalling over 2,000 registrants as part of a national roadshow I used a voting system to record responses relating to consent and capacity. At every event less than 5% of registrants correctly interpreted the legal position. Employees of multiples, large and small, seem to have lost the ability to learn and think for themselves and increasing the role of business registrants will only serve to increase this institutionalisation to the detriment of customer service and patient care.
The reason satisfaction with CPD provision is high is precisely because the GOC has a rigorous oversight procedure – while approval may not be necessary accreditation is - every provider should have an account that can be tracked. Audit should remain for providers who attract complaints or score below say 70%, or frequently make

declarations of non-compliance.

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

No

Please provide comments.

Having worked in academic in an optical department within a medical school in a university which offers courses in almost every healthcare discipline there are severe shortcoming in trusting registrants to make their own portfolio. The reality is doctors, nurses etc often don't do the CPD, but put articles etc to one side and get AI to reflect on it for them if the no they are selected for audit or appraisal. I'm disappointed the savings the GOC has made haven't been passed onto registrants and that they, and providers, receive a far worse service compared to the old CET system. The admin for all parties takes much longer and there is no real benefit considering only 4% of CPD is self directed.

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

No

Please provide comments.

By all means offer guidance but the set requirements are so minimal now as to be more or less meaningless - I attended a CPD recently that in 2 hours offered 6 interactive points, all 4 standard learning domains and a peer review. After that I could do the same topic for the remaining 30 points in the cycle and it wouldn't be against the rules.

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

Please provide comments.

Retain points and implement a greater range of types. At the moment you can do a peer review and then get all the rest from lectures with no real interaction even though they are 'interactive'. Its great being able to do webinars while driving, or testing eyes, but not really a learning experience.

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

No

Please provide comments.

I think uploading existing appraisal documents, where they already exist, to the CPD system as self directed CPD and reflecting on it is a good idea but forcing employers to do appraisals is an unfair burden, and what happens to self employed people, sole traders etc? Who appraises them?

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

Please provide comments.

If you must throw the baby out with the bathwater then this is essential but don't expect anyone to actually keep records other than a box with old journals and conference programmes in it that they might revisit if compelled to do so if selected for some form of audit.

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

GOC systems

Please provide comments.

I'd like to see the best of the old CET system and the current CPD system brought together. Providers should upload attendance- currently if you know the C-number it is easy to pretend you attended a session and the chance of getting caught is minimal - it is easy to edit someone else's certificate as your own or simply invent one. Being able to upload non-accredited CPD is really useful even if hardly anyone does it.

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

Not sure

Please provide comments.

Currently there is no legal obligation to do CPD in a given year it is only a recommendation - the threat is hollow as it is unenforceable as the legislation says three years. Reviewing annually makes sense operationally but why wait for registration, spread the work out evenly so that auditors don't experience peaks and troughs in workload.

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

Please provide comments.

Yes but only if you mandate sufficient training to ensure registrants have the necessary skills in reflective practice, evidence based practice, appraisal of research papers, access to research papers and British Standards (which most registrants don't have) and the ability to create a personal development plan and learning outcomes as most registrants have never been taught any of this.

Q10. Should we change the competencies (the four domains) which CPD events must relate to?

Yes

Please provide comments.

They need expanding upon - the semantics of whether something is a competency or a learning outcome (or objective!) or domain is irrelevant. I'd like to see competency and understanding of all 19 Standards of Practice and CPD completed in each one and no more than 2 covered in a session. A brief glance at social media shows that many registrants have no idea about the Opticians Act or Standards of Practice and important topics like candour, capacity, confidentiality, consent, GDPR, privacy, safeguarding etc

Q11. Should we adjust the points allocated to different activities to make it easier to reach the total points required under the CPD rules 2021?

No

Please provide comments.

The points for a cycle can easily be achieved by 1-2 days at a conference every three years and half a dozen magazine articles (or self directed stuff) annually. The hard part is the fact that CPD certificates these days are no longer delivered within the required 10 days as it is so much more onerous a job for providers compared to the old CET system of uploading a register, then people can't find their certificates etc and providers are overloaded with work checking manual records when historically it was all on the GOC website and straightforward.

Q12. Should we remove the limit on the minimum number of CPD points that must be obtained from provider-led activity?

No

Please provide comments.

If you do then providers will go out of business except the multiples and global multinational suppliers and the race to the bottom will be complete - the independent voice will be lost and independent opticians will be unable to obtain CPD suited to their needs when they require it. Big business will control the agenda completely. Why would professional bodies bother having CPD departments or magazines - currently these are a cost and generate no income. The demise of provider led CPD will destroy our industry as we know it. Currently large conferences like 100% Optical are only commercially viable due to provider led CPD. Currently only 4% of CPD is NOT

provider led - how do you propose the vacuum is filled if providers are sent to the wall?

Q13. Should we remove the need for a reflection statement to be provided for each self-directed CPD activity?

Not sure

Please provide comments.

I'd be inclined to randomly require reflection on all CPD. not every person every time but in a way that people need to keep notes and pay attention rather than watching webinars while driving or sight testing.

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

Don't do it. Businesses exist to make a profit and serve the interests of their shareholders - this is enshrined in business law and is often mutually incompatible with improving standards. They need to be regulated more not given more free reign to get away with holding back the professions and acting in ways counterproductive to patients' best interests. For example we have had personalised spectacle lenses since 1999 and they are the only option for some patients yet and several other opticians don't even offer them and many patients are left with double vision, headaches and eye strain because employers can't be bothered training staff (or employing registrants) to solve all optical problems.

Q15. Should business registrants have specific responsibility to ensure individual registrants have an up-to-date personal development plan?

No

Please provide comments.

Surely the GOC website can do this already why transfer the burden to employers - keep it inhouse and charge business registrants more to cover the cost? If employers embrace appraisal great but don't make it all about the GOC. Registrants should be able to reflect on their appraisal and get CPD credit for doing so.

Q16. How can the standards for optical businesses be strengthened to help achieve this outcome?

Recommend appraisal but please don't introduce a system that only applies to half the register - locums and sole traders won't be included so why do it at all.

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

Encourage registrants to upload complaints and positive feedback and reflect as a self directed activity but they must be assured they can't be taken to fitness to practice as a result unless the patient independently complains to the GOC.

Q18. Should we seek to end CPD provider approval?

No

Please provide comments.

It should be simpler - I'd be inclined to accept any competent organisation that can provide evidence that they have experience of providing training and have staff who are familiar with the provider system. Alternatively there are quite a few existing providers that already provide assistance for companies seeking approval who could provide support to simplify the system.

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

Yes

Please provide comments.

One or two events would suffice in my view. The ridiculous rules on bias should also be relaxed. If I need training on a piece of new equipment, or a new spectacle / contact lens, or new low vision aid that I am going to use / fit in my job I should be able to get CPD credit for any training I receive. Indeed the GOC should be mandating that all staff are trained properly on the equipment they ACTUALLY USE so that patients are not put at risk.

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

No

Please provide comments.

Some CPD is rubbish, and is nothing short of a sales presentation with no real clinical content, so the threat of audit helps maintain standards and keep providers honest.

Q21. Should we withdraw GOC's standards for CPD providers?

No

Please provide comments.

Unless you want a race to the bottom? Has someone been whispering that we are all honest to goodness professionals who don't need standards because we are perfectly capable of doing the right thing? From my perspective the pressure on academics, CPD providers, and ordinary registrants to toe the line of the global multinationals (who ultimately pay most of our wages) is all pervading and CPD gives us a means to say no.

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

Another date

Please provide comments.

You have more important things to do than than tinker with CPD but whenever you do it there should be a comprehensive review of the entire outdated Opticians Act and the 1984 Order of Council on Supply of Optical Appliances. It all needs to be updated at the same time and cater for refraction by DOs independent of an eye health exam; tele-optometry; online supply; apps for conducting refraction, measuring for frames and lenses etc; drug eluting contact lenses; pharmacological treatments for presbyopia and myopia. We have legislation that references British Standards from the 1960s and big business looking to enter the UK market is making decision based on these regulations and at some point is going to sue the GOC because it wasted money on the back of current rules that are in fact completely out of date.
Why for example can a fashion retailer sell sunglasses to a child but an optical shop cannot sell the same child an empty frame? Does this mean the optical shop could sell the empty frame if it had sunglass lenses in it? Or is the fashion retailer breaking the law? Why is children's dispensing restricted under the age of 16? There is no evidence that any child outside of the critical period of visual development (age 8) can come to any harm and in most jurisdictions around the world below age 8 is where extra restrictions are enforced.
The current legislation is flouted daily, partly because many feel they shouldn't bring their profession into disrepute by reporting competitors to the GOC even though there is a duty in Standards to blow the whistle.

Q23. Will the proposed changes have effects, whether positive or negative, on:

(a) opportunities for persons to use the Welsh language?

No

(b) treating the Welsh language no less favourably than the English language?

No

If yes, please explain your reasoning.

(No answer)

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

(a) opportunities for persons to use the Welsh language?

No

(b) treating the Welsh language no less favourably than the English language?

No

If yes, please explain your reasoning.

(No answer)

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?

No

(b) treating the Welsh language no less favourably than the English language?

No

If yes, please explain your reasoning.

(No answer)

Q26. Are there any aspects of our proposals that could discriminate against stakeholders with specific characteristics?

a) Yes

If yes, please explain your reasoning.

A number of GOC registrants who have had to give up work due to illness or disability, or have young children or other caring responsibilities are currently able to earn a living providing and administering CPD. They will likely lose their jobs / income if these proposals go ahead. Large suppliers / retailers may dispense with the service of professional services staff who are registered in the UK if they can provide any old training and not worry about accreditation or audit. Currently these changes are seen as a way large employers of registrants can cut their own costs and move the burden on to the individual registrants in the same way they no longer pay GOC fees, ABDO fees, decent pension contributions or decent sick pay. Last year I saw a full time DO job advertised for Birmingham City Centre for £24,000 and a full time Optom role in London for £29,000 - both these salaries are below the going rate in the mid-1990's and back then we got our fees paid. The GOC should do what is right and heap the cost on business registrants not allow businesses to save money at the expense of individual registrants and patient safety

Q27. Are there any aspects of our proposals that could have a positive impact on stakeholders with specific characteristics?

b) No

If yes, please explain your reasoning.

(No answer)

Can we publish your response?

Yes, but please keep my name and/or my organisation’s name private

RESPONDENT 029

Are you responding on behalf of an organisation?

No

Which category of respondent best describes you?

Contact lens optician

Type your answer

(No answer)

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

Not sure

Please provide comments.

The points based system is easy to understand and sets a requirement easily recognized by all. I agree that some modules are 'under-pointed' and should have a greater reward. There is an over reliance on the 'nonsense' of reflection!
Whilst it is important to keep up to date with new developments, there are many registrants who do not wish to expand the scope of their practice. As a CLO, I do not have any interest in specializing in Low Vision beyond a day to day and believe that the public is best served by referring patients with more specialist needs to an appropriate specialist.

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

No

Please provide comments.

points system is easy to understand. Changing to a do it yourself system has a somewhat wooly remit and would lead to a less clear understanding of what is required.

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

Not sure

Please provide comments.

(No answer)

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?

Neither

Please provide comments.

Points better!

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

No

Please provide comments.

development plans are unnecessary, meeting set standards should be enough. The reflection process again can seem like a tick box bureaucracy and in most cases seems like a somewhat superficial exercise.

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?

No

Please provide comments.

the minimum points system seems to work perfectly well. Not broken, don't fix!

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

GOC systems

Please provide comments.

(No answer)

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

No

Please provide comments.

no need for annual review. Is there evidence of poor service from optical professionals that justifies this?

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

Please provide comments.

perhaps suspension with time to remedy...

Q10. Should we change the competencies (the four domains) which CPD events must relate to?

Not sure

Please provide comments.

are the current ones inadequate?

Q11. Should we adjust the points allocated to different activities to make it easier to reach the total points required under the CPD rules 2021?

Yes

Please provide comments.

some sessions take more input and should warrant a greater reward.

Q12. Should we remove the limit on the minimum number of CPD points that must be obtained from provider-led activity?

(No answer)

Please provide comments.

(No answer)

Q13. Should we remove the need for a reflection statement to be provided for each self-directed CPD activity?

Yes

Please provide comments.

(No answer)

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

encourage more businesses to provide cpd

Q15. Should business registrants have specific responsibility to ensure individual registrants have an up-to-date personal development plan?

No

Please provide comments.

the individual should be responsible. That's part of being a professional.

Q16. How can the standards for optical businesses be strengthened to help achieve this outcome?

(No answer)

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

unnecessary. px satisfactions seems high with professional standards. most patients complaints come from non-tolerance to lens designs, not how they are dispensed, or are related to cost

Q18. Should we seek to end CPD provider approval?

Yes

Please provide comments.

it is overly complicated.

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

Not sure

Please provide comments.

(No answer)

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

(No answer)

Please provide comments.

(No answer)

Q21. Should we withdraw GOC's standards for CPD providers?

Not sure

Please provide comments.

(No answer)

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

January 2031

Please provide comments.

(No answer)

Q23. Will the proposed changes have effects, whether positive or negative, on:

(a) opportunities for persons to use the Welsh language?

No

(b) treating the Welsh language no less favourably than the English language?

No

If yes, please explain your reasoning.

(No answer)

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

(a) opportunities for persons to use the Welsh language?

No

(b) treating the Welsh language no less favourably than the English language?

No

If yes, please explain your reasoning.

(No answer)

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?

No

(b) treating the Welsh language no less favourably than the English language?

No

If yes, please explain your reasoning.

(No answer)

Q26. Are there any aspects of our proposals that could discriminate against stakeholders with specific characteristics?

b) No

If yes, please explain your reasoning.

(No answer)

Q27. Are there any aspects of our proposals that could have a positive impact on stakeholders with specific characteristics?

b) No

If yes, please explain your reasoning.

(No answer)

Can we publish your response?

Yes, but please keep my name and/or my organisation’s name private

RESPONDENT 030

Are you responding on behalf of an organisation?

No

Which category of respondent best describes you?

Optometrist

Type your answer

(No answer)

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

Yes

Please provide comments.

(No answer)

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

Not sure

Please provide comments.

My concern with not having a way to quantify CPD in some manner is that (a) registrants may not know if they have done enough so might end up doing more than is needed; (b) will create disparity where many will do very little CPD and others will do a lot. A move away from points can only work if there is a way of measuring CPD otherwise e.g. hours

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

Yes

Please provide comments.

Would help against Q2 concerns

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

Please provide comments.

(No answer)

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

Yes

Please provide comments.

But it needs to be role-specific. If you are in a non-clinical role like me, a separate PDP is created, twice yearly reviews take place and learning is undertaken for the role and it is all important, so needs to be done, but none of it counts for GOC requirements at the moment!

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

Please provide comments.

BUT what is the value of that? Unless words such as "sufficient learning" are defined, registrants will struggle to be sure that they are making a true declaration, which would lead to unease. Records review needs to be undertaken more widely to provide registrants assurance that they are indeed making a true declaration

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

GOC systems

Please provide comments.

Maintains consistency

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

Yes

Please provide comments.

(No answer)

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

Please provide comments.

(No answer)

Q10. Should we change the competencies (the four domains) which CPD events must relate to?

Not sure

Please provide comments.

I wasn't clear of the rationale behind this and what this would achieve

Q11. Should we adjust the points allocated to different activities to make it easier to reach the total points required under the CPD rules 2021?

No

Please provide comments.

I think the current points allocation works fine and I am unclear what this would look like or achieve

Q12. Should we remove the limit on the minimum number of CPD points that must be obtained from provider-led activity?

No

Please provide comments.

Some element of prescription is necessary to maintain quality of CPD being undertaken

Q13. Should we remove the need for a reflection statement to be provided for each self-directed CPD activity?

Yes

Please provide comments.

What purpose does this serve when this is not required for Provider-led CPD? It is a matter of trust whether someone has genuinely undertaken self-directed CPD that is the main concern that needs to be addressed by the system

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

(No answer)

Q15. Should business registrants have specific responsibility to ensure individual registrants have an up-to-date personal development plan?

No

Please provide comments.

It should be down to each individual registrant; we are not as high stakes a profession as the examples cited (Medical doctors, solicitors) and we are not accountable to the CQC so the evidence used for this point is not appropriate

Q16. How can the standards for optical businesses be strengthened to help achieve this outcome?

(No answer)

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

It shouldn't! What would this achieve?

Q18. Should we seek to end CPD provider approval?

Yes

Please provide comments.

The focus should be on registrants, not Providers. No other regulatory body approves Providers!

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

Not sure

Please provide comments.

It is about consistency not the number - are the new providers conistently creating sufficient evidence as required - some might do that in 5 events, others after 10

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

Yes

Please provide comments.

There are plenty of Providers that offer CPD that do not meet the GOC standards yet get away with it as they are not audited, whilst working for a Provider, I have had additional scrutiny that only confirmed what we were doing is appropriate

Q21. Should we withdraw GOC's standards for CPD providers?

Yes

Please provide comments.

There needs to be some quality assurance of CPD content but no other regulator does this apart from the GOC. Emphasis needs to shift to what registrants feel about the quality of the CPD

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

January 2028

Please provide comments.

As early as possible

Q23. Will the proposed changes have effects, whether positive or negative, on:

(a) opportunities for persons to use the Welsh language?

No

(b) treating the Welsh language no less favourably than the English language?

No

If yes, please explain your reasoning.

(No answer)

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

(a) opportunities for persons to use the Welsh language?

No

(b) treating the Welsh language no less favourably than the English language?

No

If yes, please explain your reasoning.

(No answer)

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?

No

(b) treating the Welsh language no less favourably than the English language?

No

If yes, please explain your reasoning.

(No answer)

Q26. Are there any aspects of our proposals that could discriminate against stakeholders with specific characteristics?

c) Not sure

If yes, please explain your reasoning.

Consider the risk that some might "abuse" the system under these characteristics if some element of minimum requirements are not prescribed

Q27. Are there any aspects of our proposals that could have a positive impact on stakeholders with specific characteristics?

c) Not sure

If yes, please explain your reasoning.

As Q26

Can we publish your response?

Yes, but please keep my name and/or my organisation’s name private

RESPONDENT 031

Are you responding on behalf of an organisation?

No

Which category of respondent best describes you?

Therapeutic prescribing optometrist

Type your answer

(No answer)

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

Yes

Please provide comments.

(No answer)

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

Not sure

Please provide comments.

So long as there are fail safes that if the GOC deemed a registrant has not met sufficient learning, that they are not removed immediately but given the opportunity to be educated on what is required then given a chance to rectify their learning.

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

Yes

Please provide comments.

(No answer)

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?

Notional minimum amount

Please provide comments.

(No answer)

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

No

Please provide comments.

(No answer)

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

Please provide comments.

(No answer)

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

Own records only

Please provide comments.

(No answer)

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

Yes

Please provide comments.

(No answer)

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

Please provide comments.

(No answer)

Q10. Should we change the competencies (the four domains) which CPD events must relate to?

Yes

Please provide comments.

(No answer)

Q11. Should we adjust the points allocated to different activities to make it easier to reach the total points required under the CPD rules 2021?

Yes

Please provide comments.

(No answer)

Q12. Should we remove the limit on the minimum number of CPD points that must be obtained from provider-led activity?

Yes

Please provide comments.

(No answer)

Q13. Should we remove the need for a reflection statement to be provided for each self-directed CPD activity?

Yes

Please provide comments.

(No answer)

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

(No answer)

Q15. Should business registrants have specific responsibility to ensure individual registrants have an up-to-date personal development plan?

No

Please provide comments.

(No answer)

Q16. How can the standards for optical businesses be strengthened to help achieve this outcome?

(No answer)

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

(No answer)

Q18. Should we seek to end CPD provider approval?

Yes

Please provide comments.

(No answer)

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

No

Please provide comments.

(No answer)

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

Yes

Please provide comments.

(No answer)

Q21. Should we withdraw GOC's standards for CPD providers?

Not sure

Please provide comments.

(No answer)

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

January 2028

Please provide comments.

(No answer)

Q23. Will the proposed changes have effects, whether positive or negative, on:

(a) opportunities for persons to use the Welsh language?

Not Sure

(b) treating the Welsh language no less favourably than the English language?

Not Sure

If yes, please explain your reasoning.

(No answer)

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

(a) opportunities for persons to use the Welsh language?

Not Sure

(b) treating the Welsh language no less favourably than the English language?

Not Sure

If yes, please explain your reasoning.

(No answer)

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?

Not Sure

(b) treating the Welsh language no less favourably than the English language?

Not Sure

If yes, please explain your reasoning.

(No answer)

Q26. Are there any aspects of our proposals that could discriminate against stakeholders with specific characteristics?

b) No

If yes, please explain your reasoning.

(No answer)

Q27. Are there any aspects of our proposals that could have a positive impact on stakeholders with specific characteristics?

a) Yes

If yes, please explain your reasoning.

Those who struggle to do things in the evening or weekends away from the family

Can we publish your response?

Yes, but please keep my name and/or my organisation’s name private

RESPONDENT 032

Are you responding on behalf of an organisation?

No

Which category of respondent best describes you?

Therapeutic prescribing optometrist

Type your answer

(No answer)

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

Yes

Please provide comments.

As a hes optometrist lots of training is not accredited

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

Not sure

Please provide comments.

It at least gives a robust assurance around how much cpd has been done

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

Yes

Please provide comments.

Important to maintain basic standard of practice to protect public and profession

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

Please provide comments.

Maintenance of standard essential for reputation of the profession

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

Not sure

Please provide comments.

They can be arbitrary and almost a prose exercise

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

Please provide comments.

Maintenance of standards

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

GOC systems

Please provide comments.

Consistent approach that assures governance given all the various other means people could use, assurances may be difficult

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

Yes

Please provide comments.

Governance of scheme

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

Please provide comments.

Essential standards are maintained to protect the public and precessional reputation

Q10. Should we change the competencies (the four domains) which CPD events must relate to?

Not sure

Please provide comments.

They are loose enough that most topics can be aligned.

Q11. Should we adjust the points allocated to different activities to make it easier to reach the total points required under the CPD rules 2021?

No

Please provide comments.

1 point per hour seems reasonable

Q12. Should we remove the limit on the minimum number of CPD points that must be obtained from provider-led activity?

Not sure

Please provide comments.

If other governance structures are in place to assure training standards this is a possibility

Q13. Should we remove the need for a reflection statement to be provided for each self-directed CPD activity?

Yes

Please provide comments.

Often they are meaningless and prose essentially writing what is needed as opposed to real reflection.

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

Not sure

Q15. Should business registrants have specific responsibility to ensure individual registrants have an up-to-date personal development plan?

No

Please provide comments.

Often business interests would be at the forefront as opposed to the registrants

Q16. How can the standards for optical businesses be strengthened to help achieve this outcome?

Not sure

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

Part of annual cpd review and likely more meaningful reflection

Q18. Should we seek to end CPD provider approval?

Yes

Please provide comments.

It is mostly removed now and pre approval not required

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

No

Please provide comments.

New providers do need guidance around the rules

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

Not sure

Please provide comments.

Stressful for providers but useful oversight

Q21. Should we withdraw GOC's standards for CPD providers?

No

Please provide comments.

Standards are important

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

January 2031

Please provide comments.

These things take time and constant change is unsettling given recent changes

Q23. Will the proposed changes have effects, whether positive or negative, on:

(a) opportunities for persons to use the Welsh language?

Yes

(b) treating the Welsh language no less favourably than the English language?

No

If yes, please explain your reasoning.

Not sure

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

(a) opportunities for persons to use the Welsh language?

(No answer)

(b) treating the Welsh language no less favourably than the English language?

(No answer)

If yes, please explain your reasoning.

(No answer)

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?

Yes

(b) treating the Welsh language no less favourably than the English language?

No

If yes, please explain your reasoning.

(No answer)

Q26. Are there any aspects of our proposals that could discriminate against stakeholders with specific characteristics?

c) Not sure

If yes, please explain your reasoning.

(No answer)

Q27. Are there any aspects of our proposals that could have a positive impact on stakeholders with specific characteristics?

c) Not sure

If yes, please explain your reasoning.

(No answer)

Can we publish your response?

Yes, but please keep my name and/or my organisation's name private

RESPONDENT 033

Are you responding on behalf of an organisation?

No

Which category of respondent best describes you?

Dispensing optician

Type your answer

(No answer)

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

Yes

Please provide comments.

The current CPD requirements are arbitrary

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

Yes

Please provide comments.

(No answer)

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

Yes

Please provide comments.

(No answer)

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?

Notional minimum amount

Please provide comments.

(No answer)

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

No

Please provide comments.

(No answer)

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?

No

Please provide comments.

(No answer)

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 or own records

Please provide comments.

(No answer)

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

Not sure

Please provide comments.

(No answer)

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

Please provide comments.

(No answer)

Q10. Should we change the competencies (the four domains) which CPD events must relate to?

Yes

Please provide comments.

(No answer)

Q11. Should we adjust the points allocated to different activities to make it easier to reach the total points required under the CPD rules 2021?

Yes

Please provide comments.

(No answer)

Q12. Should we remove the limit on the minimum number of CPD points that must be obtained from provider-led activity?

Yes

Please provide comments.

(No answer)

Q13. Should we remove the need for a reflection statement to be provided for each self-directed CPD activity?

Yes

Please provide comments.

(No answer)

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

(No answer)

Q15. Should business registrants have specific responsibility to ensure individual registrants have an up-to-date personal development plan?

Yes

Please provide comments.

(No answer)

Q16. How can the standards for optical businesses be strengthened to help achieve this outcome?

(No answer)

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

(No answer)

Q18. Should we seek to end CPD provider approval?

Yes

Please provide comments.

(No answer)

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

Yes

Please provide comments.

(No answer)

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

Yes

Please provide comments.

(No answer)

Q21. Should we withdraw GOC's standards for CPD providers?

Yes

Please provide comments.

(No answer)

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

January 2028

Please provide comments.

(No answer)

Q23. Will the proposed changes have effects, whether positive or negative, on:

(a) opportunities for persons to use the Welsh language?

(No answer)

(b) treating the Welsh language no less favourably than the English language?

(No answer)

If yes, please explain your reasoning.

(No answer)

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

(a) opportunities for persons to use the Welsh language?

(No answer)

(b) treating the Welsh language no less favourably than the English language?

(No answer)

If yes, please explain your reasoning.

(No answer)

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?

(No answer)

(b) treating the Welsh language no less favourably than the English language?

(No answer)

If yes, please explain your reasoning.

(No answer)

Q26. Are there any aspects of our proposals that could discriminate against stakeholders with specific characteristics?

b) No

If yes, please explain your reasoning.

(No answer)

Q27. Are there any aspects of our proposals that could have a positive impact on stakeholders with specific characteristics?

b) No

If yes, please explain your reasoning.

(No answer)

Can we publish your response?

Yes

RESPONDENT 034

Are you responding on behalf of an organisation?

No

Which category of respondent best describes you?

Dispensing optician

Type your answer

(No answer)

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

Yes

Please provide comments.

(No answer)

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

Not sure

Please provide comments.

I feel that the points based system works in the sense that it ensures that all registrants are required to undertake a minimum amount of additional training.
However allocating points seems a little arbitrary, since the scope of practice can vary substantially between registrants who are required to meet the same number of points, across the same categories.
I feel that the changes that have been made have been positive but there should be some middle ground in ensuring that registrants are completing an appropriate amount of training for them, and for the area of practice / type of practice that they work within.

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

Yes

Please provide comments.

I think that the amount of CPD content out there is vast, and can cover a huge range of topics. Indeed a dispensing optician working within a large team and doing no more than dispensing all day without using any of their additional skills, can meet the current

points requirement by completing CPD articles that are irrelevant to their daily role in practice.

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

Please provide comments.

(No answer)

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

No

Please provide comments.

I feel that making the PDP a requirement of the process will end up with some registrants doing this in a very detailed and efficient way, using it as part of their future learning. However there will be others that will not feel the need to use the PDP to the scope of its potential and therefore they will not fill it out in a useful way.It seems that having the availability of a PDP type system will be very useful for those who prefer to use it, and will allow others to opt out.
Personally I feel that as long as registrants are carrying out a sufficient amount of relevant CPD is the most important thing, and forcing people to use PDP's when they perhaps don't fit in with the way others work and plan is counter-productive. (Consider neurodivergent registrants, for example.)

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

Please provide comments.

(No answer)

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 or own records

Please provide comments.

I think it is vital that registrants are being held accountable for doing the work. However I think we need to remember that we are all adults and should be capable of keeping

track of our own learning.

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

Yes

Please provide comments.

I think this is important, especially in the beginning stages of a changeover to a new system. Registrants need to know that there will be some method of checking in place to ensure that they are being compliant.

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

Please provide comments.

Registrants should be held accountable if they do not meet the requirements.

Q10. Should we change the competencies (the four domains) which CPD events must relate to?

No

Please provide comments.

There could be potential to add more categories as technology and scope of practice develops eg. With the new NHS contract in Wales.

Q11. Should we adjust the points allocated to different activities to make it easier to reach the total points required under the CPD rules 2021?

No

Please provide comments.

(No answer)

Q12. Should we remove the limit on the minimum number of CPD points that must be obtained from provider-led activity?

Yes

Please provide comments.

It can be difficult for registrants in some areas to achieve certain types of CPD eg interactive, and so accommodations need to be made for this.

Q13. Should we remove the need for a reflection statement to be provided for each self-directed CPD activity?

No

Please provide comments.

The reflection should be optional. If the registrant is keeping track of the learning themselves then they will be able to make their own notes for each CPD completed for example.

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

(No answer)

Q15. Should business registrants have specific responsibility to ensure individual registrants have an up-to-date personal development plan?

Not sure

Please provide comments.

(No answer)

Q16. How can the standards for optical businesses be strengthened to help achieve this outcome?

(No answer)

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

(No answer)

Q18. Should we seek to end CPD provider approval?

Not sure

Please provide comments.

(No answer)

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

Not sure

Please provide comments.

(No answer)

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

Not sure

Please provide comments.

(No answer)

Q21. Should we withdraw GOC's standards for CPD providers?

No

Please provide comments.

(No answer)

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

January 2028

Please provide comments.

(No answer)

Q23. Will the proposed changes have effects, whether positive or negative, on:

(a) opportunities for persons to use the Welsh language?

Yes

(b) treating the Welsh language no less favourably than the English language?

Yes

If yes, please explain your reasoning.

(No answer)

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

(a) opportunities for persons to use the Welsh language?

Yes

(b) treating the Welsh language no less favourably than the English language?

Yes

If yes, please explain your reasoning.

(No answer)

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?

(No answer)

(b) treating the Welsh language no less favourably than the English language?

(No answer)

If yes, please explain your reasoning.

(No answer)

Q26. Are there any aspects of our proposals that could discriminate against stakeholders with specific characteristics?

c) Not sure

If yes, please explain your reasoning.

(No answer)

Q27. Are there any aspects of our proposals that could have a positive impact on stakeholders with specific characteristics?

c) Not sure

If yes, please explain your reasoning.

(No answer)

Can we publish your response?

Yes, but please keep my name and/or my organisation's name private

RESPONDENT 035

Are you responding on behalf of an organisation?

No

Which category of respondent best describes you?

Optometrist

Type your answer

(No answer)

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

Not sure

Please provide comments.

(No answer)

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

Not sure

Please provide comments.

(No answer)

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

(No answer)

Please provide comments.

(No answer)

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?

Sufficient CPD

Please provide comments.

(No answer)

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

No

Please provide comments.

(No answer)

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?

No

Please provide comments.

(No answer)

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

GOC systems

Please provide comments.

(No answer)

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

Not sure

Please provide comments.

(No answer)

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?

No

Please provide comments.

(No answer)

Q10. Should we change the competencies (the four domains) which CPD events must relate to?

No

Please provide comments.

(No answer)

Q11. Should we adjust the points allocated to different activities to make it easier to reach the total points required under the CPD rules 2021?

Yes

Please provide comments.

(No answer)

Q12. Should we remove the limit on the minimum number of CPD points that must be obtained from provider-led activity?

Yes

Please provide comments.

(No answer)

Q13. Should we remove the need for a reflection statement to be provided for each self-directed CPD activity?

Yes

Please provide comments.

(No answer)

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

(No answer)

Q15. Should business registrants have specific responsibility to ensure individual registrants have an up-to-date personal development plan?

No

Please provide comments.

(No answer)

Q16. How can the standards for optical businesses be strengthened to help achieve this outcome?

(No answer)

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

(No answer)

Q18. Should we seek to end CPD provider approval?

No

Please provide comments.

(No answer)

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

Yes

Please provide comments.

(No answer)

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

Yes

Please provide comments.

(No answer)

Q21. Should we withdraw GOC's standards for CPD providers?

No

Please provide comments.

(No answer)

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

January 2028

Please provide comments.

(No answer)

Q23. Will the proposed changes have effects, whether positive or negative, on:

(a) opportunities for persons to use the Welsh language?

No

(b) treating the Welsh language no less favourably than the English language?

No

If yes, please explain your reasoning.

(No answer)

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

(a) opportunities for persons to use the Welsh language?

No

(b) treating the Welsh language no less favourably than the English language?

No

If yes, please explain your reasoning.

(No answer)

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?

No

(b) treating the Welsh language no less favourably than the English language?

No

If yes, please explain your reasoning.

(No answer)

Q26. Are there any aspects of our proposals that could discriminate against stakeholders with specific characteristics?

c) Not sure

If yes, please explain your reasoning.

(No answer)

Q27. Are there any aspects of our proposals that could have a positive impact on stakeholders with specific characteristics?

(No answer)

If yes, please explain your reasoning.

(No answer)

Can we publish your response?

Yes, but please keep my name and/or my organisation’s name private

RESPONDENT 036

Are you responding on behalf of an organisation?

No

Which category of respondent best describes you?

Optometrist

Type your answer

(No answer)

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

No

Please provide comments.

I think the current system works well and do not think the interests of business employers necessarily align with the best interests of patients - for example look at the widespread use of dangerously overbooked clinics or very short examination times.

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

No

Please provide comments.

I think having a set number of hours is a useful guide as to what is expected of us, and is similar to the requirements of the GMC, for example.

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

Yes

Please provide comments.

Yes I think this is a positive step given the diversity of roles within the profession.

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

Please provide comments.

I think both a minimum amount and a sufficient amount are needed.

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

No

Please provide comments.

I don't think this is as helpful - people don't necessarily know what they don't know! If I set a PDP it would likely only cover roles of my current job and would make me lose skills in other areas of optometry.

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

Please provide comments.

(No answer)

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

GOC systems

Please provide comments.

(No answer)

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

Yes

Please provide comments.

(No answer)

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?

No

Please provide comments.

This is difficult. If you are asking people to only do 'sufficient' this is very subjective and

would come down to a difference of opinion on what 'sufficient' means

Q10. Should we change the competencies (the four domains) which CPD events must relate to?

No

Please provide comments.

(No answer)

Q11. Should we adjust the points allocated to different activities to make it easier to reach the total points required under the CPD rules 2021?

No

Please provide comments.

(No answer)

Q12. Should we remove the limit on the minimum number of CPD points that must be obtained from provider-led activity?

No

Please provide comments.

(No answer)

Q13. Should we remove the need for a reflection statement to be provided for each self-directed CPD activity?

No

Please provide comments.

I actually found this very helpful, although I was initially sceptical!

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

I do not think this should be a priority. I do not think the interests of business employers necessarily align with the best interests of patients - for example look at the widespread use of dangerously overbooked clinics or very short examination times.

Q15. Should business registrants have specific responsibility to ensure individual registrants have an up-to-date personal development plan?

No

Please provide comments.

(No answer)

Q16. How can the standards for optical businesses be strengthened to help achieve this outcome?

(No answer)

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

360degree feedback would be an excellent addition

Q18. Should we seek to end CPD provider approval?

No

Please provide comments.

I think there is a need for a minimum standard of CPD, particularly from independent providers, to stop it becoming just advertising

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

Not sure

Please provide comments.

(No answer)

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

Not sure

Please provide comments.

(No answer)

Q21. Should we withdraw GOC's standards for CPD providers?

No

Please provide comments.

(No answer)

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

Another date

Please provide comments.

not sure amendments are needed. What problem is this trying to solve?

Q23. Will the proposed changes have effects, whether positive or negative, on:

(a) opportunities for persons to use the Welsh language?

(No answer)

(b) treating the Welsh language no less favourably than the English language?

(No answer)

If yes, please explain your reasoning.

(No answer)

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

(a) opportunities for persons to use the Welsh language?

(No answer)

(b) treating the Welsh language no less favourably than the English language?

(No answer)

If yes, please explain your reasoning.

(No answer)

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?

(No answer)

(b) treating the Welsh language no less favourably than the English language?

(No answer)

If yes, please explain your reasoning.

(No answer)

Q26. Are there any aspects of our proposals that could discriminate against stakeholders with specific characteristics?

c) Not sure

If yes, please explain your reasoning.

(No answer)

Q27. Are there any aspects of our proposals that could have a positive impact on stakeholders with specific characteristics?

c) Not sure

If yes, please explain your reasoning.

(No answer)

Can we publish your response?

Yes

RESPONDENT 038

Are you responding on behalf of an organisation?

No

Which category of respondent best describes you?

Therapeutic prescribing optometrist

Type your answer

(No answer)

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

Yes

Please provide comments.

(No answer)

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

Yes

Please provide comments.

Points do not always reflect the amount of learning that has been done, some development is not clinical and more difficult to log. Logging points through self directed learning is too complicated and often not logged

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

Yes

Please provide comments.

(No answer)

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?

Notional minimum amount

Please provide comments.

(No answer)

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

Yes

Please provide comments.

(No answer)

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

Please provide comments.

(No answer)

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 or own records

Please provide comments.

(No answer)

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

Yes

Please provide comments.

(No answer)

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

Please provide comments.

(No answer)

Q10. Should we change the competencies (the four domains) which CPD events

must relate to?

No

Please provide comments.

(No answer)

Q11. Should we adjust the points allocated to different activities to make it easier to reach the total points required under the CPD rules 2021?

Yes

Please provide comments.

(No answer)

Q12. Should we remove the limit on the minimum number of CPD points that must be obtained from provider-led activity?

Not sure

Please provide comments.

(No answer)

Q13. Should we remove the need for a reflection statement to be provided for each self-directed CPD activity?

Yes

Please provide comments.

(No answer)

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

(No answer)

Q15. Should business registrants have specific responsibility to ensure individual registrants have an up-to-date personal development plan?

Yes

Please provide comments.

(No answer)

Q16. How can the standards for optical businesses be strengthened to help achieve this outcome?

(No answer)

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

(No answer)

Q18. Should we seek to end CPD provider approval?

Yes

Please provide comments.

(No answer)

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

Yes

Please provide comments.

Approval is often lengthy with small adjustments needed to gain approval

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

No

Please provide comments.

(No answer)

Q21. Should we withdraw GOC's standards for CPD providers?

No

Please provide comments.

(No answer)

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

January 2028

Please provide comments.

(No answer)

Q23. Will the proposed changes have effects, whether positive or negative, on:

(a) opportunities for persons to use the Welsh language?

(No answer)

(b) treating the Welsh language no less favourably than the English language?

(No answer)

If yes, please explain your reasoning.

(No answer)

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

(a) opportunities for persons to use the Welsh language?

(No answer)

(b) treating the Welsh language no less favourably than the English language?

(No answer)

If yes, please explain your reasoning.

(No answer)

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?

(No answer)

(b) treating the Welsh language no less favourably than the English language?

(No answer)

If yes, please explain your reasoning.

(No answer)

Q26. Are there any aspects of our proposals that could discriminate against stakeholders with specific characteristics?

(No answer)

If yes, please explain your reasoning.

(No answer)

Q27. Are there any aspects of our proposals that could have a positive impact on stakeholders with specific characteristics?

(No answer)

If yes, please explain your reasoning.

(No answer)

Can we publish your response?

Yes, but please keep my name and/or my organisation’s name private

RESPONDENT 039

Are you responding on behalf of an organisation?

No

Which category of respondent best describes you?

Optometrist

Type your answer

(No answer)

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

Yes

Please provide comments.

Generally yes but I think more thought around explaining what we are replacing points system with will look like for optometrists - too vague currently. How will provider led CET meet that need? Is the system vigorous enough to meet the needs of optometrists and their goals

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

Yes

Please provide comments.

(No answer)

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

Yes

Please provide comments.

(No answer)

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

Please provide comments.

(No answer)

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

No

Please provide comments.

(No answer)

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

Please provide comments.

(No answer)

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 or own records

Please provide comments.

(No answer)

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

No

Please provide comments.

(No answer)

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?

No

Please provide comments.

Every circumstance is different and should be taken into account

Q10. Should we change the competencies (the four domains) which CPD events must relate to?

Yes

Please provide comments.

(No answer)

Q11. Should we adjust the points allocated to different activities to make it easier to reach the total points required under the CPD rules 2021?

Yes

Please provide comments.

(No answer)

Q12. Should we remove the limit on the minimum number of CPD points that must be obtained from provider-led activity?

Yes

Please provide comments.

(No answer)

Q13. Should we remove the need for a reflection statement to be provided for each self-directed CPD activity?

Yes

Please provide comments.

(No answer)

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

This is difficult especially for locums who do not work at any regular practices

Q15. Should business registrants have specific responsibility to ensure individual registrants have an up-to-date personal development plan?

No

Please provide comments.

Businesses have enough to do and cant also be given authority to police cpd

Q16. How can the standards for optical businesses be strengthened to help achieve this outcome?

(No answer)

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

Difficult one as patient feedback is not always useful or accurate.

Q18. Should we seek to end CPD provider approval?

Yes

Please provide comments.

(No answer)

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

Yes

Please provide comments.

(No answer)

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

Yes

Please provide comments.

(No answer)

Q21. Should we withdraw GOC's standards for CPD providers?

No

Please provide comments.

(No answer)

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

January 2028

Please provide comments.

(No answer)

Q23. Will the proposed changes have effects, whether positive or negative, on:

(a) opportunities for persons to use the Welsh language?

Not Sure

(b) treating the Welsh language no less favourably than the English language?

Not Sure

If yes, please explain your reasoning.

I work in England

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

(a) opportunities for persons to use the Welsh language?

Not Sure

(b) treating the Welsh language no less favourably than the English language?

Not Sure

If yes, please explain your reasoning.

(No answer)

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?

Not Sure

(b) treating the Welsh language no less favourably than the English language?

Not Sure

If yes, please explain your reasoning.

(No answer)

Q26. Are there any aspects of our proposals that could discriminate against stakeholders with specific characteristics?

a) Yes

If yes, please explain your reasoning.

Pregnancy yes allowances for time away in a cycle
Also the current system makes no allowances for Optometrists who work part time as myself less that 120 days a year. I have to do the same volume of cet as peers who work ful time

Q27. Are there any aspects of our proposals that could have a positive impact on stakeholders with specific characteristics?

b) No

If yes, please explain your reasoning.

(No answer)

Can we publish your response?

Yes, but please keep my name and/or my organisation’s name private

RESPONDENT 040

Are you responding on behalf of an organisation?

No

Which category of respondent best describes you?

Optometrist

Type your answer

(No answer)

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

Yes

Please provide comments.

Anything to improve the system and make it more user-friendly is welcome

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

No

Please provide comments.

Points work well. They are easy to understand. You know what you're getting and why

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

No

Please provide comments.

Clear boundaries are easy to understand. If we know what is expected, then we can meet those standards.

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?

Sufficient CPD

Please provide comments.

How can you regulate 'numbers of hours', especially if selt-organised?

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

No

Please provide comments.

A PDP is lovely, but only if you can guarantee that there will be courses in those areas to meet it. It would be much better just to have the "you must earn x number of CPD points, and cover these z categories". Doing time consuming PDPs and Reviews make the whole system harder for professionals. Clear and concise is much better please

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?

No

Please provide comments.

If we are recording the CPD points on the myGOC website, then wouldn't it be better for you to just cross-reference with that to ensure that members are doing enough CPD? Why ask for a declaration as well, when the data is there in black and white?

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

GOC systems

Please provide comments.

It is better for everyone to do the same thing. The myGOC system is up and running, just use that

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

No

Please provide comments.

They should do it BEFORE GOC renewal, to ensure that the registrant is still entitled to register

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?

Not sure

Please provide comments.

Each case should be assessed on its own merit - if there is a genuine reason for not meeting the standards (eg illness etc), but the registrant has previously been exemplary, then they should be given the chance to continue. However, if there is a regular offender, or no legitimate reason, then yes, the Registrar should have powers to remove a registrant who is not complying with the standards

Q10. Should we change the competencies (the four domains) which CPD events must relate to?

Yes

Please provide comments.

I have no problem with most of the categories, but the one on 'leadership' doesn't apply to many articles/workshops, so changing that one would be helpful.

Q11. Should we adjust the points allocated to different activities to make it easier to reach the total points required under the CPD rules 2021?

No

Please provide comments.

I have no problem with the current weighting

Q12. Should we remove the limit on the minimum number of CPD points that must be obtained from provider-led activity?

No

Please provide comments.

Provider-led CPD is usually of a high standard AND ensures that registrants are doing CPD of that standard. A minimum is a good idea

Q13. Should we remove the need for a reflection statement to be provided for each self-directed CPD activity?

Not sure

Please provide comments.

I don't do self-directed CPD, so it doesn't apply to me. But you do need some way of knowing its quality and relevance

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

I don't understand what you are asking here

Q15. Should business registrants have specific responsibility to ensure individual registrants have an up-to-date personal development plan?

Not sure

Please provide comments.

Again, I don't know what you mean by 'business registrants'. As mentioned earlier, a PDP is of limited use. I prefer an x number of points, over a z number of competancies.

Q16. How can the standards for optical businesses be strengthened to help achieve this outcome?

Streamline the system, then stop changing it! The original system worked very well, and then you introduced PDP and Reviews which just made it more time consuming

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

I don't think that patients would be interested in what sort of CPD their professionals do, or in getting involved. They just want to know that it is done to a high standard and relevant to practice, which is what they can assume by an Optometrist being registered by the GOC

Q18. Should we seek to end CPD provider approval?

Not sure

Please provide comments.

What is CPD provider approval?

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

Not sure

Please provide comments.

I have always assumed that the CPD I am doing has been approved, due to there being a C- number. If this is not the
case, then I am not aware of it

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

Not sure

Please provide comments.

I don't know what audits are done, so can not comment

Q21. Should we withdraw GOC's standards for CPD providers?

Not sure

Please provide comments.

How would the GOC standards differ from any other body's standards?

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

January 2028

Please provide comments.

If you want to change the details, do so at the end of this cycle. But don't keep changing the rules every cycle, it is unnecessary

Q23. Will the proposed changes have effects, whether positive or negative, on:

(a) opportunities for persons to use the Welsh language?

Not Sure

(b) treating the Welsh language no less favourably than the English language?

Not Sure

If yes, please explain your reasoning.

What has this got to do with the Welsh language? I thought we were talking about CPD, not language! Courses should be held in the favoured language of the area

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

(a) opportunities for persons to use the Welsh language?

Not Sure

(b) treating the Welsh language no less favourably than the English language?

Not Sure

If yes, please explain your reasoning.

As above

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?

Not Sure

(b) treating the Welsh language no less favourably than the English language?

Not Sure

If yes, please explain your reasoning.

As above

Q26. Are there any aspects of our proposals that could discriminate against stakeholders with specific characteristics?

c) Not sure

If yes, please explain your reasoning.

Who are the stakeholders?

Q27. Are there any aspects of our proposals that could have a positive impact on stakeholders with specific characteristics?

c) Not sure

If yes, please explain your reasoning.

As above

Can we publish your response?

Yes, but please keep my name and/or my organisation’s name private

RESPONDENT 041

Are you responding on behalf of an organisation?

No

Which category of respondent best describes you?

Dispensing optician

Type your answer

(No answer)

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

Not sure

Please provide comments.

The objectives don't seem clear as stated

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

Not sure

Please provide comments.

Would depend on exactly what replaces it

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

Yes

Please provide comments.

(No answer)

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?

Notional minimum amount

Please provide comments.

(No answer)

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

No

Please provide comments.

(No answer)

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

Please provide comments.

(No answer)

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 or own records

Please provide comments.

(No answer)

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

No

Please provide comments.

(No answer)

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?

Not sure

Please provide comments.

(No answer)

Q10. Should we change the competencies (the four domains) which CPD events must relate to?

Not sure

Please provide comments.

(No answer)

Q11. Should we adjust the points allocated to different activities to make it easier to reach the total points required under the CPD rules 2021?

Yes

Please provide comments.

(No answer)

Q12. Should we remove the limit on the minimum number of CPD points that must be obtained from provider-led activity?

Not sure

Please provide comments.

(No answer)

Q13. Should we remove the need for a reflection statement to be provided for each self-directed CPD activity?

Yes

Please provide comments.

(No answer)

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

(No answer)

Q15. Should business registrants have specific responsibility to ensure individual registrants have an up-to-date personal development plan?

Not sure

Please provide comments.

(No answer)

Q16. How can the standards for optical businesses be strengthened to help achieve this outcome?

(No answer)

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

(No answer)

Q18. Should we seek to end CPD provider approval?

Not sure

Please provide comments.

(No answer)

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

(No answer)

Please provide comments.

(No answer)

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

Not sure

Please provide comments.

(No answer)

Q21. Should we withdraw GOC's standards for CPD providers?

No

Please provide comments.

(No answer)

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

January 2034

Please provide comments.

(No answer)

Q23. Will the proposed changes have effects, whether positive or negative, on:

(a) opportunities for persons to use the Welsh language?

(No answer)

(b) treating the Welsh language no less favourably than the English

language?

(No answer)

If yes, please explain your reasoning.

(No answer)

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

(a) opportunities for persons to use the Welsh language?

(No answer)

(b) treating the Welsh language no less favourably than the English language?

(No answer)

If yes, please explain your reasoning.

(No answer)

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?

(No answer)

(b) treating the Welsh language no less favourably than the English language?

(No answer)

If yes, please explain your reasoning.

(No answer)

Q26. Are there any aspects of our proposals that could discriminate against stakeholders with specific characteristics?

c) Not sure

If yes, please explain your reasoning.

(No answer)

Q27. Are there any aspects of our proposals that could have a positive impact on stakeholders with specific characteristics?

c) Not sure

If yes, please explain your reasoning.

(No answer)

Can we publish your response?

Yes, but please keep my name and/or my organisation’s name private

RESPONDENT 042

Are you responding on behalf of an organisation?

No

Which category of respondent best describes you?

Dispensing optician

Type your answer

(No answer)

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

Not sure

Please provide comments.

I like how it is now. I feel I get a good grounding. Maybe less points would be nice

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

No

Please provide comments.

(No answer)

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

Not sure

Please provide comments.

(No answer)

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?

Sufficient CPD

Please provide comments.

(No answer)

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

Yes

Please provide comments.

(No answer)

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?

Not sure

Please provide comments.

(No answer)

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

GOC systems

Please provide comments.

(No answer)

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

Yes

Please provide comments.

(No answer)

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?

No

Please provide comments.

(No answer)

Q10. Should we change the competencies (the four domains) which CPD events must relate to?

No

Please provide comments.

(No answer)

Q11. Should we adjust the points allocated to different activities to make it easier to reach the total points required under the CPD rules 2021?

Yes

Please provide comments.

(No answer)

Q12. Should we remove the limit on the minimum number of CPD points that must be obtained from provider-led activity?

No

Please provide comments.

(No answer)

Q13. Should we remove the need for a reflection statement to be provided for each self-directed CPD activity?

No

Please provide comments.

(No answer)

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

(No answer)

Q15. Should business registrants have specific responsibility to ensure individual registrants have an up-to-date personal development plan?

Yes

Please provide comments.

(No answer)

Q16. How can the standards for optical businesses be strengthened to help achieve this outcome?

(No answer)

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

(No answer)

Q18. Should we seek to end CPD provider approval?

No

Please provide comments.

(No answer)

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

No

Please provide comments.

(No answer)

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

Not sure

Please provide comments.

(No answer)

Q21. Should we withdraw GOC's standards for CPD providers?

No

Please provide comments.

(No answer)

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

January 2031

Please provide comments.

(No answer)

Q23. Will the proposed changes have effects, whether positive or negative, on:

(a) opportunities for persons to use the Welsh language?

Yes

(b) treating the Welsh language no less favourably than the English language?

Yes

If yes, please explain your reasoning.

(No answer)

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

(a) opportunities for persons to use the Welsh language?

Yes

(b) treating the Welsh language no less favourably than the English language?

(No answer)

If yes, please explain your reasoning.

(No answer)

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?

(No answer)

(b) treating the Welsh language no less favourably than the English language?

(No answer)

If yes, please explain your reasoning.

(No answer)

Q26. Are there any aspects of our proposals that could discriminate against stakeholders with specific characteristics?

c) Not sure

If yes, please explain your reasoning.

(No answer)

Q27. Are there any aspects of our proposals that could have a positive impact on stakeholders with specific characteristics?

c) Not sure

If yes, please explain your reasoning.

(No answer)

Can we publish your response?

Yes, but please keep my name and/or my organisation's name private

RESPONDENT 044

Are you responding on behalf of an organisation?

No

Which category of respondent best describes you?

Dispensing optician

Type your answer

(No answer)

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

Not sure

Please provide comments.

(No answer)

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

No

Please provide comments.

(No answer)

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

No

Please provide comments.

(No answer)

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?

Sufficient CPD

Please provide comments.

(No answer)

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

No

Please provide comments.

(No answer)

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

Please provide comments.

(No answer)

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

GOC systems

Please provide comments.

(No answer)

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

Yes

Please provide comments.

(No answer)

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

Please provide comments.

(No answer)

Q10. Should we change the competencies (the four domains) which CPD events must relate to?

No

Please provide comments.

(No answer)

Q11. Should we adjust the points allocated to different activities to make it easier to reach the total points required under the CPD rules 2021?

No

Please provide comments.

(No answer)

Q12. Should we remove the limit on the minimum number of CPD points that must be obtained from provider-led activity?

No

Please provide comments.

(No answer)

Q13. Should we remove the need for a reflection statement to be provided for each self-directed CPD activity?

Yes

Please provide comments.

(No answer)

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

(No answer)

Q15. Should business registrants have specific responsibility to ensure individual registrants have an up-to-date personal development plan?

No

Please provide comments.

(No answer)

Q16. How can the standards for optical businesses be strengthened to help achieve this outcome?

(No answer)

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

(No answer)

Q18. Should we seek to end CPD provider approval?

No

Please provide comments.

(No answer)

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

Yes

Please provide comments.

(No answer)

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

Not sure

Please provide comments.

(No answer)

Q21. Should we withdraw GOC's standards for CPD providers?

No

Please provide comments.

(No answer)

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

January 2028

Please provide comments.

(No answer)

Q23. Will the proposed changes have effects, whether positive or negative, on:

(a) opportunities for persons to use the Welsh language?

(No answer)

(b) treating the Welsh language no less favourably than the English language?

(No answer)

If yes, please explain your reasoning.

(No answer)

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

(a) opportunities for persons to use the Welsh language?

(No answer)

(b) treating the Welsh language no less favourably than the English language?

(No answer)

If yes, please explain your reasoning.

(No answer)

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?

(No answer)

(b) treating the Welsh language no less favourably than the English language?

(No answer)

If yes, please explain your reasoning.

(No answer)

Q26. Are there any aspects of our proposals that could discriminate against stakeholders with specific characteristics?

c) Not sure

If yes, please explain your reasoning.

(No answer)

Q27. Are there any aspects of our proposals that could have a positive impact on stakeholders with specific characteristics?

c) Not sure

If yes, please explain your reasoning.

(No answer)

Can we publish your response?

Yes, but please keep my name and/or my organisation’s name private

RESPONDENT 045

Are you responding on behalf of an organisation?

No

Which category of respondent best describes you?

Optometrist

Type your answer

(No answer)

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

Not sure

Please provide comments.

(No answer)

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

Yes

Please provide comments.

(No answer)

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

Yes

Please provide comments.

(No answer)

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?

Notional minimum amount

Please provide comments.

(No answer)

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

No

Please provide comments.

(No answer)

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

Please provide comments.

(No answer)

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 or own records

Please provide comments.

(No answer)

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

Yes

Please provide comments.

(No answer)

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

Please provide comments.

(No answer)

Q10. Should we change the competencies (the four domains) which CPD events

must relate to?

No

Please provide comments.

(No answer)

Q11. Should we adjust the points allocated to different activities to make it easier to reach the total points required under the CPD rules 2021?

Yes

Please provide comments.

(No answer)

Q12. Should we remove the limit on the minimum number of CPD points that must be obtained from provider-led activity?

Yes

Please provide comments.

(No answer)

Q13. Should we remove the need for a reflection statement to be provided for each self-directed CPD activity?

Yes

Please provide comments.

(No answer)

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

(No answer)

Q15. Should business registrants have specific responsibility to ensure individual registrants have an up-to-date personal development plan?

No

Please provide comments.

(No answer)

Q16. How can the standards for optical businesses be strengthened to help

achieve this outcome?

(No answer)

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

(No answer)

Q18. Should we seek to end CPD provider approval?

Yes

Please provide comments.

(No answer)

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

Yes

Please provide comments.

(No answer)

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

No

Please provide comments.

(No answer)

Q21. Should we withdraw GOC's standards for CPD providers?

No

Please provide comments.

(No answer)

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

January 2028

Please provide comments.

(No answer)

Q23. Will the proposed changes have effects, whether positive or negative, on:

(a) opportunities for persons to use the Welsh language?

No

(b) treating the Welsh language no less favourably than the English language?

No

If yes, please explain your reasoning.

(No answer)

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

(h) opportunities for persons to use the Welsh language?

No

(j) treating the Welsh language no less favourably than the English language?

No

If yes, please explain your reasoning.

(No answer)

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?

No

(b) treating the Welsh language no less favourably than the English language?

No

If yes, please explain your reasoning.

(No answer)

Q26. Are there any aspects of our proposals that could discriminate against stakeholders with specific characteristics?

a) Yes

If yes, please explain your reasoning.

(No answer)

Q27. Are there any aspects of our proposals that could have a positive impact on stakeholders with specific characteristics?

b) No

If yes, please explain your reasoning.

(No answer)

Can we publish your response?

Yes, but please keep my name and/or my organisation’s name private

RESPONDENT 046

Are you responding on behalf of an organisation?

No

Which category of respondent best describes you?

Dispensing optician

Type your answer

(No answer)

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

Yes

Please provide comments.

(No answer)

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

Yes

Please provide comments.

Wholly unfair system optometrists get paid to do CPD, Dispensing opticians and CLOs do not

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

Yes

Please provide comments.

Too much emphasis on interactive points

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?

Sufficient CPD

Please provide comments.

(No answer)

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

Not sure

Please provide comments.

(No answer)

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

Please provide comments.

(No answer)

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 or own records

Please provide comments.

(No answer)

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

No

Please provide comments.

We are professionals we do not need supervising like school kids.

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?

No

Please provide comments.

(No answer)

Q10. Should we change the competencies (the four domains) which CPD events

must relate to?

Not sure

Please provide comments.

(No answer)

Q11. Should we adjust the points allocated to different activities to make it easier to reach the total points required under the CPD rules 2021?

Yes

Please provide comments.

Reduce the number of interactive points

Q12. Should we remove the limit on the minimum number of CPD points that must be obtained from provider-led activity?

Not sure

Please provide comments.

(No answer)

Q13. Should we remove the need for a reflection statement to be provided for each self-directed CPD activity?

Yes

Please provide comments.

(No answer)

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

(No answer)

Q15. Should business registrants have specific responsibility to ensure individual registrants have an up-to-date personal development plan?

No

Please provide comments.

(No answer)

Q16. How can the standards for optical businesses be strengthened to help achieve this outcome?

If the GOC actually policed what business were doing. It seems most optical businesses fall out of their remit.

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

Patients don't understand our job roles, it shouldn't be incorporated

Q18. Should we seek to end CPD provider approval?

Not sure

Please provide comments.

(No answer)

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

Not sure

Please provide comments.

(No answer)

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

Not sure

Please provide comments.

(No answer)

Q21. Should we withdraw GOC's standards for CPD providers?

Not sure

Please provide comments.

(No answer)

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

January 2028

Please provide comments.

(No answer)

Q23. Will the proposed changes have effects, whether positive or negative, on:

(a) opportunities for persons to use the Welsh language?

(No answer)

(b) treating the Welsh language no less favourably than the English language?

(No answer)

If yes, please explain your reasoning.

(No answer)

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

(a) opportunities for persons to use the Welsh language?

(No answer)

(b) treating the Welsh language no less favourably than the English language?

(No answer)

If yes, please explain your reasoning.

(No answer)

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?

(No answer)

(b) treating the Welsh language no less favourably than the English language?

(No answer)

If yes, please explain your reasoning.

(No answer)

Q26. Are there any aspects of our proposals that could discriminate against stakeholders with specific characteristics?

b) No

If yes, please explain your reasoning.

(No answer)

Q27. Are there any aspects of our proposals that could have a positive impact on stakeholders with specific characteristics?

c) Not sure

If yes, please explain your reasoning.

(No answer)

Can we publish your response?

Yes, but please keep my name and/or my organisation's name private

RESPONDENT 047

Are you responding on behalf of an organisation?

No

Which category of respondent best describes you?

Optometrist

Type your answer

(No answer)

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

No

Please provide comments.

like current system

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

No

Please provide comments.

(No answer)

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

No

Please provide comments.

(No answer)

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?

Sufficient CPD

Please provide comments.

(No answer)

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

No

Please provide comments.

(No answer)

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

Please provide comments.

(No answer)

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

GOC systems

Please provide comments.

(No answer)

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

Yes

Please provide comments.

(No answer)

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

Please provide comments.

(No answer)

Q10. Should we change the competencies (the four domains) which CPD events must relate to?

No

Please provide comments.

(No answer)

Q11. Should we adjust the points allocated to different activities to make it easier to reach the total points required under the CPD rules 2021?

No

Please provide comments.

(No answer)

Q12. Should we remove the limit on the minimum number of CPD points that must be obtained from provider-led activity?

No

Please provide comments.

(No answer)

Q13. Should we remove the need for a reflection statement to be provided for each self-directed CPD activity?

Yes

Please provide comments.

(No answer)

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

(No answer)

Q15. Should business registrants have specific responsibility to ensure individual registrants have an up-to-date personal development plan?

No

Please provide comments.

(No answer)

Q16. How can the standards for optical businesses be strengthened to help achieve this outcome?

(No answer)

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

(No answer)

Q18. Should we seek to end CPD provider approval?

No

Please provide comments.

(No answer)

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

No

Please provide comments.

(No answer)

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

No

Please provide comments.

(No answer)

Q21. Should we withdraw GOC's standards for CPD providers?

No

Please provide comments.

(No answer)

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

January 2034

Please provide comments.

(No answer)

Q23. Will the proposed changes have effects, whether positive or negative, on:

(a) opportunities for persons to use the Welsh language?

Not Sure

(b) treating the Welsh language no less favourably than the English language?

Not Sure

If yes, please explain your reasoning.

(No answer)

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

(a) opportunities for persons to use the Welsh language?

Not Sure

(b) treating the Welsh language no less favourably than the English language?

Not Sure

If yes, please explain your reasoning.

(No answer)

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?

Not Sure

(b) treating the Welsh language no less favourably than the English language?

Not Sure

If yes, please explain your reasoning.

(No answer)

Q26. Are there any aspects of our proposals that could discriminate against stakeholders with specific characteristics?

c) Not sure

If yes, please explain your reasoning.

(No answer)

Q27. Are there any aspects of our proposals that could have a positive impact on stakeholders with specific characteristics?

c) Not sure

If yes, please explain your reasoning.

(No answer)

Can we publish your response?

Yes, but please keep my name and/or my organisation’s name private

RESPONDENT 048

Are you responding on behalf of an organisation?

No

Which category of respondent best describes you?

Dispensing optician

Type your answer

(No answer)

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

Not sure

Please provide comments.

(No answer)

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

No

Please provide comments.

(No answer)

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

Yes

Please provide comments.

(No answer)

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?

Notional minimum amount

Please provide comments.

(No answer)

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

Yes

Please provide comments.

(No answer)

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

Please provide comments.

(No answer)

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

GOC systems

Please provide comments.

(No answer)

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

Yes

Please provide comments.

(No answer)

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?

Not sure

Please provide comments.

It will depend on what is meant by ‘adequate’. This needs to be made much clearer for registrants. Any inadequate records should be given feedback and the registrant allowed time to review and action the feedback before removal from the register.

Q10. Should we change the competencies (the four domains) which CPD events must relate to?

Yes

Please provide comments.

The current domains are too easy which promotes the tick box mentality

Q11. Should we adjust the points allocated to different activities to make it easier to reach the total points required under the CPD rules 2021?

No

Please provide comments.

(No answer)

Q12. Should we remove the limit on the minimum number of CPD points that must be obtained from provider-led activity?

Yes

Please provide comments.

Learning comes in many forms. Provided the registrant can provide evidence of their learnings then it shouldn't have to be from provider-led activities

Q13. Should we remove the need for a reflection statement to be provided for each self-directed CPD activity?

Yes

Please provide comments.

Only if there is guidelines on the type of evidence and learning outcomes provided to the registrant.

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

(No answer)

Q15. Should business registrants have specific responsibility to ensure individual registrants have an up-to-date personal development plan?

Yes

Please provide comments.

(No answer)

Q16. How can the standards for optical businesses be strengthened to help achieve this outcome?

Hold businesses accountable for ensuring the registrant has the tools and support they need to complete their learning.

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

(No answer)

Q18. Should we seek to end CPD provider approval?

Not sure

Please provide comments.

This would depend on the learning itself. Without approved provider-led how can we be certain the learning is appropriate?

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

Not sure

Please provide comments.

(No answer)

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

No

Please provide comments.

(No answer)

Q21. Should we withdraw GOC's standards for CPD providers?

No

Please provide comments.

(No answer)

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

January 2028

Please provide comments.

(No answer)

Q23. Will the proposed changes have effects, whether positive or negative, on:

(a) opportunities for persons to use the Welsh language?

(No answer)

(b) treating the Welsh language no less favourably than the English language?

(No answer)

If yes, please explain your reasoning.

(No answer)

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

(a) opportunities for persons to use the Welsh language?

(No answer)

(b) treating the Welsh language no less favourably than the English language?

(No answer)

If yes, please explain your reasoning.

(No answer)

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?

(No answer)

(b) treating the Welsh language no less favourably than the English language?

(No answer)

If yes, please explain your reasoning.

(No answer)

Q26. Are there any aspects of our proposals that could discriminate against stakeholders with specific characteristics?

b) No

If yes, please explain your reasoning.

(No answer)

Q27. Are there any aspects of our proposals that could have a positive impact on stakeholders with specific characteristics?

a) Yes

If yes, please explain your reasoning.

The learning could be a more flexible approach to those unable to attend provider led sessions

Can we publish your response?

Yes, but please keep my name and/or my organisation’s name private

RESPONDENT 049

Are you responding on behalf of an organisation?

No

Which category of respondent best describes you?

Dispensing optician

Type your answer

(No answer)

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

Not sure

Please provide comments.

(No answer)

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

Yes

Please provide comments.

(No answer)

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

Yes

Please provide comments.

(No answer)

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?

Not sure

Please provide comments.

All I know is the current system is mostly a waste of time for myself and most D.Os. I'm sick of being forced to do cpd that is mostly aimed at optoms. There really isn't that much new info, during any given year, that I need to do my job well.

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

No

Please provide comments.

You know what i'm doing next year? 99% the same I've been doing for the last 20+yrs

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?

No

Please provide comments.

My company covers this, what little there is

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

Own records only

Please provide comments.

(No answer)

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

Yes

Please provide comments.

For Optoms

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

Please provide comments.

(No answer)

Q10. Should we change the competencies (the four domains) which CPD events must relate to?

Yes

Please provide comments.

(No answer)

Q11. Should we adjust the points allocated to different activities to make it easier to reach the total points required under the CPD rules 2021?

Yes

Please provide comments.

(No answer)

Q12. Should we remove the limit on the minimum number of CPD points that must be obtained from provider-led activity?

Yes

Please provide comments.

(No answer)

Q13. Should we remove the need for a reflection statement to be provided for each self-directed CPD activity?

Yes

Please provide comments.

(No answer)

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

(No answer)

Q15. Should business registrants have specific responsibility to ensure individual registrants have an up-to-date personal development plan?

Not sure

Please provide comments.

(No answer)

Q16. How can the standards for optical businesses be strengthened to help achieve this outcome?

(No answer)

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

(No answer)

Q18. Should we seek to end CPD provider approval?

Yes

Please provide comments.

(No answer)

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

Yes

Please provide comments.

(No answer)

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

Yes

Please provide comments.

(No answer)

Q21. Should we withdraw GOC's standards for CPD providers?

Yes

Please provide comments.

(No answer)

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

(No answer)

Please provide comments.

(No answer)

Q23. Will the proposed changes have effects, whether positive or negative, on:

(a) opportunities for persons to use the Welsh language?

(No answer)

(b) treating the Welsh language no less favourably than the English language?

(No answer)

If yes, please explain your reasoning.

(No answer)

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

(a) opportunities for persons to use the Welsh language?

(No answer)

(b) treating the Welsh language no less favourably than the English language?

(No answer)

If yes, please explain your reasoning.

(No answer)

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?

(No answer)

(b) treating the Welsh language no less favourably than the English language?

(No answer)

If yes, please explain your reasoning.

(No answer)

Q26. Are there any aspects of our proposals that could discriminate against stakeholders with specific characteristics?

(No answer)

If yes, please explain your reasoning.

(No answer)

Q27. Are there any aspects of our proposals that could have a positive impact on stakeholders with specific characteristics?

(No answer)

If yes, please explain your reasoning.

(No answer)

Can we publish your response?

Yes, but please keep my name and/or my organisation’s name private

RESPONDENT 050

Are you responding on behalf of an organisation?

No

Which category of respondent best describes you?

Dispensing optician

Type your answer

(No answer)

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

Not sure

Please provide comments.

(No answer)

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

No

Please provide comments.

I find a points-based system keeps me on track, as I know what is required of me and therefore know if I have done enough to keep my skills and knowledge up-to-date.

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

Yes

Please provide comments.

It is important to ensure registrants are guided on the amount of CPD they need to do, as otherwise they may not do enough.

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?

Notional minimum amount

Please provide comments.

Words to the effect of sufficient CPD are vague. It is clearer to have a measurable requirement such as number of hours if no longer operating on a points based system.

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

No

Please provide comments.

The PDP is limiting and inflexible. It would be more beneficial to allow registrants to identify areas of learning as needs arise and pursue these accordingly.

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

Please provide comments.

(No answer)

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

GOC systems

Please provide comments.

This will ensure registrants are definitely completing the CPD necessary and keeping accurate records.

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

Not sure

Please provide comments.

The review process can be a box-ticking exercise that does not take into account the quality of CPD completed. It is not helpful to label registrants as ‘requires improvement’ when they have provided surplus evidence to requirement but have for instance missed the date off their notes.

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?

Not sure

Please provide comments.

A registrant should not be removed on CPD alone - each case should be considered individually and more factors taken into account, such as how they perform as a DO or OO in practice.

Q10. Should we change the competencies (the four domains) which CPD events must relate to?

Yes

Please provide comments.

The domains are not always relevant to all registrants.

Q11. Should we adjust the points allocated to different activities to make it easier to reach the total points required under the CPD rules 2021?

Not sure

Please provide comments.

(No answer)

Q12. Should we remove the limit on the minimum number of CPD points that must be obtained from provider-led activity?

No

Please provide comments.

It is good for a proportion of CPD to be provider led to ensure it is being completed correctly and relevant information accessed.

Q13. Should we remove the need for a reflection statement to be provided for each self-directed CPD activity?

Not sure

Please provide comments.

There must be enough evidence of self-directed learning to show it has been carried out effectively.

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

Time should be given during working hours for registrants to complete CPD.

Q15. Should business registrants have specific responsibility to ensure

individual registrants have an up-to-date personal development plan?

No

Please provide comments.

(No answer)

Q16. How can the standards for optical businesses be strengthened to help achieve this outcome?

(No answer)

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

(No answer)

Q18. Should we seek to end CPD provider approval?

No

Please provide comments.

(No answer)

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

Not sure

Please provide comments.

(No answer)

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

No

Please provide comments.

(No answer)

Q21. Should we withdraw GOC's standards for CPD providers?

No

Please provide comments.

(No answer)

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

January 2028

Please provide comments.

(No answer)

Q23. Will the proposed changes have effects, whether positive or negative, on:

(a) opportunities for persons to use the Welsh language?

(No answer)

(b) treating the Welsh language no less favourably than the English language?

(No answer)

If yes, please explain your reasoning.

(No answer)

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

(a) opportunities for persons to use the Welsh language?

(No answer)

(b) treating the Welsh language no less favourably than the English language?

(No answer)

If yes, please explain your reasoning.

(No answer)

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?

(No answer)

(b) treating the Welsh language no less favourably than the English language?

(No answer)

If yes, please explain your reasoning.

(No answer)

Q26. Are there any aspects of our proposals that could discriminate against stakeholders with specific characteristics?

c) Not sure

If yes, please explain your reasoning.

(No answer)

Q27. Are there any aspects of our proposals that could have a positive impact on stakeholders with specific characteristics?

c) Not sure

If yes, please explain your reasoning.

(No answer)

Can we publish your response?

Yes, but please keep my name and/or my organisation’s name private

RESPONDENT 052

Are you responding on behalf of an organisation?

No

Which category of respondent best describes you?

Optometrist

Type your answer

(No answer)

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

Yes

Please provide comments.

(No answer)

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

No

Please provide comments.

(No answer)

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

No

Please provide comments.

(No answer)

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?

Not sure

Please provide comments.

(No answer)

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

No

Please provide comments.

(No answer)

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

Please provide comments.

(No answer)

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 or own records

Please provide comments.

(No answer)

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

No

Please provide comments.

(No answer)

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?

Not sure

Please provide comments.

(No answer)

Q10. Should we change the competencies (the four domains) which CPD events must relate to?

Not sure

Please provide comments.

(No answer)

Q11. Should we adjust the points allocated to different activities to make it easier to reach the total points required under the CPD rules 2021?

Not sure

Please provide comments.

(No answer)

Q12. Should we remove the limit on the minimum number of CPD points that must be obtained from provider-led activity?

No

Please provide comments.

(No answer)

Q13. Should we remove the need for a reflection statement to be provided for each self-directed CPD activity?

Yes

Please provide comments.

(No answer)

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

(No answer)

Q15. Should business registrants have specific responsibility to ensure individual registrants have an up-to-date personal development plan?

No

Please provide comments.

(No answer)

Q16. How can the standards for optical businesses be strengthened to help achieve this outcome?

(No answer)

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

(No answer)

Q18. Should we seek to end CPD provider approval?

No

Please provide comments.

(No answer)

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

Not sure

Please provide comments.

(No answer)

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

Yes

Please provide comments.

(No answer)

Q21. Should we withdraw GOC's standards for CPD providers?

No

Please provide comments.

(No answer)

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

Another date

Please provide comments.

(No answer)

Q23. Will the proposed changes have effects, whether positive or negative, on:

(a) opportunities for persons to use the Welsh language?

Not Sure

(b) treating the Welsh language no less favourably than the English

language?

Not Sure

If yes, please explain your reasoning.

(No answer)

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

(a) opportunities for persons to use the Welsh language?

Not Sure

(b) treating the Welsh language no less favourably than the English language?

Not Sure

If yes, please explain your reasoning.

(No answer)

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?

Not Sure

(b) treating the Welsh language no less favourably than the English language?

Not Sure

If yes, please explain your reasoning.

(No answer)

Q26. Are there any aspects of our proposals that could discriminate against stakeholders with specific characteristics?

b) No

If yes, please explain your reasoning.

(No answer)

Q27. Are there any aspects of our proposals that could have a positive impact on stakeholders with specific characteristics?

c) Not sure

If yes, please explain your reasoning.

(No answer)

Can we publish your response?

Yes

RESPONDENT 055

Are you responding on behalf of an organisation?

No

Which category of respondent best describes you?

Optometrist

Type your answer

(No answer)

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

Yes

Please provide comments.

(No answer)

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

Not sure

Please provide comments.

(No answer)

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

Yes

Please provide comments.

(No answer)

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?

Sufficient CPD

Please provide comments.

(No answer)

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

No

Please provide comments.

(No answer)

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

Please provide comments.

(No answer)

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

GOC systems

Please provide comments.

(No answer)

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

No

Please provide comments.

(No answer)

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

Please provide comments.

(No answer)

Q10. Should we change the competencies (the four domains) which CPD events must relate to?

No

Please provide comments.

(No answer)

Q11. Should we adjust the points allocated to different activities to make it easier to reach the total points required under the CPD rules 2021?

Yes

Please provide comments.

Less points required but make them all interactive

Q12. Should we remove the limit on the minimum number of CPD points that must be obtained from provider-led activity?

Yes

Please provide comments.

(No answer)

Q13. Should we remove the need for a reflection statement to be provided for each self-directed CPD activity?

Yes

Please provide comments.

(No answer)

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

(No answer)

Q15. Should business registrants have specific responsibility to ensure individual registrants have an up-to-date personal development plan?

Not sure

Please provide comments.

(No answer)

Q16. How can the standards for optical businesses be strengthened to help achieve this outcome?

(No answer)

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

(No answer)

Q18. Should we seek to end CPD provider approval?

Yes

Please provide comments.

(No answer)

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

Yes

Please provide comments.

(No answer)

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

Yes

Please provide comments.

(No answer)

Q21. Should we withdraw GOC's standards for CPD providers?

No

Please provide comments.

(No answer)

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

January 2028

Please provide comments.

(No answer)

Q23. Will the proposed changes have effects, whether positive or negative, on:

(a) opportunities for persons to use the Welsh language?

Yes

(b) treating the Welsh language no less favourably than the English language?

Yes

If yes, please explain your reasoning.

(No answer)

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

(a) opportunities for persons to use the Welsh language?

Yes

(b) treating the Welsh language no less favourably than the English language?

Yes

If yes, please explain your reasoning.

(No answer)

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?

Not Sure

(b) treating the Welsh language no less favourably than the English language?

Not Sure

If yes, please explain your reasoning.

(No answer)

Q26. Are there any aspects of our proposals that could discriminate against stakeholders with specific characteristics?

b) No

If yes, please explain your reasoning.

(No answer)

Q27. Are there any aspects of our proposals that could have a positive impact on stakeholders with specific characteristics?

a) Yes

If yes, please explain your reasoning.

(No answer)

Can we publish your response?

Yes, but please keep my name and/or my organisation’s name private

RESPONDENT 056

Are you responding on behalf of an organisation?

Yes

What is the name of the organisation you are responding on behalf of?

(No answer)

Which category best describes the organisation you are responding on behalf of?

CPD provider

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

Yes

Please provide comments.

(No answer)

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

Yes

Please provide comments.

(No answer)

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

Yes

Please provide comments. (No answer)

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?

Sufficient CPD

Please provide comments.

(No answer)

Q5. Should registrants be required to make a personal development plan and

reflect on progress as part of appraisals and similar mechanisms?

No

Please provide comments.

(No answer)

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?

No

Please provide comments.

(No answer)

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

GOC systems

Please provide comments.

(No answer)

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

No

Please provide comments.

(No answer)

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?

No

Please provide comments.

(No answer)

Q10. Should we change the competencies (the four domains) which CPD events must relate to?

Yes

Please provide comments.

(No answer)

Q11. Should we adjust the points allocated to different activities to make it easier to reach the total points required under the CPD rules 2021?

Yes

Please provide comments.

(No answer)

Q12. Should we remove the limit on the minimum number of CPD points that must be obtained from provider-led activity?

Yes

Please provide comments.

(No answer)

Q13. Should we remove the need for a reflection statement to be provided for each self-directed CPD activity?

Yes

Please provide comments.

(No answer)

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

(No answer)

Q15. Should business registrants have specific responsibility to ensure individual registrants have an up-to-date personal development plan?

Yes

Please provide comments.

(No answer)

Q16. How can the standards for optical businesses be strengthened to help achieve this outcome?

(No answer)

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

(No answer)

Q18. Should we seek to end CPD provider approval?

Yes

Please provide comments.

(No answer)

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

No

Please provide comments.

(No answer)

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

Yes

Please provide comments.

(No answer)

Q21. Should we withdraw GOC's standards for CPD providers?

Yes

Please provide comments.

(No answer)

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

January 2028

Please provide comments.

(No answer)

Q23. Will the proposed changes have effects, whether positive or negative, on:

(a) opportunities for persons to use the Welsh language?

Not Sure

(b) treating the Welsh language no less favourably than the English

language?

Not Sure

If yes, please explain your reasoning.

(No answer)

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

(b) opportunities for persons to use the Welsh language?

Not Sure

(c) treating the Welsh language no less favourably than the English language?

Not Sure

If yes, please explain your reasoning.

(No answer)

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?

Not Sure

(b) treating the Welsh language no less favourably than the English language?

Not Sure

If yes, please explain your reasoning.

(No answer)

Q26. Are there any aspects of our proposals that could discriminate against stakeholders with specific characteristics?

b) No

If yes, please explain your reasoning.

(No answer)

Q27. Are there any aspects of our proposals that could have a positive impact on stakeholders with specific characteristics?

b) No

If yes, please explain your reasoning.

(No answer)

Can we publish your response?

Yes, but please keep my name and/or my organisation’s name private

RESPONDENT 057

Are you responding on behalf of an organisation?

No

Which category of respondent best describes you?

Optometrist

Type your answer

(No answer)

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

Yes

Please provide comments.

(No answer)

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

Yes

Please provide comments.

(No answer)

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

Yes

Please provide comments.

(No answer)

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?

Sufficient CPD

Please provide comments.

(No answer)

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

Yes

Please provide comments.

(No answer)

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

Please provide comments.

(No answer)

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 or own records

Please provide comments.

(No answer)

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

Yes

Please provide comments.

(No answer)

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

Please provide comments.

(No answer)

Q10. Should we change the competencies (the four domains) which CPD events must relate to?

No

Please provide comments.

(No answer)

Q11. Should we adjust the points allocated to different activities to make it easier to reach the total points required under the CPD rules 2021?

Yes

Please provide comments.

(No answer)

Q12. Should we remove the limit on the minimum number of CPD points that must be obtained from provider-led activity?

No

Please provide comments.

(No answer)

Q13. Should we remove the need for a reflection statement to be provided for each self-directed CPD activity?

No

Please provide comments.

(No answer)

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

(No answer)

Q15. Should business registrants have specific responsibility to ensure individual registrants have an up-to-date personal development plan?

Not sure

Please provide comments.

(No answer)

Q16. How can the standards for optical businesses be strengthened to help achieve this outcome?

monitoring

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

(No answer)

Q18. Should we seek to end CPD provider approval?

No

Please provide comments.

(No answer)

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

Not sure

Please provide comments.

(No answer)

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

No

Please provide comments.

(No answer)

Q21. Should we withdraw GOC's standards for CPD providers?

No

Please provide comments.

(No answer)

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

January 2028

Please provide comments.

(No answer)

Q23. Will the proposed changes have effects, whether positive or negative, on:

(a) opportunities for persons to use the Welsh language?

No

(b) treating the Welsh language no less favourably than the English language?

Yes

If yes, please explain your reasoning.

(No answer)

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

(a) opportunities for persons to use the Welsh language?

Yes

(b) treating the Welsh language no less favourably than the English language?

Yes

If yes, please explain your reasoning.

(No answer)

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?

Not sure

(b) treating the Welsh language no less favourably than the English language?

Yes

If yes, please explain your reasoning.

(No answer)

Q26. Are there any aspects of our proposals that could discriminate against stakeholders with specific characteristics?

b) No

If yes, please explain your reasoning.

(No answer)

Q27. Are there any aspects of our proposals that could have a positive impact on stakeholders with specific characteristics?

c) Not sure

If yes, please explain your reasoning.

(No answer)

Can we publish your response?

Yes, but please keep my name and/or my organisation’s name private

RESPONDENT 058

Are you responding on behalf of an organisation?

No

Which category of respondent best describes you?

Optometrist

Type your answer

(No answer)

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

Yes

Please provide comments.

The objectives apper in good faith, however the proposals are ill thought out, without considering the way optometrists work.

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

No

Please provide comments.

No. There is little support for this withn the profession. The points system makes it clear when the GOC requirements have been met. Without this, Optometrists are never sure if they have met GOC requirements. There is a significant risk (and precedent) that the individual reviewing a persons CPD portfolio may have much higher expectations than whatever "peer view" is.Speaking to professionals who have the proposd CPD requirments (orthoptists, Dr's, Pharmacists) the system is not as much of a gold standard as suggested. Often busy professionals delay recording their CPD until they are audited, and then have to scrabble through diaries to record the CPd hat they have attended. a poitns system avoids this as the points are issued and this reminds the practioner to record the CPD.

People are busy. Recording CPD is time consuming, and a low priortiy until it is potentially audited. Points based systems help with this, reduce stress and allow low risk route to ensuing compliance

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

No

Please provide comments.

If the aim of the change in CPD is truly to give professionals the freedom to undertake self guided learning devlopment and progression, then leave them to decide which areas that they need this in.

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?

Notional minimum amount

Please provide comments.

Again, the risk for professionals is that they complete the CPD they see as relevent and necessary for their contuinued registration, and the reviewer disagrees., so the registrant is removed.
If the reviewer has guidance as the what to look for in a PDP and CPD portfolio, which they should, then this same guidance shoudl be the requremetn and should be make very clear to the registrant.

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

No

Please provide comments.

It is up to the businesses to decide how to appraise their employees.

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

Please provide comments.

Again - what is sufficient learning? The practitioner may feel they have. Will the reviewer? They may have carried out sufficient lerning, but what you are asking is have they recorded this sufficient learning, whichs is a different proposition.

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 or own records

Please provide comments.

There are risks to both. the GOC systems are generally terrible, restrictive and difficult to access. The risk of using their own system is that records may not be kept.

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

Not sure

Please provide comments.

It depends on the outcome of the review and what the review is likely to require

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?

No

Please provide comments.

This is extremely punitive. Is this demonstrating that they are unsafe to practice? Perhaps they consider that they have performed sufficient CPD?

Q10. Should we change the competencies (the four domains) which CPD events must relate to?

Yes

Please provide comments.

If we Are laeveing CPD to the professionals to decide what is required, then why do we need domains? Or do we not trust Optoms to decide after all? In which case why not stick with the current system of points and self led CPD?

Q11. Should we adjust the points allocated to different activities to make it easier to reach the total points required under the CPD rules 2021?

Yes

Please provide comments.

(No answer)

Q12. Should we remove the limit on the minimum number of CPD points that must be obtained from provider-led activity?

Yes

Please provide comments.

Although I feel strongly that the points based system shoudl remain to ensure that optoms know they have met their requriemntns, the flexiblity to perform your CPD in a

self led fasion shoudl eb encouraged, and I see no reason why all CPD could not be perfromed in this way if the professional prefers.

Q13. Should we remove the need for a reflection statement to be provided for each self-directed CPD activity?

Yes

Please provide comments.

We should be encouraging CPD to be recorded. The reflecion statement is a barrier to this.

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

You should not - businesses already have significant demands on their time.

Q15. Should business registrants have specific responsibility to ensure individual registrants have an up-to-date personal development plan?

No

Please provide comments.

businesses already have significant demands on their time.

Q16. How can the standards for optical businesses be strengthened to help achieve this outcome?

You should not - businesses already have significant demands on their time.

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

It should not. Again this is a signifiant demand on Optoms, patents and employers.

Q18. Should we seek to end CPD provider approval?

Yes

Please provide comments.

Approval of CPD providers and approval of CPD for points is significnantly too onerous.
This one point - removing the requirement for a provider to be registered to provide CPD and removing the requiremetn to apply for points would solve the majority of issues witht he current system. Allow any provider to provide points - 1 per hour of CPD and 3 for peer review. Your own document states that registrant satisfaction with CPD provision is high and we consider market forces should be sufficient to ensure quality in the absence of GOC oversight.

This keeps a points based system where registrants can be confident they have met requiremnts but allows much more CPD to be recorded more easily. Points coulf be then given by providers where they have registered them in advance, or Registrants should be able to register points for any CPD that was not registered.

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

Yes

Please provide comments.

They shoud be removed entierly.

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

Yes

Please provide comments.

Registrant satisfaction with CPD provision is high and we consider market forces should be sufficient to ensure quality in the absence of GOC oversight.

Q21. Should we withdraw GOC's standards for CPD providers?

No

Please provide comments.

(No answer)

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

Another date

Please provide comments.

I dont believe the changes proposed are necesary. Leave the points system - it has many advantages. strengthen the self led
CPD and encourage its use. Make it easier to register self led CPD. Make it easier for CPD providers to register and easier to get CPD approved or remove the requiremet for approval and just allow CPD to be listed and registered for points without any approval.

Q23. Will the proposed changes have effects, whether positive or negative, on:

(a) opportunities for persons to use the Welsh language?

Not Sure

(b) treating the Welsh language no less favourably than the English language?

Not Sure

If yes, please explain your reasoning.

(No answer)

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

(c) opportunities for persons to use the Welsh language?

Not Sure

(d) treating the Welsh language no less favourably than the English language?

Not Sure

If yes, please explain your reasoning.

(No answer)

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?

Not Sure

(b) treating the Welsh language no less favourably than the English language?

Not Sure

If yes, please explain your reasoning.

(No answer)

Q26. Are there any aspects of our proposals that could discriminate against stakeholders with specific characteristics?

b) No

If yes, please explain your reasoning.

(No answer)

Q27. Are there any aspects of our proposals that could have a positive impact on stakeholders with specific characteristics?

b) No

If yes, please explain your reasoning.

(No answer)

Can we publish your response?

Yes

RESPONDENT 059

Are you responding on behalf of an organisation?

No

Which category of respondent best describes you?

Optometrist

Type your answer

(No answer)

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

No

Please provide comments.

Erasing CPD points - I disagree completely as the standards of learning will deteriorate

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

No

Please provide comments.

The standards and knowledge amongst peers is very poor! CPD increases their knowledge and having specific domains means they can have a variety of subjects they need to learn about. Some ppl for instance dont like professionalism as a topic but the domain forces them to listen and think of ideas related yo this topic. LOCs and professional organisations are able to have a good relationship with members due to CPD. Also the standards of some newly qualified optoms are not good in topics that are new - eg safeguarding dvla etc and CPD increases their knowledge

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

No

Please provide comments.

No one reads guidance - sorry to say. They are only going to fo if mandatory

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?

Notional minimum amount

Please provide comments.

(No answer)

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

Yes

Please provide comments.

(No answer)

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?

No

Please provide comments.

We need a points system that's it. Everyone will sign the declaration until they get caught out in audit

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

GOC systems

Please provide comments.

Everything should be on GOC - and points must be associated with this

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

Yes

Please provide comments.

If you go down this route then yes even though I dont agree with this

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

Please provide comments.

If you go down this route

Q10. Should we change the competencies (the four domains) which CPD events must relate to?

No

Please provide comments.

They are a variety of domains

Q11. Should we adjust the points allocated to different activities to make it easier to reach the total points required under the CPD rules 2021?

No

Please provide comments.

Everything you are doing is perfect at the moment

Q12. Should we remove the limit on the minimum number of CPD points that must be obtained from provider-led activity?

No

Please provide comments.

Provider led forces practitioners out and they learn from peers rather than doing all learning at home

Q13. Should we remove the need for a reflection statement to be provided for each self-directed CPD activity?

No

Please provide comments.

This is a good way to talk about how the practice has changed

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

You need it prescriptive to get practitioners to learn. Businesses can choose the hot topic depending on complaints they are getting

Q15. Should business registrants have specific responsibility to ensure individual registrants have an up-to-date personal development plan?

Yes

Please provide comments.

(No answer)

Q16. How can the standards for optical businesses be strengthened to help achieve this outcome?

Unsure maybe give guidance or look at the reasons ppl getting investigated by goc and incorporate in standards

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

Part of PDP

Q18. Should we seek to end CPD provider approval?

No

Please provide comments.

(No answer)

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

Yes

Please provide comments.

(No answer)

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

Yes

Please provide comments.

You can trust the providers

Q21. Should we withdraw GOC's standards for CPD providers?

No

Please provide comments.

They set the standards

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

January 2034

Please provide comments.

Everything is working fine why change the whole thing

Q23. Will the proposed changes have effects, whether positive or negative, on:

(a) opportunities for persons to use the Welsh language?

No

(b) treating the Welsh language no less favourably than the English language?

No

If yes, please explain your reasoning.

(No answer)

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

(a) opportunities for persons to use the Welsh language?

No

(b) treating the Welsh language no less favourably than the English language?

No

If yes, please explain your reasoning.

(No answer)

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?

No

(b) treating the Welsh language no less favourably than the English language?

No

If yes, please explain your reasoning.

(No answer)

Q26. Are there any aspects of our proposals that could discriminate against stakeholders with specific characteristics?

b) No

If yes, please explain your reasoning.

(No answer)

Q27. Are there any aspects of our proposals that could have a positive impact on stakeholders with specific characteristics?

c) Not sure

If yes, please explain your reasoning.

(No answer)

Can we publish your response?

Yes

RESPONDENT 060

Are you responding on behalf of an organisation?

No

Which category of respondent best describes you?

Dispensing optician

Type your answer

(No answer)

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

No

Please provide comments.

I think the current system is better.

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

No

Please provide comments.

Points system encourages professionals to make sure we are up to date to new developments, legislation, treatments, products. Keeps a tally of what we are refreshing, learning and/or attending.

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

(No answer)

Please provide comments.

(No answer)

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?

Sufficient CPD

Please provide comments.

(No answer)

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

Yes

Please provide comments.

(No answer)

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

Please provide comments.

(No answer)

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

GOC systems

Please provide comments.

(No answer)

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

Yes

Please provide comments.

(No answer)

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

Please provide comments.

(No answer)

Q10. Should we change the competencies (the four domains) which CPD events must relate to?

No

Please provide comments.

(No answer)

Q11. Should we adjust the points allocated to different activities to make it easier to reach the total points required under the CPD rules 2021?

No

Please provide comments.

(No answer)

Q12. Should we remove the limit on the minimum number of CPD points that must be obtained from provider-led activity?

No

Please provide comments.

(No answer)

Q13. Should we remove the need for a reflection statement to be provided for each self-directed CPD activity?

No

Please provide comments.

(No answer)

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

(No answer)

Q15. Should business registrants have specific responsibility to ensure individual registrants have an up-to-date personal development plan?

No

Please provide comments.

(No answer)

Q16. How can the standards for optical businesses be strengthened to help achieve this outcome?

(No answer)

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

(No answer)

Q18. Should we seek to end CPD provider approval?

No

Please provide comments.

(No answer)

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

No

Please provide comments.

(No answer)

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

No

Please provide comments.

(No answer)

Q21. Should we withdraw GOC's standards for CPD providers?

No

Please provide comments.

(No answer)

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

January 2031

Please provide comments.

(No answer)

Q23. Will the proposed changes have effects, whether positive or negative, on:

(a) opportunities for persons to use the Welsh language?

(No answer)

(b) treating the Welsh language no less favourably than the English language?

(No answer)

If yes, please explain your reasoning.

(No answer)

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

(a) opportunities for persons to use the Welsh language?

(No answer)

(b) treating the Welsh language no less favourably than the English language?

(No answer)

If yes, please explain your reasoning.

(No answer)

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?

(No answer)

(b) treating the Welsh language no less favourably than the English language?

(No answer)

If yes, please explain your reasoning.

(No answer)

Q26. Are there any aspects of our proposals that could discriminate against stakeholders with specific characteristics?

c) Not sure

If yes, please explain your reasoning.

(No answer)

Q27. Are there any aspects of our proposals that could have a positive impact on stakeholders with specific characteristics?

c) Not sure

If yes, please explain your reasoning.

(No answer)

Can we publish your response?

Yes

RESPONDENT 063

Are you responding on behalf of an organisation?

No

Which category of respondent best describes you?

Other

Type your answer

Director of Optical Company

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

Not sure

Please provide comments.

I partially agree with aspects of the objectives for review

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

(No answer)

Please provide comments.

I feel it sets a standard for the quality and type of CPD provided

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

No

Please provide comments.

Particularly with specialties there should be set requirements

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

Please provide comments.

(No answer)

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

Yes

Please provide comments.

I feel this is good for growth and development

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

Please provide comments.

accountability

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

GOC systems

Please provide comments.

transparency

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

Yes

Please provide comments.

(No answer)

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

Please provide comments.

(No answer)

Q10. Should we change the competencies (the four domains) which CPD events must relate to?

Not sure

Please provide comments.

I like current compentencies - if anything add to them?

Q11. Should we adjust the points allocated to different activities to make it easier to reach the total points required under the CPD rules 2021?

No

Please provide comments.

It promotes self learning and keeping current in teh Optical world.

Q12. Should we remove the limit on the minimum number of CPD points that must be obtained from provider-led activity?

Yes

Please provide comments.

(No answer)

Q13. Should we remove the need for a reflection statement to be provided for each self-directed CPD activity?

Not sure

Please provide comments.

(No answer)

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

(No answer)

Q15. Should business registrants have specific responsibility to ensure individual registrants have an up-to-date personal development plan?

Yes

Please provide comments.

(No answer)

Q16. How can the standards for optical businesses be strengthened to help achieve this outcome?

revise the role of the business regarding the registrant

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

(No answer)

Q18. Should we seek to end CPD provider approval?

No

Please provide comments.

I feel it aligns the providers and sets the expectations for the CPD

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

Not sure

Please provide comments.

If there is good feedback and an obvious quality to the delivered program - maybe

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

No

Please provide comments.

If aligned there is no worries for an audit and could enhance the CPD you deliver

Q21. Should we withdraw GOC's standards for CPD providers?

No

Please provide comments.

(No answer)

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

January 2028

Please provide comments.

(No answer)

Q23. Will the proposed changes have effects, whether positive or negative, on:

(a) opportunities for persons to use the Welsh language?

Not Sure

(b) treating the Welsh language no less favourably than the English language?

Not Sure

If yes, please explain your reasoning.

(No answer)

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

(a) opportunities for persons to use the Welsh language?

Not Sure

(b) treating the Welsh language no less favourably than the English language?

Not Sure

If yes, please explain your reasoning.

(No answer)

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?

Not Sure

(b) treating the Welsh language no less favourably than the English language?

Not Sure

If yes, please explain your reasoning.

(No answer)

Q26. Are there any aspects of our proposals that could discriminate against stakeholders with specific characteristics?

c) Not sure

If yes, please explain your reasoning.

(No answer)

Q27. Are there any aspects of our proposals that could have a positive impact on stakeholders with specific characteristics?

c) Not sure

If yes, please explain your reasoning.

(No answer)

Can we publish your response?

Yes

RESPONDENT 065

Are you responding on behalf of an organisation?

No

Which category of respondent best describes you?

Optometrist

Type your answer

(No answer)

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

Not sure

Please provide comments.

(No answer)

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

No

Please provide comments.

I personally feel a clear goal is helpful for people. If not points then some other way to measure progress would be helpful

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

Yes

Please provide comments.

I think saying "Get 5 points from contact lenses, 5 points from pathology" etc would be very useful. Often practitioners will gravitate towards what they find more interesting, whereas they may need more variety

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?

Sufficient CPD

Please provide comments.

Hours is not a good measure of work or focus. Some people are much more efficient than others.

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

No

Please provide comments.

I find it a waste of time and I never know what to write. If you want me to achieve something tell me.

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?

Not sure

Please provide comments.

It's much better to have a clear rule of what is needed and tell registrants to achive that

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

GOC systems

Please provide comments.

It's much more simple & clear to keep it on GOC records. Also there's a good chance that a member who's done the CPD may not be able to find the evidence 5 years later.

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

No

Please provide comments.

Better to have clear instructions on what should be achieved beforehand, rather than say "Direct your own" and then tell them later it wasn't good enough.

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?

No

Please provide comments.

Most optometrists are science graduates who are used to achieving specific & clear

goals. Telling them to self-direct their learning is unhelpful & confusing. And later judging it by standards most of us will not be able to predict is unfair. Tell people what you expect beforehand and most of us will achieve that. Be vague and we won't.

Q10. Should we change the competencies (the four domains) which CPD events must relate to?

Yes

Please provide comments.

You should require a few points from a range of competencies. I'd expect everyone to get at least 1 point from Contact Lenses, Pathology, Refraction, Law, Binocular Vision, Partial Sight etc.

Q11. Should we adjust the points allocated to different activities to make it easier to reach the total points required under the CPD rules 2021?

Not sure

Please provide comments.

(No answer)

Q12. Should we remove the limit on the minimum number of CPD points that must be obtained from provider-led activity?

Not sure

Please provide comments.

(No answer)

Q13. Should we remove the need for a reflection statement to be provided for each self-directed CPD activity?

Yes

Please provide comments.

Either have registrants write a learning on the day of the CPD or not at all. By the time we get the certificate & upload it, it's often months later, and it's hard to remember what you learned from which session. Also if you weren't paying attention you can fake it by reading the description. The reflection statement is unhelpful & a waste of time

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

A prescriptive system is good

Q15. Should business registrants have specific responsibility to ensure

individual registrants have an up-to-date personal development plan?

Not sure

Please provide comments.

(No answer)

Q16. How can the standards for optical businesses be strengthened to help achieve this outcome?

(No answer)

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

If there is a common problem that's being highlighted by patient feedback, then maybe make a CPD requirement about that. Eg if there are lots of contact lens problems require more contact lens CPD

Q18. Should we seek to end CPD provider approval?

No

Please provide comments.

It's helpful to have approved CPD providers so we know where to look to get our CPD

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

Not sure

Please provide comments.

(No answer)

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

Not sure

Please provide comments.

(No answer)

Q21. Should we withdraw GOC's standards for CPD providers?

No

Please provide comments.

(No answer)

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

January 2028

Please provide comments.

(No answer)

Q23. Will the proposed changes have effects, whether positive or negative, on:

(a) opportunities for persons to use the Welsh language?

Not Sure

(b) treating the Welsh language no less favourably than the English language?

Not Sure

If yes, please explain your reasoning.

(No answer)

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

(a) opportunities for persons to use the Welsh language?

Not Sure

(b) treating the Welsh language no less favourably than the English language?

Not Sure

If yes, please explain your reasoning.

(No answer)

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?

Not Sure

(b) treating the Welsh language no less favourably than the English language?

Not Sure

If yes, please explain your reasoning.

(No answer)

Q26. Are there any aspects of our proposals that could discriminate against stakeholders with specific characteristics?

c) Not sure

If yes, please explain your reasoning.

(No answer)

Q27. Are there any aspects of our proposals that could have a positive impact on stakeholders with specific characteristics?

c) Not sure

If yes, please explain your reasoning.

(No answer)

Can we publish your response?

Yes, but please keep my name and/or my organisation’s name private

RESPONDENT 067

Are you responding on behalf of an organisation?

No

Which category of respondent best describes you?

Optometrist

Type your answer

(No answer)

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

No

Please provide comments.

(No answer)

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

No

Please provide comments.

(No answer)

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

No

Please provide comments.

(No answer)

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?

Notional minimum amount

Please provide comments.

(No answer)

Q5. Should registrants be required to make a personal development plan and

reflect on progress as part of appraisals and similar mechanisms?

No

Please provide comments.

(No answer)

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?

No

Please provide comments.

(No answer)

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 or own records

Please provide comments.

(No answer)

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

No

Please provide comments.

(No answer)

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?

No

Please provide comments.

(No answer)

Q10. Should we change the competencies (the four domains) which CPD events must relate to?

No

Please provide comments.

(No answer)

Q11. Should we adjust the points allocated to different activities to make it easier to reach the total points required under the CPD rules 2021?

No

Please provide comments.

(No answer)

Q12. Should we remove the limit on the minimum number of CPD points that must be obtained from provider-led activity?

No

Please provide comments.

(No answer)

Q13. Should we remove the need for a reflection statement to be provided for each self-directed CPD activity?

Yes

Please provide comments.

(No answer)

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

(No answer)

Q15. Should business registrants have specific responsibility to ensure individual registrants have an up-to-date personal development plan?

No

Please provide comments.

(No answer)

Q16. How can the standards for optical businesses be strengthened to help achieve this outcome?

(No answer)

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

(No answer)

Q18. Should we seek to end CPD provider approval?

Not sure

Please provide comments.

(No answer)

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

Yes

Please provide comments.

(No answer)

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

No

Please provide comments.

(No answer)

Q21. Should we withdraw GOC's standards for CPD providers?

No

Please provide comments.

(No answer)

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

January 2034

Please provide comments.

(No answer)

Q23. Will the proposed changes have effects, whether positive or negative, on:

(a) opportunities for persons to use the Welsh language?

No

(b) treating the Welsh language no less favourably than the English

language?

No

If yes, please explain your reasoning.

(No answer)

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

(a) opportunities for persons to use the Welsh language?

Not Sure

(b) treating the Welsh language no less favourably than the English language?

Not Sure

If yes, please explain your reasoning.

(No answer)

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?

Not Sure

(b) treating the Welsh language no less favourably than the English language?

Not Sure

If yes, please explain your reasoning.

(No answer)

Q26. Are there any aspects of our proposals that could discriminate against stakeholders with specific characteristics?

a) Yes

If yes, please explain your reasoning.

(No answer)

Q27. Are there any aspects of our proposals that could have a positive impact on stakeholders with specific characteristics?

b) No

If yes, please explain your reasoning.

(No answer)

Can we publish your response?

Yes, but please keep my name and/or my organisation’s name private

RESPONDENT 068

Are you responding on behalf of an organisation?

No

Which category of respondent best describes you?

Optometrist

Type your answer

(No answer)

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

Not sure

Please provide comments.

The reason for review seems to be to open up avenues for those who would like to follow their own CDP pathway and to give those outside of high street practice more options. However, it does not appear to take into account those who are happier with having pathways laid out for them and may actually make CPD more complicated. I will always appreciate a structured process over a make it up yourself one. I also think there is little within these proposals to assist locums in obtaining their CPD, whereas those who are employed have more support.

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

Not sure

Please provide comments.

No specific attachment to points but it does give a definitive expectation to work towards without any confusion.

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

Not sure

Please provide comments.

Providing this guidance is specific in terms of expectation. I would not want to get to the end of a cycle and be told what I'd done was not of an acceptable standard.

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?

Not sure

Please provide comments.

Specific outlines is the key, it doesn't matter what form that takes so long as it can't be misinterpreted.

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

No

Please provide comments.

PDPs for a 3 year period feel like a waste of time. I have no idea what area's I want to develop in 12 month's time; I only know what I want to do now. I also don't know what topics my chosen CPD provider will choose to deliver.

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?

Not sure

Please provide comments.

It makes no difference whether this is done every year or every 3 years.

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 or own records

Please provide comments.

If you're trying to make something that suits everyone then you need both options.

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

Not sure

Please provide comments.

Not 100% sure how often it's done now. Whatever is most efficient in terms of staffing/costs.

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

Please provide comments.

Otherwise why bother with requirements.

Q10. Should we change the competencies (the four domains) which CPD events must relate to?

Not sure

Please provide comments.

Depends what you want to change them too.

Q11. Should we adjust the points allocated to different activities to make it easier to reach the total points required under the CPD rules 2021?

Yes

Please provide comments.

Make points represent work completed in terms of time spent.

Q12. Should we remove the limit on the minimum number of CPD points that must be obtained from provider-led activity?

Not sure

Please provide comments.

I will continue to complete provider led CPD anyway.

Q13. Should we remove the need for a reflection statement to be provided for each self-directed CPD activity?

Yes

Please provide comments.

Reflection statements don't add any value specific value. You can reflect without writing it down for no-one to read.

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

(No answer)

Q15. Should business registrants have specific responsibility to ensure individual registrants have an up-to-date personal development plan?

No

Please provide comments.

Just need to check registered, the rest should be a given as a requirement of registration.

Q16. How can the standards for optical businesses be strengthened to help achieve this outcome?

(No answer)

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

(No answer)

Q18. Should we seek to end CPD provider approval?

Yes

Please provide comments.

If you're allowing self-led learning that is not individually approved, then why should providers be approved?

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

Yes

Please provide comments.

see Q18

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

Yes

Please provide comments.

see Q18.

Q21. Should we withdraw GOC's standards for CPD providers?

Yes

Please provide comments.

see Q18.

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

(No answer)

Please provide comments.

(No answer)

Q23. Will the proposed changes have effects, whether positive or negative, on:

(a) opportunities for persons to use the Welsh language?

Not Sure

(b) treating the Welsh language no less favourably than the English language?

Not Sure

If yes, please explain your reasoning.

Who will do the random audits? If there is a plan then positive as gives options, if there's no plan then more work to translate and negative.

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

(a) opportunities for persons to use the Welsh language?

Not Sure

(b) treating the Welsh language no less favourably than the English language?

Not Sure

If yes, please explain your reasoning.

(No answer)

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?

Not Sure

(b) treating the Welsh language no less favourably than the English language?

Not Sure

If yes, please explain your reasoning.

(No answer)

Q26. Are there any aspects of our proposals that could discriminate against stakeholders with specific characteristics?

a) Yes

If yes, please explain your reasoning.

Annual requirements can negatively impact those on maternity leave, sickness, caring responsibilities

Q27. Are there any aspects of our proposals that could have a positive impact on stakeholders with specific characteristics?

c) Not sure

If yes, please explain your reasoning.

(No answer)

Can we publish your response?

Yes, but please keep my name and/or my organisation’s name private

RESPONDENT 069

Are you responding on behalf of an organisation?

No

Which category of respondent best describes you?

Therapeutic prescribing optometrist

Type your answer

(No answer)

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

Yes

Please provide comments.

(No answer)

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

Not sure

Please provide comments.

A points system helps to quantify how much CPD an individual undertakes

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

Yes

Please provide comments.

(No answer)

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

Please provide comments.

(No answer)

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

Not sure

Please provide comments.

I find setting my PDP out in words difficult, particularly if it has to guide what you do for the next 3 years.

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

Please provide comments.

(No answer)

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 or own records

Please provide comments.

(No answer)

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

Yes

Please provide comments.

(No answer)

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?

Not sure

Please provide comments.

(No answer)

Q10. Should we change the competencies (the four domains) which CPD events must relate to?

Not sure

Please provide comments.

Better the devil you know….

Q11. Should we adjust the points allocated to different activities to make it easier to reach the total points required under the CPD rules 2021?

Not sure

Please provide comments.

(No answer)

Q12. Should we remove the limit on the minimum number of CPD points that must be obtained from provider-led activity?

Yes

Please provide comments.

I attend a lot of CPD provided by the RCOph, RCN and other non-optometric providers, being able to use all these sessions towards my CPD total would be great

Q13. Should we remove the need for a reflection statement to be provided for each self-directed CPD activity?

Not sure

Please provide comments.

The reflection statement is a cumbersome thing to write and needs simplifying.

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

I work solely in a hospital, I'm not sure how to answer this question

Q15. Should business registrants have specific responsibility to ensure individual registrants have an up-to-date personal development plan?

Not sure

Please provide comments.

(No answer)

Q16. How can the standards for optical businesses be strengthened to help achieve this outcome?

Don’t know

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

How would the feedback be collected?
Soliciting feedback is difficult and it has been demonstrated that dissatisfied patients are more likely to participate

Q18. Should we seek to end CPD provider approval?

Not sure

Please provide comments.

If it could be made less complex, cumbersome and subjective it would be an improvement. The current system relies on the provider knowing which hoops to jump through

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

Yes

Please provide comments.

(No answer)

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

Not sure

Please provide comments.

Quality needs to be maintained

Q21. Should we withdraw GOC’s standards for CPD providers?

Not sure

Please provide comments.

They do need to be applied in an even handed way, the current system seems very subjective

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

Another date

Please provide comments.

(No answer)

Q23. Will the proposed changes have effects, whether positive or negative, on:

(a) opportunities for persons to use the Welsh language?

Yes

(b) treating the Welsh language no less favourably than the English language?

Yes

If yes, please explain your reasoning.

It is possible that CPD provision in Welsh could be easier under a new system

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

(a) opportunities for persons to use the Welsh language?

(No answer)

(b) treating the Welsh language no less favourably than the English language?

(No answer)

If yes, please explain your reasoning.

(No answer)

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?

(No answer)

(b) treating the Welsh language no less favourably than the English language?

(No answer)

If yes, please explain your reasoning.

(No answer)

Q26. Are there any aspects of our proposals that could discriminate against stakeholders with specific characteristics?

c) Not sure

If yes, please explain your reasoning.

(No answer)

Q27. Are there any aspects of our proposals that could have a positive impact on stakeholders with specific characteristics?

a) Yes

If yes, please explain your reasoning.

Wider opportunities to participate in CPD

Can we publish your response?

Yes, but please keep my name and/or my organisation’s name private

RESPONDENT 070

Are you responding on behalf of an organisation?

No

Which category of respondent best describes you?

Contact lens optician

Type your answer

(No answer)

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

Not sure

Please provide comments.

While I agree there are some areas that do need reform registrants are only just getting used to the move from CET to CPD and in some areas like reflection which is such an important part of learning and professional development to remove this just when registrants are beginning to use it is questionable.
Also leveraging employers to review PDPs and take responsibility for CPD is concerning as it could potentially be open to abuse as they may prioritise business needs like commercial targets or specific enhanced services over broader professional development.

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

Yes

Please provide comments.

I do agree with this in principle as I think a system based on hours per year could be appropriate, although a clear explanation of how "sufficient CPD" will be interpreted is needed.

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

No

Please provide comments.

while guidance provides more flexibility for personalised learning relevant to scope of practice I have concerns this could lead to deskilling in some areas of practice, while

CPD is about professional development it is also essential that registrants maintain essential skills and peer to peer discussions and discussion workshops while unique to our sector provide real value as learning and development tools.

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?

Notional minimum amount

Please provide comments.

a notional minimum if preferred to the other options as a clear benchmark is required.

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

Not sure

Please provide comments.

while I do think aligning CPD to daily clinical and professional demands rather than an isolated exercise again I have concerns regarding employer focused on 'business metrics' also locums may have not have a single appraisal as they work for a variety of businesses

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

Please provide comments.

Definitely this is part of registrants taking responsibility for their CPD

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 or own records

Please provide comments.

I think considering where most registrants are in reality still transitioning from the structured CET to the current CPD system many require the option of a structured format for storing their CPD records - simply I do not feel as a profession we are all ready to take complete control of manging CPD but we are moving towards it.

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

Yes

Please provide comments.

Annual reviews are required to identify gaps and support registrants to a consistent professional development this allow for remediation for inadequate records or insufficient learning and preventing deskilling.

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

Please provide comments.

This upholds public protection.

Q10. Should we change the competencies (the four domains) which CPD events must relate to?

No

Please provide comments.

The domains provide a framework directly linked to the standards of practice, if removed there are risks of gaps in CPD coverage especially under employer led appraisals.

Q11. Should we adjust the points allocated to different activities to make it easier to reach the total points required under the CPD rules 2021?

No

Please provide comments.

I think the interactive formats of learning especially discussion workshops and peer review provide a valuable learning experience of what our peers think and do and in itself leads to registrants adjusting their practice this is done in an environment where the presenter correct any errors in learning or understanding whereas lectures when interactive has significantly less peer to peer engagement

Q12. Should we remove the limit on the minimum number of CPD points that must be obtained from provider-led activity?

No

Please provide comments.

Having a minimum number of provider led points does ensure consistent access to structured learning although with less rigour due to removal of approved providers it does raise questions - fears of commercial bias are a potential consequence.

Q13. Should we remove the need for a reflection statement to be provided for each self-directed CPD activity?

No

Please provide comments.

Reflection is absolutely essential to help registrants translate unstructured activities into professional competence ensuring relevance to practice. Without reflection it is vulnerable to applying 'minimal' effort in learning also without a meaningful reflection record reviews would be less effective. Reflection foster critical appraisal skills essential for true professional development and career progression

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

I have concerns over businesses taking such a prominent role due to commercial bias towards over commercialisation, small practices could be overwhelmed and have potential gaps in provision also there is the fundamental question of where is the accountability.

Q15. Should business registrants have specific responsibility to ensure individual registrants have an up-to-date personal development plan?

Not sure

Please provide comments.

This places a heavy burden on small practices and locums who may lack capacity to achieve this also, again for the larger business who already have structured CPD departments this could lead towards a commercial bias.

Q16. How can the standards for optical businesses be strengthened to help achieve this outcome?

The business standards would need to be strengthened should this proceed, and I feel audits would be required along with online tools/training made available with and sanctions if standards are not met,

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

digital data collection tiered for business size - patient feedback linking patient experience with professional development across the domains could be beneficial this would need to be embedded within appraisals short patient surveys post consultation.

Q18. Should we seek to end CPD provider approval?

No

Please provide comments.

Approved providers ensure there is a baseline of structured quality learning especially around potential for commercial bias and that content is evidence-based but perhaps a 'lighter touch' Currently there is high satisfaction with delivered CPD which is entirely due to the standards for CPD providers.

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

Not sure

Please provide comments.

Small providers who may only deliver two or three events per year are penalised by the 10 required submissions, it potentially could be lowered to five if approvers feel the submissions meet standards,

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

No

Please provide comments.

Without audits there is strong concern that there would be a quality drift while I do think a lighter touch is appropriate in some circumstances. As a CPD provider auditor it is those cases where there are serious concerns especially instances where commercially biased content is delivered as CPD this is a clear risk especially to newly qualified registrants. Also speaking as an approved CPD provider I am aware of the costs involved in administration and the burden of audits but a premature withdrawal of audits risks undermining CPD quality and ultimately public protection. The GOC's own data shows audits provide actionable improvements with few serious concerns indicating they work as a preventative mechanism rather than overreach.

Q21. Should we withdraw GOC's standards for CPD providers?

No

Please provide comments.

The Standards for CPD providers are essential for maintaining consistent quality and alignment with professional expectations even in a less prescriptive system. They provide a benchmark and with the current high satisfaction with providers reflects their success.

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

January 2028

Please provide comments.

I do think changes are required but they should be phased from 2028

Q23. Will the proposed changes have effects, whether positive or negative, on:

(a) opportunities for persons to use the Welsh language?

Yes

(b) treating the Welsh language no less favourably than the English language?

Yes

If yes, please explain your reasoning.

the les prescriptive CPD system that relies more on employers and market forces and less on standards CPD content could default to English only. Also removing provider standards takes away the mechanism to say registrants practising in Wales should treat Welsh no less favourably than English.

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

(a) opportunities for persons to use the Welsh language?

Yes

(b) treating the Welsh language no less favourably than the English language?

(No answer)

If yes, please explain your reasoning.

Possibly an annual Welsh impact report? and registrant support with peer networks?

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?

Yes

(b) treating the Welsh language no less favourably than the English language?

Yes

If yes, please explain your reasoning.

Welsh specific monitoring as part of the annual declaration for Welsh based registrants also maintain a mandatory searchable field in the provider directory.

Q26. Are there any aspects of our proposals that could discriminate against stakeholders with specific characteristics?

a) Yes

If yes, please explain your reasoning.

Once again the shift towards a more business/employer responsibility for PDP and and 'sufficient' CPD could potentially discriminate regarding age- part time older or disabled registrants or caring responsibilities may struggle with increased self- directed CPD that lacks the structure from the current system. gender/sex - pregnancy/maternity women dominate the optical workforce taking career breaks or flexible roles would again may face more workplace barriers.

Q27. Are there any aspects of our proposals that could have a positive impact on stakeholders with specific characteristics?

a) Yes

If yes, please explain your reasoning.

Potentially this could provide more improve impact by being less prescriptive.

Can we publish your response?

Yes, but please keep my name and/or my organisation’s name private

RESPONDENT 072

Are you responding on behalf of an organisation?

No

Which category of respondent best describes you?

Dispensing optician

Type your answer

(No answer)

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

Not sure

Please provide comments.

(No answer)

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

No

Please provide comments.

THE POINTS SYSTEM IS EASY TO MANAGE AND EVERYONE IS AWARE OF THEIR OBLIGATIONS

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

Yes

Please provide comments.

(No answer)

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?

Sufficient CPD

Please provide comments.

(No answer)

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

No

Please provide comments.

(No answer)

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?

Not sure

Please provide comments.

(No answer)

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

GOC systems

Please provide comments.

(No answer)

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

Not sure

Please provide comments.

(No answer)

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?

No

Please provide comments.

(No answer)

Q10. Should we change the competencies (the four domains) which CPD events must relate to?

No

Please provide comments.

(No answer)

Q11. Should we adjust the points allocated to different activities to make it easier to reach the total points required under the CPD rules 2021?

Yes

Please provide comments.

(No answer)

Q12. Should we remove the limit on the minimum number of CPD points that must be obtained from provider-led activity?

No

Please provide comments.

(No answer)

Q13. Should we remove the need for a reflection statement to be provided for each self-directed CPD activity?

Yes

Please provide comments.

(No answer)

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

(No answer)

Q15. Should business registrants have specific responsibility to ensure individual registrants have an up-to-date personal development plan?

Yes

Please provide comments.

(No answer)

Q16. How can the standards for optical businesses be strengthened to help achieve this outcome?

(No answer)

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

(No answer)

Q18. Should we seek to end CPD provider approval?

No

Please provide comments.

(No answer)

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

No

Please provide comments.

(No answer)

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

No

Please provide comments.

(No answer)

Q21. Should we withdraw GOC's standards for CPD providers?

No

Please provide comments.

(No answer)

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

January 2028

Please provide comments.

(No answer)

Q23. Will the proposed changes have effects, whether positive or negative, on:

(a) opportunities for persons to use the Welsh language?

Not Sure

(b) treating the Welsh language no less favourably than the English language?

Not Sure

If yes, please explain your reasoning.

(No answer)

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

(a) opportunities for persons to use the Welsh language?

Not Sure

(b) treating the Welsh language no less favourably than the English language?

Not Sure

If yes, please explain your reasoning.

(No answer)

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?

Not Sure

(b) treating the Welsh language no less favourably than the English language?

Not Sure

If yes, please explain your reasoning.

(No answer)

Q26. Are there any aspects of our proposals that could discriminate against stakeholders with specific characteristics?

b) No

If yes, please explain your reasoning.

(No answer)

Q27. Are there any aspects of our proposals that could have a positive impact on stakeholders with specific characteristics?

b) No

If yes, please explain your reasoning.

(No answer)

Can we publish your response?

Yes

RESPONDENT 075

Are you responding on behalf of an organisation?

No

Which category of respondent best describes you?

Optometrist

Type your answer

(No answer)

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

Not sure

Please provide comments.

(No answer)

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

No

Please provide comments.

I think that the points system is fair - it ensures that all registrants are doing similar amounts of CPD and learning

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

No

Please provide comments.

I don't feel restricted by the current CPD system at all - I can still choose CPD on whichever topics and areas I want and make sure they are useful and relevant to me.

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?

Notional minimum amount

Please provide comments.

(No answer)

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

Not sure

Please provide comments.

(No answer)

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

Please provide comments.

I think it is good for individual registrants to make the declaration themselves, but it still needs to be overseen/checked by the GOC/another regulator to make sure that registrants are being honest and have actually met CPD requirements.

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

GOC systems

Please provide comments.

(No answer)

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

Yes

Please provide comments.

(No answer)

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

Please provide comments.

(No answer)

Q10. Should we change the competencies (the four domains) which CPD events must relate to?

No

Please provide comments.

(No answer)

Q11. Should we adjust the points allocated to different activities to make it easier to reach the total points required under the CPD rules 2021?

No

Please provide comments.

(No answer)

Q12. Should we remove the limit on the minimum number of CPD points that must be obtained from provider-led activity?

No

Please provide comments.

(No answer)

Q13. Should we remove the need for a reflection statement to be provided for each self-directed CPD activity?

No

Please provide comments.

(No answer)

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

I don't think business owners/managers would be useful to help registrants achieve their CPD/learning requirements. Business owners have different goals and targets in their minds compared to registrants! Business owners care mostly about optometrists testing as fast as possible and converting as many patients as possible.

Q15. Should business registrants have specific responsibility to ensure individual registrants have an up-to-date personal development plan?

No

Please provide comments.

This will not apply to locums, and sometimes registrants have multiple jobs in different areas of optics. They may have 2 different employers and then this becomes confusing with who is responsible.

Q16. How can the standards for optical businesses be strengthened to help achieve this outcome?

(No answer)

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

(No answer)

Q18. Should we seek to end CPD provider approval?

No

Please provide comments.

(No answer)

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

No

Please provide comments.

(No answer)

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

No

Please provide comments.

(No answer)

Q21. Should we withdraw GOC's standards for CPD providers?

No

Please provide comments.

(No answer)

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

January 2028

Please provide comments.

(No answer)

Q23. Will the proposed changes have effects, whether positive or negative, on:

(a) opportunities for persons to use the Welsh language?

Not Sure

(b) treating the Welsh language no less favourably than the English language?

Not Sure

If yes, please explain your reasoning.

(No answer)

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

(a) opportunities for persons to use the Welsh language?

Not Sure

(b) treating the Welsh language no less favourably than the English language?

Not Sure

If yes, please explain your reasoning.

(No answer)

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?

Not Sure

(b) treating the Welsh language no less favourably than the English language?

Not Sure

If yes, please explain your reasoning.

(No answer)

Q26. Are there any aspects of our proposals that could discriminate against stakeholders with specific characteristics?

c) Not sure

If yes, please explain your reasoning.

(No answer)

Q27. Are there any aspects of our proposals that could have a positive impact on stakeholders with specific characteristics?

c) Not sure

If yes, please explain your reasoning.

(No answer)

Can we publish your response?

Yes, but please keep my name and/or my organisation’s name private

RESPONDENT 076

Are you responding on behalf of an organisation?

No

Which category of respondent best describes you?

Optometrist

Type your answer

(No answer)

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

Yes

Please provide comments.

Removing the reflection statements is a good idea and allowing a more focused area of study depending on one's interests for that cycle is very appealing.

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

Yes

Please provide comments.

(No answer)

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

Yes

Please provide comments.

(No answer)

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

Please provide comments.

(No answer)

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

No

Please provide comments.

(No answer)

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

Please provide comments.

(No answer)

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

GOC systems

Please provide comments.

(No answer)

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

No

Please provide comments.

Not if we are maintaining CPD records on a GOC system.

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

Please provide comments.

(No answer)

Q10. Should we change the competencies (the four domains) which CPD events must relate to?

Not sure

Please provide comments.

(No answer)

Q11. Should we adjust the points allocated to different activities to make it easier to reach the total points required under the CPD rules 2021?

Yes

Please provide comments.

(No answer)

Q12. Should we remove the limit on the minimum number of CPD points that must be obtained from provider-led activity?

Yes

Please provide comments.

(No answer)

Q13. Should we remove the need for a reflection statement to be provided for each self-directed CPD activity?

Yes

Please provide comments.

(No answer)

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

(No answer)

Q15. Should business registrants have specific responsibility to ensure individual registrants have an up-to-date personal development plan?

No

Please provide comments.

As registered and accredited professionals it should be the responsibility of the individual to achieve any CPD goals.

Q16. How can the standards for optical businesses be strengthened to help achieve this outcome?

(No answer)

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

(No answer)

Q18. Should we seek to end CPD provider approval?

No

Please provide comments.

Continuing to seek approval would maintain the standard of CPD provided.

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

Yes

Please provide comments.

(No answer)

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

Not sure

Please provide comments.

(No answer)

Q21. Should we withdraw GOC's standards for CPD providers?

No

Please provide comments.

(No answer)

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

January 2028

Please provide comments.

(No answer)

Q23. Will the proposed changes have effects, whether positive or negative, on:

(a) opportunities for persons to use the Welsh language?

No

(b) treating the Welsh language no less favourably than the English language?

No

If yes, please explain your reasoning.

(No answer)

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

(a) opportunities for persons to use the Welsh language?

Yes

(b) treating the Welsh language no less favourably than the English language?

Yes

If yes, please explain your reasoning.

(No answer)

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?

Yes

(b) treating the Welsh language no less favourably than the English language?

Yes

If yes, please explain your reasoning.

(No answer)

Q26. Are there any aspects of our proposals that could discriminate against stakeholders with specific characteristics?

b) No

If yes, please explain your reasoning.

(No answer)

Q27. Are there any aspects of our proposals that could have a positive impact on stakeholders with specific characteristics?

b) No

If yes, please explain your reasoning.

(No answer)

Can we publish your response?

Yes, but please keep my name and/or my organisation’s name private

RESPONDENT 077

Are you responding on behalf of an organisation?

No

Which category of respondent best describes you?

Dispensing optician

Type your answer

(No answer)

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

No

Please provide comments.

It will give those who do not want to engage with learning a possibility to do as little as possible

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

No

Please provide comments.

The points system works for giving guidance on the amount of learning that should be done

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

Yes

Please provide comments.

(No answer)

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

Please provide comments.

(No answer)

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

Yes

Please provide comments.

This would be possible for employed professionals. How would Locum be overseen?

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

Please provide comments.

(No answer)

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

GOC systems

Please provide comments.

If only keeping personal records this will be impossible for auditing

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

Yes

Please provide comments.

Otherwise people may as well not bother doing the cpd in the first place

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?

Not sure

Please provide comments.

(No answer)

Q10. Should we change the competencies (the four domains) which CPD events must relate to?

No

Please provide comments.

(No answer)

Q11. Should we adjust the points allocated to different activities to make it easier to reach the total points required under the CPD rules 2021?

No

Please provide comments.

(No answer)

Q12. Should we remove the limit on the minimum number of CPD points that must be obtained from provider-led activity?

Yes

Please provide comments.

(No answer)

Q13. Should we remove the need for a reflection statement to be provided for each self-directed CPD activity?

Yes

Please provide comments.

(No answer)

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

Have a tabulated system

Q15. Should business registrants have specific responsibility to ensure individual registrants have an up-to-date personal development plan?

Yes

Please provide comments.

(No answer)

Q16. How can the standards for optical businesses be strengthened to help

achieve this outcome?

(No answer)

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

Another domain with self reflection header

Q18. Should we seek to end CPD provider approval?

No

Please provide comments.

There will be a lot of substandard learning

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

Yes

Please provide comments.

(No answer)

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

No

Please provide comments.

This could lead to substandard learning

Q21. Should we withdraw GOC's standards for CPD providers?

Please provide comments.

(No answer)

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

January 2031

Please provide comments.

Giving time for the previous changes to sink in and businesses to plan how they are going to support employees

Q23. Will the proposed changes have effects, whether positive or negative, on:

(a) opportunities for persons to use the Welsh language?

No

(b) treating the Welsh language no less favourably than the English language?

No

If yes, please explain your reasoning.

(No answer)

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

(a) opportunities for persons to use the Welsh language?

No

(b) treating the Welsh language no less favourably than the English language?

No

If yes, please explain your reasoning.

(No answer)

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?

(b) treating the Welsh language no less favourably than the English language?

No

If yes, please explain your reasoning.

(No answer)

Q26. Are there any aspects of our proposals that could discriminate against stakeholders with specific characteristics?

c) Not sure

If yes, please explain your reasoning.

(No answer)

Q27. Are there any aspects of our proposals that could have a positive impact on stakeholders with specific characteristics?

a) Yes

If yes, please explain your reasoning.

Time, work habits, costs of cpd, funding of cpd.

Can we publish your response?

Yes

RESPONDENT 079

Are you responding on behalf of an organisation?

No

Which category of respondent best describes you?

Optometrist

Type your answer

(No answer)

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

Not sure

Please provide comments.

(No answer)

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

Yes

Please provide comments.

(No answer)

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

Yes

Please provide comments.

(No answer)

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?

Notional minimum amount

Please provide comments.

(No answer)

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

No

Please provide comments.

(No answer)

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

Please provide comments.

(No answer)

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

GOC systems

Please provide comments.

(No answer)

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

No

Please provide comments.

(No answer)

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?

No

Please provide comments.

(No answer)

Q10. Should we change the competencies (the four domains) which CPD events must relate to?

Yes

Please provide comments.

(No answer)

Q11. Should we adjust the points allocated to different activities to make it easier to reach the total points required under the CPD rules 2021?

Yes

Please provide comments.

(No answer)

Q12. Should we remove the limit on the minimum number of CPD points that must be obtained from provider-led activity?

No

Please provide comments.

(No answer)

Q13. Should we remove the need for a reflection statement to be provided for each self-directed CPD activity?

Yes

Please provide comments.

(No answer)

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

(No answer)

Q15. Should business registrants have specific responsibility to ensure individual registrants have an up-to-date personal development plan?

No

Please provide comments.

(No answer)

Q16. How can the standards for optical businesses be strengthened to help achieve this outcome?

(No answer)

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

(No answer)

Q18. Should we seek to end CPD provider approval?

No

Please provide comments.

(No answer)

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

Yes

Please provide comments.

(No answer)

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

Yes

Please provide comments.

(No answer)

Q21. Should we withdraw GOC's standards for CPD providers?

No

Please provide comments.

(No answer)

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

January 2028

Please provide comments.

(No answer)

Q23. Will the proposed changes have effects, whether positive or negative, on:

(a) opportunities for persons to use the Welsh language?

No

(b) treating the Welsh language no less favourably than the English language?

No

If yes, please explain your reasoning.

(No answer)

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

(a) opportunities for persons to use the Welsh language?

No

(b) treating the Welsh language no less favourably than the English language?

No

If yes, please explain your reasoning.

(No answer)

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?

No

(b) treating the Welsh language no less favourably than the English language?

No

If yes, please explain your reasoning.

(No answer)

Q26. Are there any aspects of our proposals that could discriminate against stakeholders with specific characteristics?

b) No

If yes, please explain your reasoning.

(No answer)

Q27. Are there any aspects of our proposals that could have a positive impact on stakeholders with specific characteristics?

a) Yes

If yes, please explain your reasoning.

More flexibilty for those struggling to do training outside their job role - ie on maternity/disabled

Can we publish your response?

Yes

RESPONDENT 080

Are you responding on behalf of an organisation?

No

Which category of respondent best describes you?

Optometrist

Type your answer

(No answer)

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

Yes

Please provide comments.

(No answer)

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

Yes

Please provide comments.

(No answer)

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

Yes

Please provide comments.

(No answer)

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?

Notional minimum amount

Please provide comments.

(No answer)

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

No

Please provide comments.

(No answer)

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

Please provide comments.

(No answer)

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

GOC systems

Please provide comments.

(No answer)

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

Yes

Please provide comments.

(No answer)

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

Please provide comments.

(No answer)

Q10. Should we change the competencies (the four domains) which CPD events must relate to?

Yes

Please provide comments.

(No answer)

Q11. Should we adjust the points allocated to different activities to make it easier to reach the total points required under the CPD rules 2021?

Yes

Please provide comments.

(No answer)

Q12. Should we remove the limit on the minimum number of CPD points that must be obtained from provider-led activity?

Yes

Please provide comments.

(No answer)

Q13. Should we remove the need for a reflection statement to be provided for each self-directed CPD activity?

Yes

Please provide comments.

(No answer)

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

(No answer)

Q15. Should business registrants have specific responsibility to ensure individual registrants have an up-to-date personal development plan?

(No answer)

Please provide comments.

(No answer)

Q16. How can the standards for optical businesses be strengthened to help achieve this outcome?

(No answer)

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

(No answer)

Q18. Should we seek to end CPD provider approval?

(No answer)

Please provide comments.

(No answer)

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

(No answer)

Please provide comments.

(No answer)

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

Yes

Please provide comments.

(No answer)

Q21. Should we withdraw GOC's standards for CPD providers?

No

Please provide comments.

(No answer)

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

January 2028

Please provide comments.

(No answer)

Q23. Will the proposed changes have effects, whether positive or negative, on:

(a) opportunities for persons to use the Welsh language?

Not Sure

(b) treating the Welsh language no less favourably than the English language?

Not Sure

If yes, please explain your reasoning.

(No answer)

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

(a) opportunities for persons to use the Welsh language?

(No answer)

(b) treating the Welsh language no less favourably than the English language?

(No answer)

If yes, please explain your reasoning.

(No answer)

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?

(No answer)

(b) treating the Welsh language no less favourably than the English language?

(No answer)

If yes, please explain your reasoning.

(No answer)

Q26. Are there any aspects of our proposals that could discriminate against stakeholders with specific characteristics?

(No answer)

If yes, please explain your reasoning.

(No answer)

Q27. Are there any aspects of our proposals that could have a positive impact on stakeholders with specific characteristics?

(No answer)

If yes, please explain your reasoning.

(No answer)

Can we publish your response?

Yes, but please keep my name and/or my organisation’s name private

RESPONDENT 081

Are you responding on behalf of an organisation?

No

Which category of respondent best describes you?

Optometrist

Type your answer

(No answer)

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

Not sure

Please provide comments.

(No answer)

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

No

Please provide comments.

(No answer)

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

No

Please provide comments.

(No answer)

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

Please provide comments.

(No answer)

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

No

Please provide comments.

(No answer)

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

Please provide comments.

(No answer)

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

GOC systems

Please provide comments.

(No answer)

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

Not sure

Please provide comments.

(No answer)

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

Please provide comments.

(No answer)

Q10. Should we change the competencies (the four domains) which CPD events must relate to?

No

Please provide comments.

(No answer)

Q11. Should we adjust the points allocated to different activities to make it easier to reach the total points required under the CPD rules 2021?

Yes

Please provide comments.

(No answer)

Q12. Should we remove the limit on the minimum number of CPD points that must be obtained from provider-led activity?

No

Please provide comments.

(No answer)

Q13. Should we remove the need for a reflection statement to be provided for each self-directed CPD activity?

Yes

Please provide comments.

(No answer)

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

enforce business to supply adequate points during the year, and supply allocated time to complete the CET

Q15. Should business registrants have specific responsibility to ensure individual registrants have an up-to-date personal development plan?

Yes

Please provide comments.

(No answer)

Q16. How can the standards for optical businesses be strengthened to help achieve this outcome?

enforced , allocated time each year to complete the necessary cet requirement

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

ranked CET immediately on completing

Q18. Should we seek to end CPD provider approval?

No

Please provide comments.

(No answer)

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

Not sure

Please provide comments.

(No answer)

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

Not sure

Please provide comments.

(No answer)

Q21. Should we withdraw GOC's standards for CPD providers?

No

Please provide comments.

(No answer)

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

January 2034

Please provide comments.

(No answer)

Q23. Will the proposed changes have effects, whether positive or negative, on:

(a) opportunities for persons to use the Welsh language?

No

(b) treating the Welsh language no less favourably than the English language?

No

If yes, please explain your reasoning.

(No answer)

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

(a) opportunities for persons to use the Welsh language?

No

(b) treating the Welsh language no less favourably than the English language?

No

If yes, please explain your reasoning.

(No answer)

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?

No

(b) treating the Welsh language no less favourably than the English language?

No

If yes, please explain your reasoning.

(No answer)

Q26. Are there any aspects of our proposals that could discriminate against stakeholders with specific characteristics?

b) No

If yes, please explain your reasoning.

(No answer)

Q27. Are there any aspects of our proposals that could have a positive impact on stakeholders with specific characteristics?

b) No

If yes, please explain your reasoning.

(No answer)

Can we publish your response?

Yes, but please keep my name and/or my organisation’s name private

RESPONDENT 083

Are you responding on behalf of an organisation?

No

Which category of respondent best describes you?

Optometrist

Type your answer

(No answer)

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

Not sure

Please provide comments.

(No answer)

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

Yes

Please provide comments.

(No answer)

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

Yes

Please provide comments.

(No answer)

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?

Not sure

Please provide comments.

I think either could be ok, as long as their is some guidance on expectation based on

scope of practice

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

Not sure

Please provide comments.

I see the merit but can very often feels like a box ticking exercise and a bit pointless

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

Please provide comments.

(No answer)

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 or own records

Please provide comments.

(No answer)

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

Yes

Please provide comments.

if chosen to be audited, not for everyone

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

Please provide comments.

(No answer)

Q10. Should we change the competencies (the four domains) which CPD events must relate to?

Yes

Please provide comments.

yes I don't agree that their should be different competencies

Q11. Should we adjust the points allocated to different activities to make it easier to reach the total points required under the CPD rules 2021?

Yes

Please provide comments.

yes I've always thought that the notion of interactive points being essential doesn't make sense, as many people find other ways of learning more beneficial. I think people should be able to learn the way that they wish to and find most useful to them.

Q12. Should we remove the limit on the minimum number of CPD points that must be obtained from provider-led activity?

Yes

Please provide comments.

(No answer)

Q13. Should we remove the need for a reflection statement to be provided for each self-directed CPD activity?

Yes

Please provide comments.

(No answer)

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

Allow businesses to continue to proved CPD opportunities, and ensuring CPD grants still available to allow registrants time out of the business to carry out CPD

Q15. Should business registrants have specific responsibility to ensure individual registrants have an up-to-date personal development plan?

No

Please provide comments.

I think this is an unfair expectation on businesses

Q16. How can the standards for optical businesses be strengthened to help achieve this outcome?

I think businesses already do enough to support registrants with their CPD

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

I think it would be difficult unless the business has a customer satisfaction survey. If it doesn't, perhaps GOC would need to issue one that the clinician can use themselves to give to patients. What would clinicians do that no longer see patients though?

Q18. Should we seek to end CPD provider approval?

Yes

Please provide comments.

(No answer)

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

Yes

Please provide comments.

(No answer)

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

Yes

Please provide comments.

(No answer)

Q21. Should we withdraw GOC's standards for CPD providers?

Not sure

Please provide comments.

(No answer)

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

January 2028

Please provide comments.

(No answer)

Q23. Will the proposed changes have effects, whether positive or negative, on:

(a) opportunities for persons to use the Welsh language?

Not Sure

(b) treating the Welsh language no less favourably than the English language?

Not Sure

If yes, please explain your reasoning.

(No answer)

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

(a) opportunities for persons to use the Welsh language?

Not Sure

(b) treating the Welsh language no less favourably than the English language?

Not Sure

If yes, please explain your reasoning.

(No answer)

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?

Not Sure

(b) treating the Welsh language no less favourably than the English language?

Not Sure

If yes, please explain your reasoning.

(No answer)

Q26. Are there any aspects of our proposals that could discriminate against stakeholders with specific characteristics?

b) No

If yes, please explain your reasoning.

(No answer)

Q27. Are there any aspects of our proposals that could have a positive impact on stakeholders with specific characteristics?

c) Not sure

If yes, please explain your reasoning.

(No answer)

Can we publish your response?

Yes, but please keep my name and/or my organisation’s name private

RESPONDENT 087

Are you responding on behalf of an organisation?

No

Which category of respondent best describes you?

Therapeutic prescribing optometrist

Type your answer

(No answer)

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

No

Please provide comments.

do not fully agree with the objectives for the review. While reducing unnecessary administrative burden and allowing flexibility in CPD are reasonable goals, the objectives appear to place greater emphasis on minimising regulation rather than ensuring consistent professional standards and patient safety. Structured CPD requirements, including minimum expectations, provide an important safeguard that helps ensure registrants maintain their competence.
Additionally, the objectives rely heavily on employers supporting registrants' development, which may not work for professionals working as locums, across multiple settings, or outside clinical practice. The regulator should continue to set clear minimum expectations to ensure consistent standards across the profession.

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

No

Please provide comments.

I do not agree that the points system should be removed. While it may not be perfect, it provides a clear and measurable framework that ensures registrants undertake a minimum level of professional development. Removing it risks creating inconsistency in how much CPD registrants complete and may reduce accountability.
A structured system helps ensure that all professionals maintain an appropriate level of competence regardless of their employment setting or individual motivation. Without clear minimum requirements, there is a risk that some registrants may undertake very limited CPD, which could ultimately affect patient safety and professional standards.

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

No

Please provide comments.

I do not believe that guidance alone is sufficient. Regulatory requirements exist to ensure consistent professional standards across the profession. If CPD expectations become purely guidance-based, there is a risk that learning will become inconsistent and difficult to enforce.
Clear requirements provide transparency and fairness, ensuring that all registrants are held to the same standard. Removing these requirements may weaken regulatory oversight and could make it harder to address situations where registrants are not maintaining their competence.

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?

Notional minimum amount

Please provide comments.

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

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

Yes

Please provide comments.

Personal Development Plans and reflective practice are valuable tools that encourage registrants to think critically about their professional development and identify learning needs. These processes help ensure CPD activities are purposeful and relevant rather than undertaken simply to meet regulatory requirements. Removing or weakening these elements could reduce the quality and effectiveness of CPD.

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?

No

Please provide comments.

An annual declaration alone does not provide meaningful assurance that registrants have undertaken appropriate CPD. Self- declaration without clear standards or measurable requirements risks becoming a formality rather than an effective regulatory

safeguard. CPD systems should include objective criteria and monitoring mechanisms to ensure registrants are maintaining their competence rather than relying primarily on self-reporting.

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

GOC systems

Please provide comments.

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

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

Yes

Please provide comments.

Regular review of CPD records is an important mechanism for ensuring compliance and maintaining professional standards. If the system becomes more flexible or less prescriptive, record review becomes even more important as a safeguard to ensure registrants are continuing to develop their skills and knowledge appropriately.

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

Please provide comments.

The regulator must retain the ability to remove registrants from the register if they fail to maintain adequate professional development. CPD is a core requirement of maintaining competence and protecting patients. However, removal should only occur after appropriate opportunities for remediation and support have been provided.

Q10. Should we change the competencies (the four domains) which CPD events must relate to?

No

Please provide comments.

I do not believe the current competency domains require significant change. The

existing domains are broad and appropriate for covering the key areas of professional practice. Changing these domains may create unnecessary disruption without clear evidence that the current structure is ineffective. The priority should be ensuring meaningful CPD within the existing framework rather than revising the domains themselves.

Q11. Should we adjust the points allocated to different activities to make it easier to reach the total points required under the CPD rules 2021?

No

Please provide comments.

Adjusting points to make it easier to meet CPD requirements risks reducing the overall level of professional development undertaken by registrants. The purpose of CPD should be to maintain and improve professional competence rather than simply making regulatory requirements easier to achieve. If there are concerns about the accessibility of CPD, the focus should instead be on improving the availability and relevance of CPD activities rather than lowering the effective requirements.

Q12. Should we remove the limit on the minimum number of CPD points that must be obtained from provider-led activity?

No

Please provide comments.

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

Q13. Should we remove the need for a reflection statement to be provided for each self-directed CPD activity?

No

Please provide comments.

Reflection is a key component of effective professional development. Requiring a reflection statement encourages registrants to actively consider what they have learned and how it applies to their practice. Removing this requirement risks reducing CPD to a passive activity where learning is recorded but not meaningfully evaluated or applied to professional practice.

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

While businesses can play an important role in supporting professional development, responsibility for ensuring registrants maintain competence should remain primarily with the regulator and the individual professional.
Reliance on employers may create inconsistencies, particularly for registrants working as locums, across multiple employers, or in non-traditional roles. Some businesses may have strong training systems, while others may have limited resources or incentives to prioritise CPD.
Any approach that involves businesses should complement, rather than replace, clear regulatory requirements.

Q15. Should business registrants have specific responsibility to ensure individual registrants have an up-to-date personal development plan?

No

Please provide comments.

The responsibility for maintaining a Personal Development Plan should remain with the individual registrant rather than being placed on business registrants. Professional development is fundamentally a personal professional responsibility. Many registrants work across multiple practices or as locums, making it impractical for businesses to take responsibility for monitoring or maintaining PDPs.

Q16. How can the standards for optical businesses be strengthened to help achieve this outcome?

The standards should focus on encouraging businesses to support staff development by providing time and opportunities for CPD rather than placing additional regulatory responsibilities on them. Strengthening standards in a way that shifts regulatory accountability onto businesses may create unintended burdens, particularly for smaller practices. It is important that the GOC retains clear responsibility for setting and monitoring CPD expectations.

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

While patient feedback can provide useful insights into communication and service quality, it should be used cautiously within
CPD systems. Patient feedback is subjective and may not reliably reflect clinical competence or professional standards. There is also a risk that reliance on informal feedback systems, including online reviews, could create unfair or inconsistent assessments of registrants. If patient feedback is used, it should be carefully structured and should not replace more objective measures of
professional competence.

Q18. Should we seek to end CPD provider approval?

No

Please provide comments.

I do not support the proposal to end CPD provider approval. The approval process

provides an important mechanism for ensuring the quality, relevance, and reliability of CPD delivered to registrants. Removing this oversight risks introducing significant variability in the standard of CPD available to professionals. While registrant satisfaction with CPD events may currently be high, this does not necessarily guarantee that quality will remain consistent if regulatory oversight is removed. CPD providers may vary significantly in their educational standards, evidence base, and potential commercial influences.
Provider approval offers reassurance that CPD activities meet minimum professional standards and are aligned with the regulator's expectations. Removing this safeguard may undermine confidence in the CPD system and could lead to the proliferation of low-quality or commercially driven training that prioritises convenience over educational value.

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

No

Please provide comments.

The requirement for providers to demonstrate their ability to deliver multiple approved CPD events before obtaining full approval is a reasonable safeguard to ensure quality and consistency. Reducing the number of required approved events may weaken this quality assurance process and allow providers to obtain full approval without sufficient evidence of sustained performance.
CPD is a key mechanism for maintaining professional competence, and the approval process should remain robust to ensure that providers consistently deliver high-quality educational content.

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

No

Please provide comments.

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

Q21. Should we withdraw GOC's standards for CPD providers?

No

Please provide comments.

The Standards for CPD Providers establish clear expectations regarding the quality, design, and delivery of CPD activities. These standards help ensure that educational

content is relevant, evidence-based, and professionally appropriate. Withdrawing these standards would remove an important framework for maintaining consistency and quality across CPD provision. In the absence of such standards, it may become more difficult to ensure that CPD activities support meaningful professional development and align with the needs of the profession and the protection of patients.

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

Another date

Please provide comments.

Significant changes to the CPD system should not be introduced until there is clear evidence that the proposed reforms will maintain or improve professional standards and patient safety.
Given the scale of the proposed changes, including the removal of the points system and the reduction of regulatory oversight of CPD provision, it would be prudent to delay implementation until further evaluation, consultation, and evidence gathering has taken place.
A phased approach with pilot testing or further impact assessment may be more appropriate before implementing such substantial changes across the entire profession.

Q23. Will the proposed changes have effects, whether positive or negative, on:

(a) opportunities for persons to use the Welsh language?

Not Sure

(b) treating the Welsh language no less favourably than the English language?

Not Sure

If yes, please explain your reasoning.

(No answer)

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

(a) opportunities for persons to use the Welsh language?

Not Sure

(b) treating the Welsh language no less favourably than the English language?

Not Sure

If yes, please explain your reasoning.

(No answer)

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?

Not Sure

(b) treating the Welsh language no less favourably than the English language?

Not Sure

If yes, please explain your reasoning.

(No answer)

Q26. Are there any aspects of our proposals that could discriminate against stakeholders with specific characteristics?

a) Yes

If yes, please explain your reasoning.

Some aspects of the proposed reforms could have unintended negative impacts on certain groups of registrants. In particular, the removal of structured CPD requirements and greater reliance on self-directed learning and employer support may disadvantage registrants who have less access to workplace training opportunities. For example, locum practitioners, part-time workers, and those working across multiple practices may not have the same level of organisational support for CPD as those employed in larger organisations. This could create inequalities in access to structured learning opportunities and professional development.
Registrants with caring responsibilities, those returning from parental leave, and individuals with disabilities or long-term health conditions may also face challenges if CPD expectations become less structured and more dependent on employer support or informal learning arrangements.
Additionally, registrants working in smaller practices or rural settings may have fewer opportunities to access high-quality CPD if regulatory oversight of CPD providers is reduced. These factors could unintentionally widen disparities in professional development opportunities across the profession.

Q27. Are there any aspects of our proposals that could have a positive impact on stakeholders with specific characteristics?

a) Yes

If yes, please explain your reasoning.

Some elements of the proposals could have positive impacts but only if implemented carefully. Greater flexibility in CPD requirements may benefit registrants who face barriers in accessing traditional CPD formats. This could include individuals who may find it difficult to attend structured CPD events. Increased flexibility may also support professionals returning from career breaks or parental leave by allowing them to undertake CPD that is more closely aligned with their individual circumstances and

learning needs.
However, these potential benefits will depend on ensuring that flexibility does not result in reduced access to high-quality CPD or create inconsistencies in professional development across the profession.

Can we publish your response?

Yes, but please keep my name and/or my organisation’s name private

RESPONDENT 088

Are you responding on behalf of an organisation?

No

Which category of respondent best describes you?

Other

Type your answer

I am responding as an Optometrist who completes CPD, but also as a CPD provider. I am considering both views in my responses and will try and clarify the point of view

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

Not sure

Please provide comments.

•Objective: Align with best practice in other professional services regulatory systems and meet government expectations to renew our CPD system
- Reply as Optometrist - Yes, in theory, but who is defining what best practice is? Different doesn't necessarily mean better, just because other organisations do things in a different way, what level of evidence are we using to say this is 'best practice'? I have friends / family in other professions that run a similar system to what is being proposed and they hate the system. The fact that is not clear what is sufficient evidence / level of 'CPD'. The current optical system is very clear - get XX points and you have done sufficient learning. Also they tell me that colleagues are not engaged with the process.

Objective: Remove unnecessary costs of regulation for registrants and CPD providers, including financial costs and time burdens.
Reply as CPD Provider - As a CPD provider I don't think the current systems adds particular time and cost burdens, the work I have to do to provide a CPD session is things that I should be doing to ensure the CPD is of adequate standard.

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

Not sure

Please provide comments.

As Optometrist - I agree that in theory more freedom is better i.e. removal of points, but the removal of points also removes a lot of clarity for people. I think you need to be very clear with people i.e. here is exactly what is expected of you without points i.e. you will need to write X number of reflective learning statements, etc, etc vs points. I think that is a different question to, do you want points?

Q3. Do you agree that we should issue guidance on the amount, areas and types

of learning rather than set specific requirements?

Yes

Please provide comments.

As Optometrist and CPD provide : Again - with caveats - this guideline needs to be clear. As you state, we have the freedom to do self-directed learning already, yet only 3.9% of points were done this way. Talking to people when running events they are very unsure what 'self-directed learning' means - what can and can't be classed as it. They don't like the reflective learning element and I often get asked if 'product training' can count. I was told by the GOC that this was a clear NO and CPD is not about specific product training. However, I know that some people register product training as self-directed learning and I would be interested to know of this 3.9%, if audited, how much was just product training.
In terms of provider lead currently it is very clear that CPD should not be product training - basically advertising. I already see that some sessions in my opinion are 'borderline' in this regard (knowing how careful I am in to avoid product advertising). Remove
audit/approval and we could potentially see that CPD just become product training!

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?

Sufficient CPD

Please provide comments.

(No answer)

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

Yes

Please provide comments.

As Optometrist - Yes we should create a clear development plan, I think we could do with more support in terms of structure and process. Many people are not used to complete this process.

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?

Not sure

Please provide comments.

As Optometrist: It depends on how the CPD is structured. The advantage of the

current system is this is done automatically and the GOC have a clear yes/no criteria. If you move to a non-points based system then you have to make a declaration.

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

GOC systems

Please provide comments.

For consistency, easy audit, etc. This should not be done anywhere else.

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

Not sure

Please provide comments.

As Optometrist: There needs to be some audit process to ensure standards- should the review a sample of every registration - no, this would be a mammoth job and knowing how there is understandably some variation in 'approvers' / 'audits' requirements/feedback currently, how would consistency in this process be maintained

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?

Not sure

Please provide comments.

As Optometrist: This is all about clear expectations, requirements, etc being set out. If these are clear and someone has not met the requirements then yes they should be able to remove, but this could be difficult to 'police' if the setup is not correct.

Q10. Should we change the competencies (the four domains) which CPD events must relate to?

No

Please provide comments.

As Optometrist and CPD provider: I am not sure what value this would bring, is it change just to change?

Q11. Should we adjust the points allocated to different activities to make it easier to reach the total points required under the CPD rules 2021?

No

Please provide comments.

As optometrist: If we are sticking with the points system, I would be reluctant to reduce. You state that 'Our data indicates that registrants tend to carry out unevenly across the three-year cycle and upload most of their points towards the end of the cycle.' This, to me, proves that registrants need encouragement to complete any learning. If there was not any CPD points requirement what learning would be completed? As a provider, we see a sudden rush at the beginning and end of cycles and even years to meet the small yearly total, this shows me there is lack of engagement, from some, with CPD, but I am not certain it is due to the points system (in fact I am pretty certain it is not due to the points!).

Q12. Should we remove the limit on the minimum number of CPD points that must be obtained from provider-led activity?

Yes

Please provide comments.

I am not certain this will change behaviour - people are no one near the limit currently of how much self-directed learning they can do

Q13. Should we remove the need for a reflection statement to be provided for each self-directed CPD activity?

Not sure

Please provide comments.

As Optometrist How to you 'prove' what people have got out of learning? With a provider led training, registrants have to at least be in the room / complete a test (depending on type of session), there is an audit trail.

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

(No answer)

Q15. Should business registrants have specific responsibility to ensure individual registrants have an up-to-date personal development plan?

Yes

Please provide comments.

In our 2025 business registrant survey, only 50% of respondents agreed the compliance costs of CPD undertaken by employees are reasonable.
As Optometrist: It should absolutely be in the interests of a business registrant to have their employees keep their skill set and knowledge up to date. the business registration has a role in maintain employee education /skills. If there is a less formal requirement of CPD, my worry if businesses are not held somewhat responsible then they will be

less inclined to support colleagues in maintaining the skills / unknowledge in 'cost saving' exercises. This will lead to a gradual loss of skills / knowledge within the industry, which would be bad for both individual registrants and in turn patients.

Q16. How can the standards for optical businesses be strengthened to help achieve this outcome?

(No answer)

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

(No answer)

Q18. Should we seek to end CPD provider approval?

No

Please provide comments.

CPD Provider: The current system seems to work? In a provider call, the number of new providers that were still being approved and getting session rejected was shared an was quite high. This suggests that when people start providing CPD they need some help in writing learning objectives, expectations of what is expected etc. Therefore if you want to maintain standards of training why would you remove this? The current system basically ensure a provider knows requirements and then you are 'approved', the audit then maintains standards. This seems a very fair balance of effort vs standards.

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

No

Please provide comments.

As previous - Do all new providers get it right first time - No.

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

No

Please provide comments.

As a provider the simple answer you would think is 'Yes' but I don't think this is the right answer.
As a CPD provider I think we do pretty good CPD and we do internal 'audits' on our content/process. However, when I had my first audit I was nervous. I must say going through the process was valuable. It helps make sure we are constantly improving. I think to maintain standards you should always audit - perhaps reduce the regularity/amount that you audit. This would decrease effort for GOC side but still

ensure standards are kept.

Q21. Should we withdraw GOC's standards for CPD providers?

No

Please provide comments.

There should absolutely be some standards set, maybe not exactly as written but some guidance.

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

(No answer)

Please provide comments.

I think there is a lot to consider before changing and wouldn't set a deadline until this is understood fully.

Q23. Will the proposed changes have effects, whether positive or negative, on:

(a) opportunities for persons to use the Welsh language?

(No answer)

(b) treating the Welsh language no less favourably than the English language?

(No answer)

If yes, please explain your reasoning.

(No answer)

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

(a) opportunities for persons to use the Welsh language?

(No answer)

(b) treating the Welsh language no less favourably than the English language?

(No answer)

If yes, please explain your reasoning.

(No answer)

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?

(No answer)

(b) treating the Welsh language no less favourably than the English language?

(No answer)

If yes, please explain your reasoning.

(No answer)

Q26. Are there any aspects of our proposals that could discriminate against stakeholders with specific characteristics?

(No answer)

If yes, please explain your reasoning.

(No answer)

Q27. Are there any aspects of our proposals that could have a positive impact on stakeholders with specific characteristics?

(No answer)

If yes, please explain your reasoning.

(No answer)

Can we publish your response?

Yes, but please keep my name and/or my organisation’s name private

RESPONDENT 089

Are you responding on behalf of an organisation?

No

Which category of respondent best describes you?

Contact lens optician

Type your answer

(No answer)

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

No

Please provide comments.

after years of changing the (then) cet system to ensure registrants take on a balanced and broad range of continued training and development through their careers it is a retrograde step to remove the points/specified competencies system

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

No

Please provide comments.

This ensures a minimum amount of cpd undertaken in an environment where some registrants WILL do the minimum necessary

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

Not sure

Please provide comments.

Guidance without censure will lead to evasion

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?

Sufficient CPD

Please provide comments.

(No answer)

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

No

Please provide comments.

Many Opticians wish to work in frontline practice without undertaking further roles that were not part of their original remit; and should be allowed to do so. Not every optician wishes to become an independent prescriber, or take on hospital support work. This is particularly true of older members of the registry

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

Please provide comments.

(No answer)

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

GOC systems

Please provide comments.

(No answer)

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

Yes

Please provide comments.

(No answer)

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

Please provide comments.

(No answer)

Q10. Should we change the competencies (the four domains) which CPD events must relate to?

No

Please provide comments.

They seem perfectly adequate, and are not "broken", hence do not require fixing

Q11. Should we adjust the points allocated to different activities to make it easier to reach the total points required under the CPD rules 2021?

No

Please provide comments.

The current system is not particularly onerous, why make it easier?

Q12. Should we remove the limit on the minimum number of CPD points that must be obtained from provider-led activity?

No

Please provide comments.

No!

Q13. Should we remove the need for a reflection statement to be provided for each self-directed CPD activity?

No

Please provide comments.

If its self directed, what else is there other than the reflective statement?

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

Businesses exist to promote and sell their own products, over and above their competitors. They will never view their role as being to increase critical thinking, fairness and balance in the industry they sell into. On the contrary their aim will be to distort the system as much as possible to their own commercial advantage.

Q15. Should business registrants have specific responsibility to ensure individual registrants have an up-to-date personal development plan?

No

Please provide comments.

This would 1) completely exclude self employed locum opticians and 2) place an unreasonable burden on business registrants, especially those small to medium size businesses that cannot rely on scale to absorb this extra cost

Q16. How can the standards for optical businesses be strengthened to help achieve this outcome?

(No answer)

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

I do not see how patient feedback should be incorporated into a system designed to increase practitioner competency and safety. CPD is not a popularity contest

Q18. Should we seek to end CPD provider approval?

No

Please provide comments.

(No answer)

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

Yes

Please provide comments.

(No answer)

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

No

Please provide comments.

surely there must be a minimum standard which cpd activities should reach?

Q21. Should we withdraw GOC's standards for CPD providers?

No

Please provide comments.

(No answer)

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

January 2034

Please provide comments.

I still feel the current system is not broken

Q23. Will the proposed changes have effects, whether positive or negative, on:

(a) opportunities for persons to use the Welsh language?

Not Sure

(b) treating the Welsh language no less favourably than the English language?

Not Sure

If yes, please explain your reasoning.

(No answer)

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

(a) opportunities for persons to use the Welsh language?

Not Sure

(b) treating the Welsh language no less favourably than the English language?

Not Sure

If yes, please explain your reasoning.

(No answer)

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?

Not Sure

(b) treating the Welsh language no less favourably than the English language?

Not Sure

If yes, please explain your reasoning.

(No answer)

Q26. Are there any aspects of our proposals that could discriminate against stakeholders with specific characteristics?

b) No

If yes, please explain your reasoning.

(No answer)

Q27. Are there any aspects of our proposals that could have a positive impact on stakeholders with specific characteristics?

b) No

If yes, please explain your reasoning.

(No answer)

Can we publish your response?

Yes, but please keep my name and/or my organisation’s name private

RESPONDENT 090

Are you responding on behalf of an organisation?

No

Which category of respondent best describes you?

Optometrist

Type your answer

(No answer)

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

Yes

Please provide comments.

(No answer)

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

Yes

Please provide comments.

(No answer)

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

Yes

Please provide comments.

(No answer)

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?

Sufficient CPD

Please provide comments.

(No answer)

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

Not sure

Please provide comments.

(No answer)

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

Please provide comments.

(No answer)

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 or own records

Please provide comments.

(No answer)

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

No

Please provide comments.

(No answer)

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?

No

Please provide comments.

(No answer)

Q10. Should we change the competencies (the four domains) which CPD events must relate to?

Not sure

Please provide comments.

(No answer)

Q11. Should we adjust the points allocated to different activities to make it easier to reach the total points required under the CPD rules 2021?

Yes

Please provide comments.

(No answer)

Q12. Should we remove the limit on the minimum number of CPD points that must be obtained from provider-led activity?

Yes

Please provide comments.

(No answer)

Q13. Should we remove the need for a reflection statement to be provided for each self-directed CPD activity?

Yes

Please provide comments.

(No answer)

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

(No answer)

Q15. Should business registrants have specific responsibility to ensure individual registrants have an up-to-date personal development plan?

Yes

Please provide comments.

(No answer)

Q16. How can the standards for optical businesses be strengthened to help achieve this outcome?

I am not sure but probably anything will be better than what is happening now.

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

It shouldn't.

Q18. Should we seek to end CPD provider approval?

Yes

Please provide comments.

Current system unduly onerous, bureaucratic and off putting to small providers. There is quality CPD available that is not 'pfficial' due to the ridiculous hoops presenters are expected to jump through. It far exceeds equivalent training for medics.

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

Yes

Please provide comments.

(No answer)

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

Yes

Please provide comments.

(No answer)

Q21. Should we withdraw GOC's standards for CPD providers?

Yes

Please provide comments.

(No answer)

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

January 2028

Please provide comments.

(No answer)

Q23. Will the proposed changes have effects, whether positive or negative, on:

(a) opportunities for persons to use the Welsh language?

(No answer)

(b) treating the Welsh language no less favourably than the English language?

(No answer)

If yes, please explain your reasoning.

(No answer)

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

(a) opportunities for persons to use the Welsh language?

(No answer)

(b) treating the Welsh language no less favourably than the English language?

(No answer)

If yes, please explain your reasoning.

(No answer)

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?

(No answer)

(b) treating the Welsh language no less favourably than the English language?

(No answer)

If yes, please explain your reasoning.

(No answer)

Q26. Are there any aspects of our proposals that could discriminate against stakeholders with specific characteristics?

(No answer)

If yes, please explain your reasoning.

(No answer)

Q27. Are there any aspects of our proposals that could have a positive impact on stakeholders with specific characteristics?

(No answer)

If yes, please explain your reasoning.

(No answer)

Can we publish your response?

Yes

RESPONDENT 091

Are you responding on behalf of an organisation?

No

Which category of respondent best describes you?

Optometrist

Type your answer

(No answer)

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

Yes

Please provide comments.

(No answer)

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

Not sure

Please provide comments.

Some registrants get far more points than they need however others do any CPD they can towards the end of the cycle just to get the points. Those who struggle to get points may not bother with a non points based system but on they other hand it is debatable whether their current learning is worthwhile anyway.

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

Yes

Please provide comments.

(No answer)

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?

Notional minimum amount

Please provide comments.

(No answer)

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

Yes

Please provide comments.

(No answer)

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

Please provide comments.

(No answer)

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 or own records

Please provide comments.

(No answer)

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

Yes

Please provide comments.

(No answer)

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

Please provide comments.

(No answer)

Q10. Should we change the competencies (the four domains) which CPD events must relate to?

Yes

Please provide comments.

(No answer)

Q11. Should we adjust the points allocated to different activities to make it easier to reach the total points required under the CPD rules 2021?

Yes

Please provide comments.

(No answer)

Q12. Should we remove the limit on the minimum number of CPD points that must be obtained from provider-led activity?

Yes

Please provide comments.

(No answer)

Q13. Should we remove the need for a reflection statement to be provided for each self-directed CPD activity?

Yes

Please provide comments.

(No answer)

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

(No answer)

Q15. Should business registrants have specific responsibility to ensure individual registrants have an up-to-date personal development plan?

Yes

Please provide comments.

(No answer)

Q16. How can the standards for optical businesses be strengthened to help

achieve this outcome?

All business should be registered with the GOC

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

This is something that registrants could log with a reflection about what happened maybe like a case record

Q18. Should we seek to end CPD provider approval?

Not sure

Please provide comments.

(No answer)

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

No

Please provide comments.

(No answer)

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

Yes

Please provide comments.

(No answer)

Q21. Should we withdraw GOC's standards for CPD providers?

No

Please provide comments.

It is useful to have a framework but it should be more flexible

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

January 2028

Please provide comments.

(No answer)

Q23. Will the proposed changes have effects, whether positive or negative, on:

(a) opportunities for persons to use the Welsh language?

Not Sure

(b) treating the Welsh language no less favourably than the English language?

Not Sure

If yes, please explain your reasoning.

(No answer)

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

(a) opportunities for persons to use the Welsh language?

Not Sure

(b) treating the Welsh language no less favourably than the English language?

Not Sure

If yes, please explain your reasoning.

(No answer)

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?

Not Sure

(b) treating the Welsh language no less favourably than the English language?

Not Sure

If yes, please explain your reasoning.

(No answer)

Q26. Are there any aspects of our proposals that could discriminate against stakeholders with specific characteristics?

b) No

If yes, please explain your reasoning.

(No answer)

Q27. Are there any aspects of our proposals that could have a positive impact on stakeholders with specific characteristics?

a) Yes

If yes, please explain your reasoning.

May be easier for parents on parental leave to get CPD points

Can we publish your response?

Yes, but please keep my name and/or my organisation’s name private

RESPONDENT 092

Are you responding on behalf of an organisation?

No

Which category of respondent best describes you?

Optometrist

Type your answer

(No answer)

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

Yes

Please provide comments.

(No answer)

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

Not sure

Please provide comments.

I like the point system as it allows registrants to easily complete CPD. My concern about removing the points system would be that it may be harder to track registrants CPD progress. Can we ensure a way that registrants still undertake and engage with the CPD process with a no points system?

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

Yes

Please provide comments.

(No answer)

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?

Sufficient CPD

Please provide comments.

(No answer)

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

Yes

Please provide comments.

Yes, but I think that the PDP and reflection process should be easier on the GOC website.

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

Please provide comments.

(No answer)

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

GOC systems

Please provide comments.

(No answer)

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

Yes

Please provide comments.

I think this is important to ensure that registrants are engaging with CPD. We work in an environment that is always changing, and we need to ensure registrants are up to date with new processes/developments in eye care.

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

Please provide comments.

Yes, I think that if a registrant is unable to engage with CPD and CPD record keeping, this may be a reflection on their own professional work and I think that the GOC needs

to ensure registrants are upholding the GOC core values

Q10. Should we change the competencies (the four domains) which CPD events must relate to?

Yes

Please provide comments.

It would be useful for the competencies to be individualised depending on what sector of optometry the registrant may work in.

Q11. Should we adjust the points allocated to different activities to make it easier to reach the total points required under the CPD rules 2021?

No

Please provide comments.

(No answer)

Q12. Should we remove the limit on the minimum number of CPD points that must be obtained from provider-led activity?

No

Please provide comments.

(No answer)

Q13. Should we remove the need for a reflection statement to be provided for each self-directed CPD activity?

Yes

Please provide comments.

(No answer)

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

Incentivise businesses to provide or make time for CPD

Q15. Should business registrants have specific responsibility to ensure individual registrants have an up-to-date personal development plan?

Not sure

Please provide comments.

(No answer)

Q16. How can the standards for optical businesses be strengthened to help achieve this outcome?

Clearer guidance and accountability

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

(No answer)

Q18. Should we seek to end CPD provider approval?

Not sure

Please provide comments.

(No answer)

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

Not sure

Please provide comments.

(No answer)

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

No

Please provide comments.

(No answer)

Q21. Should we withdraw GOC's standards for CPD providers?

(No answer)

Please provide comments.

(No answer)

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

January 2028

Please provide comments.

(No answer)

Q23. Will the proposed changes have effects, whether positive or negative, on:

(a) opportunities for persons to use the Welsh language?

Not Sure

(b) treating the Welsh language no less favourably than the English language?

Not Sure

If yes, please explain your reasoning.

(No answer)

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

(a) opportunities for persons to use the Welsh language?

Not Sure

(b) treating the Welsh language no less favourably than the English language?

Not Sure

If yes, please explain your reasoning.

(No answer)

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?

Not Sure

(b) treating the Welsh language no less favourably than the English language?

Not Sure

If yes, please explain your reasoning.

(No answer)

Q26. Are there any aspects of our proposals that could discriminate against stakeholders with specific characteristics?

c) Not sure

If yes, please explain your reasoning.

(No answer)

Q27. Are there any aspects of our proposals that could have a positive impact on stakeholders with specific characteristics?

c) Not sure

If yes, please explain your reasoning.

(No answer)

Can we publish your response?

Yes, but please keep my name and/or my organisation’s name private

RESPONDENT 094

Are you responding on behalf of an organisation?

Yes

What is the name of the organisation you are responding on behalf of?

Which category best describes the organisation you are responding on behalf of?

GOC business registrant

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

(No answer)

Please provide comments.

I feel the changes aren't addressing the main problem with the current cpd system. No colleague I know has an issue with the point system and the way that we currently keep a track of it on the website. It is very easy to use and easy to keep a track of. But no one I know this la the reflective account is useful. Nor the scope of practice that you have to fill in. It is actually limiting their want to do more cpd. They would likely do more if they didn't have to fill in and reflect at the end of the cycle.

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

Not sure

Please provide comments.

I would need to know more about it as it's not clear what will be an acceptable amount of cpd to do …

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

Yes

Please provide comments.

(No answer)

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?

Sufficient CPD

Please provide comments.

(No answer)

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

No

Please provide comments.

This is a complete waste of time that I know all optometrists don't like and most have said it actively pits them off doing more cpd as they don't want to go through this silly process. So this is actually stopping people advancing their optometry knowledge.

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

Please provide comments.

(No answer)

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

GOC systems

Please provide comments.

(No answer)

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

No

Please provide comments.

(No answer)

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?

Not sure

Please provide comments.

(No answer)

Q10. Should we change the competencies (the four domains) which CPD events must relate to?

Yes

Please provide comments.

(No answer)

Q11. Should we adjust the points allocated to different activities to make it easier to reach the total points required under the CPD rules 2021?

Yes

Please provide comments.

(No answer)

Q12. Should we remove the limit on the minimum number of CPD points that must be obtained from provider-led activity?

Yes

Please provide comments.

(No answer)

Q13. Should we remove the need for a reflection statement to be provided for each self-directed CPD activity?

Yes

Please provide comments.

(No answer)

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

(No answer)

Q15. Should business registrants have specific responsibility to ensure individual registrants have an up-to-date personal development plan?

No

Please provide comments.

(No answer)

Q16. How can the standards for optical businesses be strengthened to help achieve this outcome?

(No answer)

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

It shouldn't be

Q18. Should we seek to end CPD provider approval?

No

Please provide comments.

(No answer)

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

No

Please provide comments.

(No answer)

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

Not sure

Please provide comments.

(No answer)

Q21. Should we withdraw GOC's standards for CPD providers?

No

Please provide comments.

(No answer)

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

January 2028

Please provide comments.

(No answer)

Q23. Will the proposed changes have effects, whether positive or negative, on:

(a) opportunities for persons to use the Welsh language?

(No answer)

(b) treating the Welsh language no less favourably than the English language?

(No answer)

If yes, please explain your reasoning.

(No answer)

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

(a) opportunities for persons to use the Welsh language?

(No answer)

(b) treating the Welsh language no less favourably than the English language?

(No answer)

If yes, please explain your reasoning.

(No answer)

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?

(No answer)

(b) treating the Welsh language no less favourably than the English language?

(No answer)

If yes, please explain your reasoning.

(No answer)

Q26. Are there any aspects of our proposals that could discriminate against stakeholders with specific characteristics?

(No answer)

If yes, please explain your reasoning.

(No answer)

Q27. Are there any aspects of our proposals that could have a positive impact on stakeholders with specific characteristics?

(No answer)

If yes, please explain your reasoning.

(No answer)

Can we publish your response?

Yes, but please keep my name and/or my organisation’s name private

RESPONDENT 095

Are you responding on behalf of an organisation?

No

Which category of respondent best describes you?

Dispensing optician

Type your answer

(No answer)

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

Not sure

Please provide comments.

(No answer)

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

No

Please provide comments.

(No answer)

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

No

Please provide comments.

(No answer)

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?

Sufficient CPD

Please provide comments.

(No answer)

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

No

Please provide comments.

(No answer)

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

Please provide comments.

(No answer)

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

GOC systems

Please provide comments.

(No answer)

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

Not sure

Please provide comments.

(No answer)

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?

Not sure

Please provide comments.

(No answer)

Q10. Should we change the competencies (the four domains) which CPD events must relate to?

No

Please provide comments.

(No answer)

Q11. Should we adjust the points allocated to different activities to make it easier to reach the total points required under the CPD rules 2021?

Not sure

Please provide comments.

(No answer)

Q12. Should we remove the limit on the minimum number of CPD points that must be obtained from provider-led activity?

Not sure

Please provide comments.

(No answer)

Q13. Should we remove the need for a reflection statement to be provided for each self-directed CPD activity?

Yes

Please provide comments.

(No answer)

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

(No answer)

Q15. Should business registrants have specific responsibility to ensure individual registrants have an up-to-date personal development plan?

No

Please provide comments.

(No answer)

Q16. How can the standards for optical businesses be strengthened to help achieve this outcome?

(No answer)

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

(No answer)

Q18. Should we seek to end CPD provider approval?

Not sure

Please provide comments.

(No answer)

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

Not sure

Please provide comments.

(No answer)

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

Not sure

Please provide comments.

(No answer)

Q21. Should we withdraw GOC's standards for CPD providers?

No

Please provide comments.

(No answer)

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

January 2031

Please provide comments.

(No answer)

Q23. Will the proposed changes have effects, whether positive or negative, on:

(a) opportunities for persons to use the Welsh language?

(No answer)

(b) treating the Welsh language no less favourably than the English language?

(No answer)

If yes, please explain your reasoning.

(No answer)

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

(a) opportunities for persons to use the Welsh language?

(No answer)

(b) treating the Welsh language no less favourably than the English language?

(No answer)

If yes, please explain your reasoning.

(No answer)

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?

(No answer)

(b) treating the Welsh language no less favourably than the English language?

(No answer)

If yes, please explain your reasoning.

(No answer)

Q26. Are there any aspects of our proposals that could discriminate against stakeholders with specific characteristics?

(No answer)

If yes, please explain your reasoning.

(No answer)

Q27. Are there any aspects of our proposals that could have a positive impact on stakeholders with specific characteristics?

(No answer)

If yes, please explain your reasoning.

(No answer)

Can we publish your response?

Yes, but please keep my name and/or my organisation’s name private

RESPONDENT 096

Are you responding on behalf of an organisation?

No

Which category of respondent best describes you?

Optometrist

Type your answer

(No answer)

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

No

Please provide comments.

With ETR changes the GOC is reducing regulation in qualifying (not checking Universities are assessing to high standard), removing CPD points requirements removes another check in the regulation of Optometrists. Public and clinician perception will be that GOC are making it easier to become registrant and also maintain position on the register which has potential for harming the publics health and also trust in an industry that is already undergoing huge changes.

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

No

Please provide comments.

As mentioned earlier GOC should not be perceived as making it easier to join and maintain registration.

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

No

Please provide comments.

If it is guidance rather than requirements it will result in patient's being seen by clinicians who have not completed the recommendations and that will only be apparent when they are audited which might never happen to that individual. This would be harmful to patients and their perception of the industry.

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

Please provide comments.

(No answer)

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

Yes

Please provide comments.

(No answer)

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

Please provide comments.

This does not need to be done if the current system is maintained.

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

GOC systems

Please provide comments.

(No answer)

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

Yes

Please provide comments.

(No answer)

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

Please provide comments.

(No answer)

Q10. Should we change the competencies (the four domains) which CPD events must relate to?

No

Please provide comments.

(No answer)

Q11. Should we adjust the points allocated to different activities to make it easier to reach the total points required under the CPD rules 2021?

No

Please provide comments.

(No answer)

Q12. Should we remove the limit on the minimum number of CPD points that must be obtained from provider-led activity?

No

Please provide comments.

(No answer)

Q13. Should we remove the need for a reflection statement to be provided for each self-directed CPD activity?

No

Please provide comments.

The reflection is what self-directed CPD is all about, the purpose of the reflection is to give the clinician the opportunity to think about how the work will influence their professionalism

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

The current system is better than other health professionals

Q15. Should business registrants have specific responsibility to ensure individual registrants have an up-to-date personal development plan?

Yes

Please provide comments.

Standard 3.2 covers this point not sure why this is being discussed as the standards are clear.

Q16. How can the standards for optical businesses be strengthened to help achieve this outcome?

I am unsure why this change makes sense.

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

You shouldn't as this would disadvantage Locums who cannot get the same level of feedback otherwise the business could fall afoul of IR35 rules.

Q18. Should we seek to end CPD provider approval?

No

Please provide comments.

(No answer)

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

No

Please provide comments.

(No answer)

Q20. Should we phase out CPD provider audits over the 2028-30 cycle?

No

Please provide comments.

How would you ensure that CPD is being delivered to the level it would be expected to be by the general public.

Q21. Should we withdraw GOC's standards for CPD providers?

No

Please provide comments.

(No answer)

Q22. When should we aim to introduce changes requiring amendment to the CPD rules 2021?

Another date

Please provide comments.

(No answer)

Q23. Will the proposed changes have effects, whether positive or negative, on:

(a) opportunities for persons to use the Welsh language?

Not Sure

(b) treating the Welsh language no less favourably than the English language?

Not Sure

If yes, please explain your reasoning.

(No answer)

Q24. Could the proposed changes be revised so that they would have positive effects, or increased positive effects, on:

(a) opportunities for persons to use the Welsh language?

Not Sure

(b) treating the Welsh language no less favourably than the English language?

Not Sure

If yes, please explain your reasoning.

(No answer)

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?

Not Sure

(b) treating the Welsh language no less favourably than the English language?

Not Sure

If yes, please explain your reasoning.

(No answer)

Q26. Are there any aspects of our proposals that could discriminate against stakeholders with specific characteristics?

c) Not sure

If yes, please explain your reasoning.

(No answer)

Q27. Are there any aspects of our proposals that could have a positive impact on stakeholders with specific characteristics?

c) Not sure

If yes, please explain your reasoning.

(No answer)

Can we publish your response?

Yes, but please keep my name and/or my organisation's name private

RESPONDENT 097

Are you responding on behalf of an organisation?

No

Which category of respondent best describes you?

Dispensing optician

Type your answer

(No answer)

Q1. Do you agree with our objectives for the review?

Yes

Please provide comments.

(No answer)

Q2. Do you agree that we should move away from a points system?

Yes

Please provide comments.

(No answer)

Q3. Do you agree that we should issue guidance on the amount, areas and types of learning rather than set specific requirements?

Yes

Please provide comments.

(No answer)

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?

Sufficient CPD

Please provide comments.

(No answer)

Q5. Should registrants be required to make a personal development plan and reflect on progress as part of appraisals and similar mechanisms?

No

Please provide comments.

(No answer)

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

Please provide comments.

(No answer)

Q7. Should registrants be required to maintain records of CPD activity on GOC IT systems or be able to keep their own records?

GOC systems

Please provide comments.

(No answer)

Q8. Should GOC review a sample of CPD records following annual registration renewal?

Yes

Please provide comments.

(No answer)

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

Please provide comments.

(No answer)

Q10. Should we change the competencies (the four domains) which CPD events must relate to?

Not sure

Please provide comments.

(No answer)

Q11. Should we adjust the points allocated to different activities to make it easier to reach the total points required under the CPD rules 2021?

Yes

Please provide comments.

(No answer)

Q12. Should we remove the limit on the minimum number of CPD points that must be obtained from provider-led activity?

Yes

Please provide comments.

(No answer)

Q13. Should we remove the need for a reflection statement to be provided for each self-directed CPD activity?

Yes

Please provide comments.

(No answer)

Q14. How can we best leverage the role of businesses within the CPD system to support a less prescriptive system for individual registrants?

There should still be some minimum requirements (like interactive) but it should be easier to obtain - but also CPD quality needs to improve. At the moment I have been thoroughly disappointed by the vast majority of CPD I have attended because it was too basic - especially when it is aimed at qualified registrants, I don't need to have the basics of how there's 3 layers of tear film described to me at the start of every dry eye CPD and if any registrant does then I'm worried for them.

Q15. Should business registrants have specific responsibility to ensure individual registrants have an up-to-date personal development plan?

No

Please provide comments.

(No answer)

Q16. How can the standards for optical businesses be strengthened to help achieve this outcome?

(No answer)

Q17. How should patient feedback be incorporated within the CPD system?

It shouldn't.

Q18. Should we seek to end CPD provider approval?

No

Please provide comments.

No but as stated previously we need to hold our CPD content quality to a higher standard.

Q19. Should we reduce the number of CPD events requiring approval before CPD providers can convert from provisionally approved to fully approved status?

Not sure

Please provide comments.

(No answer)

Q20. Should we phase out CPD provider audits over the 2028-30 cycle?

No

Please provide comments.

(No answer)

Q21. Should we withdraw GOC's standards for CPD providers?

No

Please provide comments.

(No answer)

Q22. When should we aim to introduce changes requiring amendment to the CPD rules 2021?

January 2028

Please provide comments.

(No answer)

Q23. Will the proposed changes have effects, whether positive or negative, on:

(a) opportunities for persons to use the Welsh language?

No

(b) treating the Welsh language no less favourably than the English language?

No

If yes, please explain your reasoning.

(No answer)

Q24. Could the proposed changes be revised so that they would have positive effects, or increased positive effects, on:

(a) opportunities for persons to use the Welsh language?

No

(b) treating the Welsh language no less favourably than the English language?

No

If yes, please explain your reasoning.

(No answer)

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?

(No answer)

(b) treating the Welsh language no less favourably than the English language?

No

If yes, please explain your reasoning.

(No answer)

Q26. Are there any aspects of our proposals that could discriminate against stakeholders with specific characteristics?

b) No

If yes, please explain your reasoning.

(No answer)

Q27. Are there any aspects of our proposals that could have a positive impact on stakeholders with specific characteristics?

b) No

If yes, please explain your reasoning.

(No answer)

Can we publish your response?

Yes, but please keep my name and/or my organisation’s name private

RESPONDENT 100

Are you responding on behalf of an organisation?

No

Which category of respondent best describes you?

Dispensing optician

Type your answer

(No answer)

Q1. Do you agree with our objectives for the review?

Yes

Please provide comments.

The current point system is hard to fulfil if you live in a remote area, especially the interactive without spending loads of money. Also alot of the cpd is irrelevant to the work I do.

Q2. Do you agree that we should move away from a points system?

Yes

Please provide comments.

(No answer)

Q3. Do you agree that we should issue guidance on the amount, areas and types of learning rather than set specific requirements?

Yes

Please provide comments.

Would be nice to choose my learning and tailor it to be more relevant to the work we do

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?

Neither

Please provide comments.

Would need to be something achievable and easy to record without to much difficulty, a yearly summary or something signed off by management maybe

Q5. Should registrants be required to make a personal development plan and reflect on progress as part of appraisals and similar mechanisms?

No

Please provide comments.

(No answer)

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

Please provide comments.

(No answer)

Q7. Should registrants be required to maintain records of CPD activity on GOC IT systems or be able to keep their own records?

Own records only

Please provide comments.

(No answer)

Q8. Should GOC review a sample of CPD records following annual registration renewal?

No

Please provide comments.

(No answer)

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?

No

Please provide comments.

We shouldn’t need a points system/pass to stay on the register, if a dispensing optician

is fully qualified and performing their role correctly they should automatically be re registered onto the GOC register as it used to be before the points system was introduced. Surely a copy of a positive yearly review should suffice.

Q10. Should we change the competencies (the four domains) which CPD events must relate to?

Yes

Please provide comments.

Remove the competencies

Q11. Should we adjust the points allocated to different activities to make it easier to reach the total points required under the CPD rules 2021?

Not sure

Please provide comments.

Remove points system

Q12. Should we remove the limit on the minimum number of CPD points that must be obtained from provider-led activity?

Yes

Please provide comments.

(No answer)

Q13. Should we remove the need for a reflection statement to be provided for each self-directed CPD activity?

Yes

Please provide comments.

(No answer)

Q14. How can we best leverage the role of businesses within the CPD system to support a less prescriptive system for individual registrants?

Maybe I hey would be able to offer shorter courses/articles/videis/certificates focused more on the role of those that work in practice

Q15. Should business registrants have specific responsibility to ensure individual registrants have an up-to-date personal development plan?

No

Please provide comments.

(No answer)

Q16. How can the standards for optical businesses be strengthened to help achieve this outcome?

Prioritise in practice patient care

Q17. How should patient feedback be incorporated within the CPD system?

Maybe we could submit comments/reviews from patients that received excellent customer care from us?

Q18. Should we seek to end CPD provider approval?

Yes

Please provide comments.

(No answer)

Q19. Should we reduce the number of CPD events requiring approval before CPD providers can convert from provisionally approved to fully approved status?

Yes

Please provide comments.

(No answer)

Q20. Should we phase out CPD provider audits over the 2028-30 cycle?

Yes

Please provide comments.

(No answer)

Q21. Should we withdraw GOC's standards for CPD providers?

Yes

Please provide comments.

(No answer)

Q22. When should we aim to introduce changes requiring amendment to the CPD rules 2021?

January 2028

Please provide comments.

(No answer)

Q23. Will the proposed changes have effects, whether positive or negative, on:

(a) opportunities for persons to use the Welsh language?

No

(b) treating the Welsh language no less favourably than the English language?

No

If yes, please explain your reasoning.

(No answer)

Q24. Could the proposed changes be revised so that they would have positive effects, or increased positive effects, on:

(a) opportunities for persons to use the Welsh language?

No

(b) treating the Welsh language no less favourably than the English language?

No

If yes, please explain your reasoning.

(No answer)

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?

No

(b) treating the Welsh language no less favourably than the English language?

No

If yes, please explain your reasoning.

(No answer)

Q26. Are there any aspects of our proposals that could discriminate against stakeholders with specific characteristics?

b) No

If yes, please explain your reasoning.

(No answer)

Q27. Are there any aspects of our proposals that could have a positive impact on stakeholders with specific characteristics?

b) No

If yes, please explain your reasoning.

(No answer)

Can we publish your response?

Yes, but please keep my name and/or my organisation’s name private

RESPONDENT 101

Are you responding on behalf of an organisation?

No

Which category of respondent best describes you?

Contact lens optician

Type your answer

(No answer)

Q1. Do you agree with our objectives for the review?

Yes

Please provide comments.

(No answer)

Q2. Do you agree that we should move away from a points system?

No

Please provide comments.

(No answer)

Q3. Do you agree that we should issue guidance on the amount, areas and types of learning rather than set specific requirements?

Yes

Please provide comments.

(No answer)

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?

Sufficient CPD

Please provide comments.

(No answer)

Q5. Should registrants be required to make a personal development plan and reflect on progress as part of appraisals and similar mechanisms?

Yes

Please provide comments.

(No answer)

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

Please provide comments.

(No answer)

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 or own records

Please provide comments.

(No answer)

Q8. Should GOC review a sample of CPD records following annual registration renewal?

Yes

Please provide comments.

(No answer)

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?

No

Please provide comments.

(No answer)

Q10. Should we change the competencies (the four domains) which CPD events must relate to?

Yes

Please provide comments.

(No answer)

Q11. Should we adjust the points allocated to different activities to make it easier to reach the total points required under the CPD rules 2021?

Yes

Please provide comments.

(No answer)

Q12. Should we remove the limit on the minimum number of CPD points that must be obtained from provider-led activity?

No

Please provide comments.

(No answer)

Q13. Should we remove the need for a reflection statement to be provided for each self-directed CPD activity?

Yes

Please provide comments.

(No answer)

Q14. How can we best leverage the role of businesses within the CPD system to support a less prescriptive system for individual registrants?

(No answer)

Q15. Should business registrants have specific responsibility to ensure individual registrants have an up-to-date personal development plan?

No

Please provide comments.

(No answer)

Q16. How can the standards for optical businesses be strengthened to help achieve this outcome?

(No answer)

Q17. How should patient feedback be incorporated within the CPD system?

(No answer)

Q18. Should we seek to end CPD provider approval?

No

Please provide comments.

(No answer)

Q19. Should we reduce the number of CPD events requiring approval before CPD providers can convert from provisionally approved to fully approved status?

Not sure

Please provide comments.

(No answer)

Q20. Should we phase out CPD provider audits over the 2028-30 cycle?

Not sure

Please provide comments.

(No answer)

Q21. Should we withdraw GOC's standards for CPD providers?

(No answer)

Please provide comments.

(No answer)

Q22. When should we aim to introduce changes requiring amendment to the CPD rules 2021?

January 2028

Please provide comments.

(No answer)

Q23. Will the proposed changes have effects, whether positive or negative, on:

(a) opportunities for persons to use the Welsh language?

Not Sure

(b) treating the Welsh language no less favourably than the English

language?

Not Sure

If yes, please explain your reasoning.

(No answer)

Q24. Could the proposed changes be revised so that they would have positive effects, or increased positive effects, on:

(a) opportunities for persons to use the Welsh language?

Not Sure

(b) treating the Welsh language no less favourably than the English language?

Not Sure

If yes, please explain your reasoning.

(No answer)

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?

Not Sure

(b) treating the Welsh language no less favourably than the English language?

Not Sure

If yes, please explain your reasoning.

(No answer)

Q26. Are there any aspects of our proposals that could discriminate against stakeholders with specific characteristics?

c) Not sure

If yes, please explain your reasoning.

(No answer)

Q27. Are there any aspects of our proposals that could have a positive impact on stakeholders with specific characteristics?

c) Not sure

If yes, please explain your reasoning.

(No answer)

Can we publish your response?

Yes

RESPONDENT 103

Are you responding on behalf of an organisation?

No

Which category of respondent best describes you?

Optometrist

Type your answer

(No answer)

Q1. Do you agree with our objectives for the review?

No

Please provide comments.

(No answer)

Q2. Do you agree that we should move away from a points system?

No

Please provide comments.

(No answer)

Q3. Do you agree that we should issue guidance on the amount, areas and types of learning rather than set specific requirements?

No

Please provide comments.

(No answer)

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?

Neither

Please provide comments.

(No answer)

Q5. Should registrants be required to make a personal development plan and

reflect on progress as part of appraisals and similar mechanisms?

No

Please provide comments.

(No answer)

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?

No

Please provide comments.

(No answer)

Q7. Should registrants be required to maintain records of CPD activity on GOC IT systems or be able to keep their own records?

Own records only

Please provide comments.

(No answer)

Q8. Should GOC review a sample of CPD records following annual registration renewal?

No

Please provide comments.

(No answer)

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?

No

Please provide comments.

(No answer)

Q10. Should we change the competencies (the four domains) which CPD events must relate to?

No

Please provide comments.

(No answer)

Q11. Should we adjust the points allocated to different activities to make it easier to reach the total points required under the CPD rules 2021?

Yes

Please provide comments.

(No answer)

Q12. Should we remove the limit on the minimum number of CPD points that must be obtained from provider-led activity?

Yes

Please provide comments.

(No answer)

Q13. Should we remove the need for a reflection statement to be provided for each self-directed CPD activity?

Yes

Please provide comments.

(No answer)

Q14. How can we best leverage the role of businesses within the CPD system to support a less prescriptive system for individual registrants?

(No answer)

Q15. Should business registrants have specific responsibility to ensure individual registrants have an up-to-date personal development plan?

No

Please provide comments.

(No answer)

Q16. How can the standards for optical businesses be strengthened to help achieve this outcome?

(No answer)

Q17. How should patient feedback be incorporated within the CPD system?

(No answer)

Q18. Should we seek to end CPD provider approval?

Yes

Please provide comments.

(No answer)

Q19. Should we reduce the number of CPD events requiring approval before CPD providers can convert from provisionally approved to fully approved status?

Yes

Please provide comments.

(No answer)

Q20. Should we phase out CPD provider audits over the 2028-30 cycle?

Yes

Please provide comments.

(No answer)

Q21. Should we withdraw GOC's standards for CPD providers?

Yes

Please provide comments.

(No answer)

Q22. When should we aim to introduce changes requiring amendment to the CPD rules 2021?

January 2028

Please provide comments.

(No answer)

Q23. Will the proposed changes have effects, whether positive or negative, on:

(a) opportunities for persons to use the Welsh language?

Not Sure

(b) treating the Welsh language no less favourably than the English language?

Not Sure

If yes, please explain your reasoning.

(No answer)

Q24. Could the proposed changes be revised so that they would have positive effects, or increased positive effects, on:

(a) opportunities for persons to use the Welsh language?

Not Sure

(b) treating the Welsh language no less favourably than the English language?

Not Sure

If yes, please explain your reasoning.

(No answer)

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?

No

(b) treating the Welsh language no less favourably than the English language?

No

If yes, please explain your reasoning.

(No answer)

Q26. Are there any aspects of our proposals that could discriminate against stakeholders with specific characteristics?

b) No

If yes, please explain your reasoning.

(No answer)

Q27. Are there any aspects of our proposals that could have a positive impact on stakeholders with specific characteristics?

b) No

If yes, please explain your reasoning.

(No answer)

Can we publish your response?

Yes

RESPONDENT 104

Are you responding on behalf of an organisation?

No

Which category of respondent best describes you?

Optometrist

Type your answer

(No answer)

Q1. Do you agree with our objectives for the review?

Yes

Please provide comments.

I believe CPD should be the responsibility of GOC to approve

Q2. Do you agree that we should move away from a points system?

Yes

Please provide comments.

(No answer)

Q3. Do you agree that we should issue guidance on the amount, areas and types of learning rather than set specific requirements?

Yes

Please provide comments.

(No answer)

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

Please provide comments.

(No answer)

Q5. Should registrants be required to make a personal development plan and

reflect on progress as part of appraisals and similar mechanisms?

Yes

Please provide comments.

(No answer)

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

Please provide comments.

(No answer)

Q7. Should registrants be required to maintain records of CPD activity on GOC IT systems or be able to keep their own records?

GOC systems

Please provide comments.

(No answer)

Q8. Should GOC review a sample of CPD records following annual registration renewal?

Yes

Please provide comments.

(No answer)

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

Please provide comments.

(No answer)

Q10. Should we change the competencies (the four domains) which CPD events must relate to?

Yes

Please provide comments.

(No answer)

Q11. Should we adjust the points allocated to different activities to make it easier to reach the total points required under the CPD rules 2021?

Yes

Please provide comments.

(No answer)

Q12. Should we remove the limit on the minimum number of CPD points that must be obtained from provider-led activity?

Yes

Please provide comments.

(No answer)

Q13. Should we remove the need for a reflection statement to be provided for each self-directed CPD activity?

Yes

Please provide comments.

(No answer)

Q14. How can we best leverage the role of businesses within the CPD system to support a less prescriptive system for individual registrants?

(No answer)

Q15. Should business registrants have specific responsibility to ensure individual registrants have an up-to-date personal development plan?

Yes

Please provide comments.

(No answer)

Q16. How can the standards for optical businesses be strengthened to help achieve this outcome?

Ensure that businesses provide enough learning hours and study time for the registrants

Q17. How should patient feedback be incorporated within the CPD system?

(No answer)

Q18. Should we seek to end CPD provider approval?

No

Please provide comments.

(No answer)

Q19. Should we reduce the number of CPD events requiring approval before CPD providers can convert from provisionally approved to fully approved status?

No

Please provide comments.

(No answer)

Q20. Should we phase out CPD provider audits over the 2028-30 cycle?

No

Please provide comments.

(No answer)

Q21. Should we withdraw GOC's standards for CPD providers?

No

Please provide comments.

(No answer)

Q22. When should we aim to introduce changes requiring amendment to the CPD rules 2021?

Another date

Please provide comments.

(No answer)

Q23. Will the proposed changes have effects, whether positive or negative, on:

(a) opportunities for persons to use the Welsh language?

No

(b) treating the Welsh language no less favourably than the English language?

No

If yes, please explain your reasoning.

(No answer)

Q24. Could the proposed changes be revised so that they would have positive effects, or increased positive effects, on:

(a) opportunities for persons to use the Welsh language?

Yes

(b) treating the Welsh language no less favourably than the English language?

Yes

If yes, please explain your reasoning.

(No answer)

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?

Yes

(b) treating the Welsh language no less favourably than the English language?

Yes

If yes, please explain your reasoning.

(No answer)

Q26. Are there any aspects of our proposals that could discriminate against stakeholders with specific characteristics?

b) No

If yes, please explain your reasoning.

(No answer)

Q27. Are there any aspects of our proposals that could have a positive impact on stakeholders with specific characteristics?

b) No

If yes, please explain your reasoning.

(No answer)

Can we publish your response?

Yes, but please keep my name and/or my organisation’s name private

RESPONDENT 106

Are you responding on behalf of an organisation?

No

Which category of respondent best describes you?

Optometrist

Type your answer

(No answer)

Q1. Do you agree with our objectives for the review?

No

Please provide comments.

(No answer)

Q2. Do you agree that we should move away from a points system?

No

Please provide comments.

structure is good - and an alternative will still be needed eg minimal amount of hours etc - which points equate to already!

Q3. Do you agree that we should issue guidance on the amount, areas and types of learning rather than set specific requirements?

(No answer)

Please provide comments.

(No answer)

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?

(No answer)

Please provide comments.

(No answer)

Q5. Should registrants be required to make a personal development plan and reflect on progress as part of appraisals and similar mechanisms?

Yes

Please provide comments.

(No answer)

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?

(No answer)

Please provide comments.

if its on top of the points then yes, but not instead of!

Q7. Should registrants be required to maintain records of CPD activity on GOC IT systems or be able to keep their own records?

GOC systems

Please provide comments.

(No answer)

Q8. Should GOC review a sample of CPD records following annual registration renewal?

Yes

Please provide comments.

(No answer)

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

Please provide comments.

(No answer)

Q10. Should we change the competencies (the four domains) which CPD events must relate to?

No

Please provide comments.

(No answer)

Q11. Should we adjust the points allocated to different activities to make it easier to reach the total points required under the CPD rules 2021?

Not sure

Please provide comments.

(No answer)

Q12. Should we remove the limit on the minimum number of CPD points that must be obtained from provider-led activity?

No

Please provide comments.

(No answer)

Q13. Should we remove the need for a reflection statement to be provided for each self-directed CPD activity?

Yes

Please provide comments.

it puts people off from doing/uploading self-directed cpd points as its too long winded

Q14. How can we best leverage the role of businesses within the CPD system to support a less prescriptive system for individual registrants?

advise they provide time during work or in lieu of cpd activity

Q15. Should business registrants have specific responsibility to ensure individual registrants have an up-to-date personal development plan?

Not sure

Please provide comments.

(No answer)

Q16. How can the standards for optical businesses be strengthened to help achieve this outcome?

advise they provide time during work or in lieu of cpd activity

Q17. How should patient feedback be incorporated within the CPD system?

not really - may not always be helpful and could be open to bias

Q18. Should we seek to end CPD provider approval?

No

Please provide comments.

this is a good way to ensure cpd is good quality

Q19. Should we reduce the number of CPD events requiring approval before CPD providers can convert from provisionally approved to fully approved status?

Yes

Please provide comments.

(No answer)

Q20. Should we phase out CPD provider audits over the 2028-30 cycle?

No

Please provide comments.

(No answer)

Q21. Should we withdraw GOC's standards for CPD providers?

No

Please provide comments.

these are essential to maintain good quality cpd

Q22. When should we aim to introduce changes requiring amendment to the CPD rules 2021?

January 2028

Please provide comments.

(No answer)

Q23. Will the proposed changes have effects, whether positive or negative, on:

(a) opportunities for persons to use the Welsh language?

Not Sure

(b) treating the Welsh language no less favourably than the English language?

Not Sure

If yes, please explain your reasoning.

(No answer)

Q24. Could the proposed changes be revised so that they would have positive effects, or increased positive effects, on:

(a) opportunities for persons to use the Welsh language?

Not Sure

(b) treating the Welsh language no less favourably than the English language?

If yes, please explain your reasoning.

(No answer)

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?

Not Sure

(b) treating the Welsh language no less favourably than the English language?

Not Sure

If yes, please explain your reasoning.

(No answer)

Q26. Are there any aspects of our proposals that could discriminate against stakeholders with specific characteristics?

c) Not sure

If yes, please explain your reasoning.

(No answer)

Q27. Are there any aspects of our proposals that could have a positive impact on stakeholders with specific characteristics?

c) Not sure

If yes, please explain your reasoning.

(No answer)

Can we publish your response?

Yes, but please keep my name and/or my organisation’s name private

RESPONDENT 107

Are you responding on behalf of an organisation?

No

Which category of respondent best describes you?

Dispensing optician

Type your answer

(No answer)

Q1. Do you agree with our objectives for the review?

No

Please provide comments.

You're putting far too much pressure on registrants to have to take responsibility for their CPD learning. You're encouraging people to do very little as long as it fits with what they deem their learning objectives are. It's an unfair system that some will take advantage of and some will be daunted by.

Q2. Do you agree that we should move away from a points system?

No

Please provide comments.

This provides a set framework that all registrants have to comply with.

Q3. Do you agree that we should issue guidance on the amount, areas and types of learning rather than set specific requirements?

Yes

Please provide comments.

There should be a strict framework that registrants have to comply with. CPD can be a hard thing to access depending on working hours, home responsibilities, striking a work life balance etc. Making it more work is counterproductive and will end up with too many different levels of CPD undertaken.

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?

Notional minimum amount

Please provide comments.

There has to be a minimum amount stipulated to prevent people doing an unfairly small amount compared to others.

Q5. Should registrants be required to make a personal development plan and reflect on progress as part of appraisals and similar mechanisms?

No

Please provide comments.

This has always been a tick box exercise that doesn't seem to make any difference to how people gain CPD

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?

No

Please provide comments.

The system should stay the same where registrants have to record points on the MyGOC platform for full transparency

Q7. Should registrants be required to maintain records of CPD activity on GOC IT systems or be able to keep their own records?

GOC systems

Please provide comments.

As above

Q8. Should GOC review a sample of CPD records following annual registration renewal?

Yes

Please provide comments.

(No answer)

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

Please provide comments.

(No answer)

Q10. Should we change the competencies (the four domains) which CPD events must relate to?

Yes

Please provide comments.

There should be more domains for optometrists due to the amount of aspects to the role.

Q11. Should we adjust the points allocated to different activities to make it easier to reach the total points required under the CPD rules 2021?

Yes

Please provide comments.

(No answer)

Q12. Should we remove the limit on the minimum number of CPD points that must be obtained from provider-led activity?

No

Please provide comments.

Provider led CPD is accredited and ensures registrants are receiving the correct level of education from it. Non provider led is far too open to interpretation

Q13. Should we remove the need for a reflection statement to be provided for each self-directed CPD activity?

Yes

Please provide comments.

In my opinion this is an added unnecessary workload

Q14. How can we best leverage the role of businesses within the CPD system to support a less prescriptive system for individual registrants?

(No answer)

Q15. Should business registrants have specific responsibility to ensure individual registrants have an up-to-date personal development plan?

Yes

Please provide comments.

Only if the CPD system is changing. Individual registrants should not have that responsibility on them without extensive support and guidance

Q16. How can the standards for optical businesses be strengthened to help achieve this outcome?

(No answer)

Q17. How should patient feedback be incorporated within the CPD system?

(No answer)

Q18. Should we seek to end CPD provider approval?

No

Please provide comments.

Approved CPD allows the registrant to be confident the education the have undertaken is relevant and acceptable

Q19. Should we reduce the number of CPD events requiring approval before CPD providers can convert from provisionally approved to fully approved status?

No

Please provide comments.

Without approval I feel standards will drop

Q20. Should we phase out CPD provider audits over the 2028-30 cycle?

No

Please provide comments.

(No answer)

Q21. Should we withdraw GOC's standards for CPD providers?

No

Please provide comments.

(No answer)

Q22. When should we aim to introduce changes requiring amendment to the CPD rules 2021?

Another date

Please provide comments.

(No answer)

Q23. Will the proposed changes have effects, whether positive or negative, on:

(a) opportunities for persons to use the Welsh language?

Not Sure

(b) treating the Welsh language no less favourably than the English language?

Not Sure

If yes, please explain your reasoning.

(No answer)

Q24. Could the proposed changes be revised so that they would have positive effects, or increased positive effects, on:

(a) opportunities for persons to use the Welsh language?

Not Sure

(b) treating the Welsh language no less favourably than the English language?

Not Sure

If yes, please explain your reasoning.

(No answer)

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?

Not Sure

(b) treating the Welsh language no less favourably than the English language?

Not Sure

If yes, please explain your reasoning.

(No answer)

Q26. Are there any aspects of our proposals that could discriminate against stakeholders with specific characteristics?

a) Yes

If yes, please explain your reasoning.

If there is more emphasis on the registrant being more responsible I feel this negatively impacts on family life and therefore discriminates against people with children and caring responsibilities

Q27. Are there any aspects of our proposals that could have a positive impact on stakeholders with specific characteristics?

b) No

If yes, please explain your reasoning.

(No answer)

Can we publish your response?

Yes, but please keep my name and/or my organisation’s name private

RESPONDENT 108

Are you responding on behalf of an organisation?

No

Which category of respondent best describes you?

Therapeutic prescribing optometrist

Type your answer

(No answer)

Q1. Do you agree with our objectives for the review?

(No answer)

Please provide comments.

(No answer)

Q2. Do you agree that we should move away from a points system?

No

Please provide comments.

(No answer)

Q3. Do you agree that we should issue guidance on the amount, areas and types of learning rather than set specific requirements?

Yes

Please provide comments.

(No answer)

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?

Notional minimum amount

Please provide comments.

(No answer)

Q5. Should registrants be required to make a personal development plan and

reflect on progress as part of appraisals and similar mechanisms?

No

Please provide comments.

(No answer)

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?

No

Please provide comments.

(No answer)

Q7. Should registrants be required to maintain records of CPD activity on GOC IT systems or be able to keep their own records?

GOC systems

Please provide comments.

(No answer)

Q8. Should GOC review a sample of CPD records following annual registration renewal?

No

Please provide comments.

(No answer)

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?

Not sure

Please provide comments.

(No answer)

Q10. Should we change the competencies (the four domains) which CPD events must relate to?

No

Please provide comments.

(No answer)

Q11. Should we adjust the points allocated to different activities to make it easier to reach the total points required under the CPD rules 2021?

Yes

Please provide comments.

(No answer)

Q12. Should we remove the limit on the minimum number of CPD points that must be obtained from provider-led activity?

Yes

Please provide comments.

(No answer)

Q13. Should we remove the need for a reflection statement to be provided for each self-directed CPD activity?

Yes

Please provide comments.

(No answer)

Q14. How can we best leverage the role of businesses within the CPD system to support a less prescriptive system for individual registrants?

(No answer)

Q15. Should business registrants have specific responsibility to ensure individual registrants have an up-to-date personal development plan?

Not sure

Please provide comments.

(No answer)

Q16. How can the standards for optical businesses be strengthened to help achieve this outcome?

(No answer)

Q17. How should patient feedback be incorporated within the CPD system?

(No answer)

Q18. Should we seek to end CPD provider approval?

Not sure

Please provide comments.

(No answer)

Q19. Should we reduce the number of CPD events requiring approval before CPD providers can convert from provisionally approved to fully approved status?

Not sure

Please provide comments.

(No answer)

Q20. Should we phase out CPD provider audits over the 2028-30 cycle?

(No answer)

Please provide comments.

(No answer)

Q21. Should we withdraw GOC's standards for CPD providers?

(No answer)

Please provide comments.

(No answer)

Q22. When should we aim to introduce changes requiring amendment to the CPD rules 2021?

January 2034

Please provide comments.

(No answer)

Q23. Will the proposed changes have effects, whether positive or negative, on:

(a) opportunities for persons to use the Welsh language?

(No answer)

(b) treating the Welsh language no less favourably than the English language?

(No answer)

If yes, please explain your reasoning.

(No answer)

Q24. Could the proposed changes be revised so that they would have positive effects, or increased positive effects, on:

(a) opportunities for persons to use the Welsh language?

(No answer)

(b) treating the Welsh language no less favourably than the English language?

(No answer)

If yes, please explain your reasoning.

(No answer)

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?

(No answer)

(b) treating the Welsh language no less favourably than the English language?

(No answer)

If yes, please explain your reasoning.

(No answer)

Q26. Are there any aspects of our proposals that could discriminate against stakeholders with specific characteristics?

a) Yes

If yes, please explain your reasoning.

(No answer)

Q27. Are there any aspects of our proposals that could have a positive impact on stakeholders with specific characteristics?

b) No

If yes, please explain your reasoning.

(No answer)

Can we publish your response?

Yes, but please keep my name and/or my organisation’s name private

RESPONDENT 109

Are you responding on behalf of an organisation?

No

Which category of respondent best describes you?

Dispensing optician

Type your answer

(No answer)

Q1. Do you agree with our objectives for the review?

No

Please provide comments.

(No answer)

Q2. Do you agree that we should move away from a points system?

No

Please provide comments.

(No answer)

Q3. Do you agree that we should issue guidance on the amount, areas and types of learning rather than set specific requirements?

(No answer)

Please provide comments.

(No answer)

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?

Sufficient CPD

Please provide comments.

(No answer)

Q5. Should registrants be required to make a personal development plan and

reflect on progress as part of appraisals and similar mechanisms?

Not sure

Please provide comments.

(No answer)

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

Please provide comments.

(No answer)

Q7. Should registrants be required to maintain records of CPD activity on GOC IT systems or be able to keep their own records?

GOC systems

Please provide comments.

(No answer)

Q8. Should GOC review a sample of CPD records following annual registration renewal?

Not sure

Please provide comments.

(No answer)

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

Please provide comments.

(No answer)

Q10. Should we change the competencies (the four domains) which CPD events must relate to?

No

Please provide comments.

(No answer)

Q11. Should we adjust the points allocated to different activities to make it easier to reach the total points required under the CPD rules 2021?

Not sure

Please provide comments.

(No answer)

Q12. Should we remove the limit on the minimum number of CPD points that must be obtained from provider-led activity?

No

Please provide comments.

(No answer)

Q13. Should we remove the need for a reflection statement to be provided for each self-directed CPD activity?

Yes

Please provide comments.

(No answer)

Q14. How can we best leverage the role of businesses within the CPD system to support a less prescriptive system for individual registrants?

(No answer)

Q15. Should business registrants have specific responsibility to ensure individual registrants have an up-to-date personal development plan?

Not sure

Please provide comments.

(No answer)

Q16. How can the standards for optical businesses be strengthened to help achieve this outcome?

(No answer)

Q17. How should patient feedback be incorporated within the CPD system?

(No answer)

Q18. Should we seek to end CPD provider approval?

No

Please provide comments.

(No answer)

Q19. Should we reduce the number of CPD events requiring approval before CPD providers can convert from provisionally approved to fully approved status?

No

Please provide comments.

(No answer)

Q20. Should we phase out CPD provider audits over the 2028-30 cycle?

No

Please provide comments.

(No answer)

Q21. Should we withdraw GOC's standards for CPD providers?

No

Please provide comments.

(No answer)

Q22. When should we aim to introduce changes requiring amendment to the CPD rules 2021?

January 2034

Please provide comments.

(No answer)

Q23. Will the proposed changes have effects, whether positive or negative, on:

(a) opportunities for persons to use the Welsh language?

No

(b) treating the Welsh language no less favourably than the English language?

No

If yes, please explain your reasoning.

(No answer)

Q24. Could the proposed changes be revised so that they would have positive effects, or increased positive effects, on:

(a) opportunities for persons to use the Welsh language?

(No answer)

(b) treating the Welsh language no less favourably than the English language?

(No answer)

If yes, please explain your reasoning.

(No answer)

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?

(No answer)

(b) treating the Welsh language no less favourably than the English language?

(No answer)

If yes, please explain your reasoning.

(No answer)

Q26. Are there any aspects of our proposals that could discriminate against stakeholders with specific characteristics?

c) Not sure

If yes, please explain your reasoning.

(No answer)

Q27. Are there any aspects of our proposals that could have a positive impact on stakeholders with specific characteristics?

c) Not sure

If yes, please explain your reasoning.

(No answer)

Can we publish your response?

Yes, but please keep my name and/or my organisation’s name private

RESPONDENT 110

Are you responding on behalf of an organisation?

No

Type your answer

(No answer)

Which category of respondent best describes you?

Other

Type your answer

Educator and cpd provider

Q1. Do you agree with our objectives for the review?

Yes

Please provide comments.

Points systems are tick box . Reflection and learning are the goals of cod

Q2. Do you agree that we should move away from a points system?

Yes

Please provide comments.

(No answer)

Q3. Do you agree that we should issue guidance on the amount, areas and types of learning rather than set specific requirements?

Yes

Please provide comments.

(No answer)

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

Please provide comments.

(No answer)

Q5. Should registrants be required to make a personal development plan and reflect on progress as part of appraisals and similar mechanisms?

Yes

Please provide comments.

(No answer)

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

Please provide comments.

(No answer)

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 or own records

Please provide comments.

(No answer)

Q8. Should GOC review a sample of CPD records following annual registration renewal?

Yes

Please provide comments.

(No answer)

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

Please provide comments.

(No answer)

Q10. Should we change the competencies (the four domains) which CPD events must relate to?

Yes

Please provide comments.

They are quite restrictive and it’s challenging to make some valuable forms of upskilling fit in the catagories

Q11. Should we adjust the points allocated to different activities to make it easier to reach the total points required under the CPD rules 2021?

Yes

Please provide comments.

(No answer)

Q12. Should we remove the limit on the minimum number of CPD points that must be obtained from provider-led activity?

No

Please provide comments.

(No answer)

Q13. Should we remove the need for a reflection statement to be provided for each self-directed CPD activity?

No

Please provide comments.

(No answer)

Q14. How can we best leverage the role of businesses within the CPD system to support a less prescriptive system for individual registrants?

(No answer)

Q15. Should business registrants have specific responsibility to ensure individual registrants have an up-to-date personal development plan?

Yes

Please provide comments.

(No answer)

Q16. How can the standards for optical businesses be strengthened to help achieve this outcome?

(No answer)

Q17. How should patient feedback be incorporated within the CPD system?

(No answer)

Q18. Should we seek to end CPD provider approval?

No

Please provide comments.

Knowing the cpd has been validated is important. Maintains standards

Q19. Should we reduce the number of CPD events requiring approval before CPD providers can convert from provisionally approved to fully approved status?

Yes

Please provide comments.

(No answer)

Q20. Should we phase out CPD provider audits over the 2028-30 cycle?

Yes

Please provide comments.

(No answer)

Q21. Should we withdraw GOC's standards for CPD providers?

Not sure

Please provide comments.

(No answer)

Q22. When should we aim to introduce changes requiring amendment to the CPD rules 2021?

January 2031

Please provide comments.

(No answer)

Q23. Will the proposed changes have effects, whether positive or negative, on:

(a) opportunities for persons to use the Welsh language?

No

(b) treating the Welsh language no less favourably than the English language?

No

If yes, please explain your reasoning.

(No answer)

Q24. Could the proposed changes be revised so that they would have positive effects, or increased positive effects, on:

(a) opportunities for persons to use the Welsh language?

(No answer)

(b) treating the Welsh language no less favourably than the English language?

(No answer)

If yes, please explain your reasoning.

(No answer)

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?

(No answer)

(b) treating the Welsh language no less favourably than the English language?

(No answer)

If yes, please explain your reasoning.

(No answer)

Q26. Are there any aspects of our proposals that could discriminate against stakeholders with specific characteristics?

b) No

If yes, please explain your reasoning.

(No answer)

Q27. Are there any aspects of our proposals that could have a positive impact on stakeholders with specific characteristics?

c) Not sure

If yes, please explain your reasoning.

(No answer)

Can we publish your response?

Yes, but please keep my name and/or my organisation’s name private

RESPONDENT 111

Are you responding on behalf of an organisation?

No

Which category of respondent best describes you?

Optometrist

Type your answer

(No answer)

Q1. Do you agree with our objectives for the review?

Yes

Please provide comments.

(No answer)

Q2. Do you agree that we should move away from a points system?

No

Please provide comments.

(No answer)

Q3. Do you agree that we should issue guidance on the amount, areas and types of learning rather than set specific requirements?

Not sure

Please provide comments.

(No answer)

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

Please provide comments.

(No answer)

Q5. Should registrants be required to make a personal development plan and

reflect on progress as part of appraisals and similar mechanisms?

Yes

Please provide comments.

(No answer)

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

Please provide comments.

(No answer)

Q7. Should registrants be required to maintain records of CPD activity on GOC IT systems or be able to keep their own records?

GOC systems

Please provide comments.

(No answer)

Q8. Should GOC review a sample of CPD records following annual registration renewal?

Yes

Please provide comments.

(No answer)

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?

Not sure

Please provide comments.

(No answer)

Q10. Should we change the competencies (the four domains) which CPD events must relate to?

Not sure

Please provide comments.

(No answer)

Q11. Should we adjust the points allocated to different activities to make it easier to reach the total points required under the CPD rules 2021?

Yes

Please provide comments.

(No answer)

Q12. Should we remove the limit on the minimum number of CPD points that must be obtained from provider-led activity?

Yes

Please provide comments.

I work full time in ophthalmology and undertake a lot of Royal College of Ophthalmologists accredited CPD, however their CPD points do not count towards my total. RCOpthth CPD points should be interchangeable with GOC CPD points.

Q13. Should we remove the need for a reflection statement to be provided for each self-directed CPD activity?

Yes

Please provide comments.

(No answer)

Q14. How can we best leverage the role of businesses within the CPD system to support a less prescriptive system for individual registrants?

(No answer)

Q15. Should business registrants have specific responsibility to ensure individual registrants have an up-to-date personal development plan?

No

Please provide comments.

(No answer)

Q16. How can the standards for optical businesses be strengthened to help achieve this outcome?

(No answer)

Q17. How should patient feedback be incorporated within the CPD system?

(No answer)

Q18. Should we seek to end CPD provider approval?

No

Please provide comments.

(No answer)

Q19. Should we reduce the number of CPD events requiring approval before CPD providers can convert from provisionally approved to fully approved status?

Yes

Please provide comments.

(No answer)

Q20. Should we phase out CPD provider audits over the 2028-30 cycle?

Not sure

Please provide comments.

(No answer)

Q21. Should we withdraw GOC's standards for CPD providers?

Not sure

Please provide comments.

(No answer)

Q22. When should we aim to introduce changes requiring amendment to the CPD rules 2021?

January 2028

Please provide comments.

(No answer)

Q23. Will the proposed changes have effects, whether positive or negative, on:

(a) opportunities for persons to use the Welsh language?

(No answer)

(b) treating the Welsh language no less favourably than the English language?

(No answer)

If yes, please explain your reasoning.

(No answer)

Q24. Could the proposed changes be revised so that they would have positive effects, or increased positive effects, on:

(a) opportunities for persons to use the Welsh language?

(No answer)

(b) treating the Welsh language no less favourably than the English language?

(No answer)

If yes, please explain your reasoning.

(No answer)

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?

(No answer)

(b) treating the Welsh language no less favourably than the English language?

(No answer)

If yes, please explain your reasoning.

(No answer)

Q26. Are there any aspects of our proposals that could discriminate against stakeholders with specific characteristics?

b) No

If yes, please explain your reasoning.

(No answer)

Q27. Are there any aspects of our proposals that could have a positive impact on stakeholders with specific characteristics?

b) No

If yes, please explain your reasoning.

(No answer)

Can we publish your response?

Yes, but please keep my name and/or my organisation’s name private

RESPONDENT 112

Are you responding on behalf of an organisation?

No

Which category of respondent best describes you?

Dispensing optician

Type your answer

(No answer)

Q1. Do you agree with our objectives for the review?

Not sure

Please provide comments.

(No answer)

Q2. Do you agree that we should move away from a points system?

Yes

Please provide comments.

(No answer)

Q3. Do you agree that we should issue guidance on the amount, areas and types of learning rather than set specific requirements?

Yes

Please provide comments.

(No answer)

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?

Sufficient CPD

Please provide comments.

(No answer)

Q5. Should registrants be required to make a personal development plan and reflect on progress as part of appraisals and similar mechanisms?

No

Please provide comments.

(No answer)

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

Please provide comments.

(No answer)

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 or own records

Please provide comments.

(No answer)

Q8. Should GOC review a sample of CPD records following annual registration renewal?

No

Please provide comments.

(No answer)

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

Please provide comments.

(No answer)

Q10. Should we change the competencies (the four domains) which CPD events must relate to?

Yes

Please provide comments.

(No answer)

Q11. Should we adjust the points allocated to different activities to make it easier to reach the total points required under the CPD rules 2021?

Yes

Please provide comments.

(No answer)

Q12. Should we remove the limit on the minimum number of CPD points that must be obtained from provider-led activity?

Yes

Please provide comments.

(No answer)

Q13. Should we remove the need for a reflection statement to be provided for each self-directed CPD activity?

Yes

Please provide comments.

(No answer)

Q14. How can we best leverage the role of businesses within the CPD system to support a less prescriptive system for individual registrants?

(No answer)

Q15. Should business registrants have specific responsibility to ensure individual registrants have an up-to-date personal development plan?

No

Please provide comments.

(No answer)

Q16. How can the standards for optical businesses be strengthened to help achieve this outcome?

(No answer)

Q17. How should patient feedback be incorporated within the CPD system?

(No answer)

Q18. Should we seek to end CPD provider approval?

Yes

Please provide comments.

(No answer)

Q19. Should we reduce the number of CPD events requiring approval before CPD providers can convert from provisionally approved to fully approved status?

Yes

Please provide comments.

(No answer)

Q20. Should we phase out CPD provider audits over the 2028-30 cycle?

Yes

Please provide comments.

(No answer)

Q21. Should we withdraw GOC's standards for CPD providers?

Not sure

Please provide comments.

(No answer)

Q22. When should we aim to introduce changes requiring amendment to the CPD rules 2021?

January 2028

Please provide comments.

(No answer)

Q23. Will the proposed changes have effects, whether positive or negative, on:

(a) opportunities for persons to use the Welsh language?

(No answer)

(b) treating the Welsh language no less favourably than the English language?

(No answer)

If yes, please explain your reasoning.

(No answer)

Q24. Could the proposed changes be revised so that they would have positive effects, or increased positive effects, on:

(a) opportunities for persons to use the Welsh language?

(No answer)

(b) treating the Welsh language no less favourably than the English language?

(No answer)

If yes, please explain your reasoning.

(No answer)

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?

(No answer)

(b) treating the Welsh language no less favourably than the English language?

(No answer)

If yes, please explain your reasoning.

(No answer)

Q26. Are there any aspects of our proposals that could discriminate against stakeholders with specific characteristics?

c) Not sure

If yes, please explain your reasoning.

(No answer)

Q27. Are there any aspects of our proposals that could have a positive impact on stakeholders with specific characteristics?

c) Not sure

If yes, please explain your reasoning.

(No answer)

Can we publish your response?

Yes, but please keep my name and/or my organisation’s name private

RESPONDENT 114

Are you responding on behalf of an organisation?

No

Which category of respondent best describes you?

Optometrist

Type your answer

(No answer)

Q1. Do you agree with our objectives for the review?

Yes

Please provide comments.

(No answer)

Q2. Do you agree that we should move away from a points system?

Yes

Please provide comments.

(No answer)

Q3. Do you agree that we should issue guidance on the amount, areas and types of learning rather than set specific requirements?

Yes

Please provide comments.

(No answer)

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?

Sufficient CPD

Please provide comments.

(No answer)

Q5. Should registrants be required to make a personal development plan and

reflect on progress as part of appraisals and similar mechanisms?

No

Please provide comments.

(No answer)

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?

Not sure

Please provide comments.

(No answer)

Q7. Should registrants be required to maintain records of CPD activity on GOC IT systems or be able to keep their own records?

GOC systems

Please provide comments.

(No answer)

Q8. Should GOC review a sample of CPD records following annual registration renewal?

Not sure

Please provide comments.

(No answer)

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?

Not sure

Please provide comments.

(No answer)

Q10. Should we change the competencies (the four domains) which CPD events must relate to?

Not sure

Please provide comments.

(No answer)

Q11. Should we adjust the points allocated to different activities to make it easier to reach the total points required under the CPD rules 2021?

Yes

Please provide comments.

(No answer)

Q12. Should we remove the limit on the minimum number of CPD points that must be obtained from provider-led activity?

Yes

Please provide comments.

(No answer)

Q13. Should we remove the need for a reflection statement to be provided for each self-directed CPD activity?

Yes

Please provide comments.

(No answer)

Q14. How can we best leverage the role of businesses within the CPD system to support a less prescriptive system for individual registrants?

(No answer)

Q15. Should business registrants have specific responsibility to ensure individual registrants have an up-to-date personal development plan?

No

Please provide comments.

(No answer)

Q16. How can the standards for optical businesses be strengthened to help achieve this outcome?

(No answer)

Q17. How should patient feedback be incorporated within the CPD system?

(No answer)

Q18. Should we seek to end CPD provider approval?

No

Please provide comments.

(No answer)

Q19. Should we reduce the number of CPD events requiring approval before CPD providers can convert from provisionally approved to fully approved status?

Not sure

Please provide comments.

(No answer)

Q20. Should we phase out CPD provider audits over the 2028-30 cycle?

Not sure

Please provide comments.

(No answer)

Q21. Should we withdraw GOC's standards for CPD providers?

No

Please provide comments.

(No answer)

Q22. When should we aim to introduce changes requiring amendment to the CPD rules 2021?

January 2028

Please provide comments.

(No answer)

Q23. Will the proposed changes have effects, whether positive or negative, on:

(a) opportunities for persons to use the Welsh language?

Not Sure

(b) treating the Welsh language no less favourably than the English language?

Not Sure

If yes, please explain your reasoning.

(No answer)

Q24. Could the proposed changes be revised so that they would have positive effects, or increased positive effects, on:

(a) opportunities for persons to use the Welsh language?

Not Sure

(b) treating the Welsh language no less favourably than the English language?

Not Sure

If yes, please explain your reasoning.

(No answer)

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?

Not Sure

(b) treating the Welsh language no less favourably than the English language?

Not Sure

If yes, please explain your reasoning.

(No answer)

Q26. Are there any aspects of our proposals that could discriminate against stakeholders with specific characteristics?

c) Not sure

If yes, please explain your reasoning.

(No answer)

Q27. Are there any aspects of our proposals that could have a positive impact on stakeholders with specific characteristics?

c) Not sure

If yes, please explain your reasoning.

(No answer)

Can we publish your response?

Yes, but please keep my name and/or my organisation’s name private

RESPONDENT 116

Are you responding on behalf of an organisation?

No

Which category of respondent best describes you?

Optometrist

Type your answer

(No answer)

Q1. Do you agree with our objectives for the review?

Yes

Please provide comments.

(No answer)

Q2. Do you agree that we should move away from a points system?

Yes

Please provide comments.

(No answer)

Q3. Do you agree that we should issue guidance on the amount, areas and types of learning rather than set specific requirements?

Yes

Please provide comments.

(No answer)

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?

Sufficient CPD

Please provide comments.

(No answer)

Q5. Should registrants be required to make a personal development plan and

reflect on progress as part of appraisals and similar mechanisms?

Yes

Please provide comments.

(No answer)

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

Please provide comments.

(No answer)

Q7. Should registrants be required to maintain records of CPD activity on GOC IT systems or be able to keep their own records?

Own records only

Please provide comments.

(No answer)

Q8. Should GOC review a sample of CPD records following annual registration renewal?

Yes

Please provide comments.

(No answer)

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?

Not sure

Please provide comments.

(No answer)

Q10. Should we change the competencies (the four domains) which CPD events must relate to?

Yes

Please provide comments.

4 domains are restrictive, particularly in the limited way they link back to Standards of Practice. For example, there are many activities which might support Leadership and Accountability, but the way they are required to link back to particular standards only means that the CPD can only be limited in its scope.

Q11. Should we adjust the points allocated to different activities to make it easier to reach the total points required under the CPD rules 2021?

Yes

Please provide comments.

(No answer)

Q12. Should we remove the limit on the minimum number of CPD points that must be obtained from provider-led activity?

Yes

Please provide comments.

(No answer)

Q13. Should we remove the need for a reflection statement to be provided for each self-directed CPD activity?

Yes

Please provide comments.

(No answer)

Q14. How can we best leverage the role of businesses within the CPD system to support a less prescriptive system for individual registrants?

Link GOC PDP to the employer's PDP that is often created and reviewed on a yearly basis.

Q15. Should business registrants have specific responsibility to ensure individual registrants have an up-to-date personal development plan?

Yes

Please provide comments.

(No answer)

Q16. How can the standards for optical businesses be strengthened to help achieve this outcome?

(No answer)

Q17. How should patient feedback be incorporated within the CPD system?

(No answer)

Q18. Should we seek to end CPD provider approval?

Yes

Please provide comments.

(No answer)

Q19. Should we reduce the number of CPD events requiring approval before CPD providers can convert from provisionally approved to fully approved status?

Yes

Please provide comments.

(No answer)

Q20. Should we phase out CPD provider audits over the 2028-30 cycle?

Yes

Please provide comments.

(No answer)

Q21. Should we withdraw GOC's standards for CPD providers?

Yes

Please provide comments.

Overly restrictive and limits creativity and scope of CPD.

Q22. When should we aim to introduce changes requiring amendment to the CPD rules 2021?

January 2031

Please provide comments.

(No answer)

Q23. Will the proposed changes have effects, whether positive or negative, on:

(a) opportunities for persons to use the Welsh language?

No

(b) treating the Welsh language no less favourably than the English language?

No

If yes, please explain your reasoning.

(No answer)

Q24. Could the proposed changes be revised so that they would have positive effects, or increased positive effects, on:

(a) opportunities for persons to use the Welsh language?

No

(b) treating the Welsh language no less favourably than the English language?

No

If yes, please explain your reasoning.

(No answer)

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?

No

(b) treating the Welsh language no less favourably than the English language?

No

If yes, please explain your reasoning.

(No answer)

Q26. Are there any aspects of our proposals that could discriminate against stakeholders with specific characteristics?

b) No

If yes, please explain your reasoning.

(No answer)

Q27. Are there any aspects of our proposals that could have a positive impact on stakeholders with specific characteristics?

b) No

If yes, please explain your reasoning.

(No answer)

Can we publish your response?

Yes, but please keep my name and/or my organisation’s name private

RESPONDENT 117

Are you responding on behalf of an organisation?

No

Which category of respondent best describes you?

Optometrist

Type your answer

(No answer)

Q1. Do you agree with our objectives for the review?

Not sure

Please provide comments.

Your objectives are reasonable, but I do not agreed with the proposed actions to meet most of them.

Q2. Do you agree that we should move away from a points system?

No

Please provide comments.

I feel that such a small percentage of people do self directed learning should be evidence enough that it is not the preferred system. Most people understand and are happy with a points based system. The uploading of all the details, the PDP and reflection are the areas most people dislike.
I have done CPD since before it was a requirement. I still do more than I can be bothered to record on your website because it's not worth the effort to run through all the questions.

Points offer a good way of monitoring the amount of CPD the registrants are doing. It is well understood by your registrants.

Q3. Do you agree that we should issue guidance on the amount, areas and types of learning rather than set specific requirements?

Yes

Please provide comments.

Guidance of the areas of learning would be useful. It could help fix shortcomings that might be industry wide. e.g. if there was feedback from OCCS about problems arising from lack of myopia control discussions,

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?

Notional minimum amount

Please provide comments.

Which works well with a points system

Q5. Should registrants be required to make a personal development plan and reflect on progress as part of appraisals and similar mechanisms?

No

Please provide comments.

I have watched colleagues "fill out" these bits last minute. I would be very surprised if anyone looks at them during their 3 year cycle. Perhaps you can tell from the clicks on your website if anyone reviews their PDP during the cycle.

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?

No

Please provide comments.

(No answer)

Q7. Should registrants be required to maintain records of CPD activity on GOC IT systems or be able to keep their own records?

Own records only

Please provide comments.

(No answer)

Q8. Should GOC review a sample of CPD records following annual registration renewal?

Yes

Please provide comments.

(No answer)

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?

No

Please provide comments.

(No answer)

Q10. Should we change the competencies (the four domains) which CPD events must relate to?

(No answer)

Please provide comments.

(No answer)

Q11. Should we adjust the points allocated to different activities to make it easier to reach the total points required under the CPD rules 2021?

No

Please provide comments.

(No answer)

Q12. Should we remove the limit on the minimum number of CPD points that must be obtained from provider-led activity?

Yes

Please provide comments.

(No answer)

Q13. Should we remove the need for a reflection statement to be provided for each self-directed CPD activity?

Yes

Please provide comments.

(No answer)

Q14. How can we best leverage the role of businesses within the CPD system to support a less prescriptive system for individual registrants?

(No answer)

Q15. Should business registrants have specific responsibility to ensure individual registrants have an up-to-date personal development plan?

No

Please provide comments.

(No answer)

Q16. How can the standards for optical businesses be strengthened to help achieve this outcome?

(No answer)

Q17. How should patient feedback be incorporated within the CPD system?

(No answer)

Q18. Should we seek to end CPD provider approval?

No

Please provide comments.

I understand you say other professional bodies don't monitor CPD providers, but I feel it is a good thing that we do. You mentioned that most CPD are rated highly by the registrants attended and that market forces will ensure good CPD. But I don't think registrants votes are a reliable indicator. And most registrants will just attend what is local, available, free, well catered, entertaining speaker etc. Not specifically the quality of the CPD.

Q19. Should we reduce the number of CPD events requiring approval before CPD providers can convert from provisionally approved to fully approved status?

Not sure

Please provide comments.

(No answer)

Q20. Should we phase out CPD provider audits over the 2028-30 cycle?

No

Please provide comments.

(No answer)

Q21. Should we withdraw GOC's standards for CPD providers?

(No answer)

Please provide comments.

(No answer)

Q22. When should we aim to introduce changes requiring amendment to the CPD rules 2021?

(No answer)

Please provide comments.

(No answer)

Q23. Will the proposed changes have effects, whether positive or negative, on:

(a) opportunities for persons to use the Welsh language?

Not Sure

(b) treating the Welsh language no less favourably than the English language?

Not Sure

If yes, please explain your reasoning.

(No answer)

Q24. Could the proposed changes be revised so that they would have positive effects, or increased positive effects, on:

(a) opportunities for persons to use the Welsh language?

(No answer)

(b) treating the Welsh language no less favourably than the English language?

(No answer)

If yes, please explain your reasoning.

(No answer)

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?

(No answer)

(b) treating the Welsh language no less favourably than the English language?

(No answer)

If yes, please explain your reasoning.

(No answer)

Q26. Are there any aspects of our proposals that could discriminate against stakeholders with specific characteristics?

(No answer)

If yes, please explain your reasoning.

(No answer)

Q27. Are there any aspects of our proposals that could have a positive impact on stakeholders with specific characteristics?

(No answer)

If yes, please explain your reasoning.

(No answer)

Can we publish your response?

Yes, but please keep my name and/or my organisation’s name private

RESPONDENT 118

Are you responding on behalf of an organisation?

Yes

What is the name of the organisation you are responding on behalf of?

(No answer)

Which category best describes the organisation you are responding on behalf of?

CPD provider

Q1. Do you agree with our objectives for the review?

Yes

Please provide comments.

We support the GOC's intention to modernise CPD and reduce unnecessary administrative burden. However, a complete shift towards open-ended self-determined learning risks reducing engagement in structured education. Clear expectations are needed to ensure the profession continues to benefit from consistent, high-quality learning
We strongly supports modernising CPD but emphasises that essential safeguards must remain. Removing all structure risks widening inequalities, particularly for locums and practitioners in smaller practices.
High-quality, interactive CPD remains vital for:
• clinical consistency
• patient safety
• reflective practice
• engagement with new clinical and technological developments
As a CPD provider, we are committed to supporting practitioners through accessible, high-quality education that adapts alongside future GOC CPD requirements.

Q2. Do you agree that we should move away from a points system?

No

Please provide comments.

The points system is imperfect, but removing it without a structured alternative would rapidly reduce practitioner participation in formal, high-quality CPD. A "sufficient CPD" model must still include:
• minimum expectations for interactive learning
• indicative time guidance (e.g., 1 hour ≈ 1 unit)
• a balanced mix of learning types
Otherwise, CPD risks becoming wholly self-directed and inconsistent

Q3. Do you agree that we should issue guidance on the amount, areas and types of learning rather than set specific requirements?

Yes

Please provide comments.

Unstructured learning without baseline expectations could lead to wide variation in quality. supports flexibility but believes practitioners need clear examples of what constitutes appropriate learning to prevent ambiguity and disengagement

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?

Sufficient CPD

Please provide comments.

Fixed hours fail to reflect variations in clinical workload and responsibilities. However, without indicative guidance on activity duration, assessments become subjective. Example durations—mirroring current CPD point values—ensure clarity for practitioners and fairness in review

Q5. Should registrants be required to make a personal development plan and reflect on progress as part of appraisals and similar mechanisms?

Not sure

Please provide comments.

PDPs are valuable learning tools, but large numbers of practitioners (locums, self-employed clinicians, small practices without appraisal systems) may lack support structures. If PDPs remain mandatory, national templates and guidance are essential to ensure fairness

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

Please provide comments.

An annual declaration encourages continuous learning and discourages end-of-cycle cramming. However, clear expectations must accompany the declaration to avoid inconsistent interpretation

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 or own records

Please provide comments.

Many clinicians work across multiple settings. The GOC system must remain available, but registrants should be free to use employer or personal systems if they meet requirements

Q8. Should GOC review a sample of CPD records following annual registration renewal?

Yes

Please provide comments.

Reviews should promote development, not punitive action. Clear criteria and proportionate expectations are essential, particularly for practitioners without employer-supported governance structures.

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?

(No answer)

Please provide comments.

Remediation must remain central. Practitioners should not be removed unless they have been given meaningful opportunities to correct deficiencies

Q10. Should we change the competencies (the four domains) which CPD events must relate to?

Yes

Please provide comments.

From a CPD provider standpoint, the four domains remain clear and workable. However, descriptors must reflect modern community optometry including digital, remote care and AI.
This allows CPD providers to align learning outcomes with evolving practice without expanding domain numbers

Q11. Should we adjust the points allocated to different activities to make it easier to reach the total points required under the CPD rules 2021?

Yes

Please provide comments.

Longer, more in-depth or advanced learning—such as independent prescribing modules or postgraduate clinical training—should carry proportionate value. Short

sessions should not be weighted too highly

Q12. Should we remove the limit on the minimum number of CPD points that must be obtained from provider-led activity?

No

Please provide comments.

No.
Provider-led CPD is essential for:
• peer debate
• case-based learning
• exposure to shared standards
• clinical consistency
Without a minimum expectation, many practitioners may rely entirely on self-directed CPD, undermining educational quality and weakening professional development culture.

Q13. Should we remove the need for a reflection statement to be provided for each self-directed CPD activity?

Yes

Please provide comments.

Reflection is important, but per-activity statements are burdensome and discourage self-directed learning. Reflection should sit within the PDP or broader learning review

Q14. How can we best leverage the role of businesses within the CPD system to support a less prescriptive system for individual registrants?

By fostering supportive learning cultures—without mandatory requirements.

Businesses vary enormously in capacity. Encouraging best practice is helpful, but mandatory employer-led obligations would disadvantage independents, locums, and small practices.
CPD providers help fill these gaps through accessible, high-quality learning opportunitie

Q15. Should business registrants have specific responsibility to ensure individual registrants have an up-to-date personal development plan?

Yes

Please provide comments.

Large multiples may support PDPs effectively, but smaller practices cannot be expected to deliver the same governance infrastructure. Consistency requires flexibility.

Q16. How can the standards for optical businesses be strengthened to help

achieve this outcome?

Standards should encourage proportional, scalable support for CPD, including:
• access to peer discussion
• reasonable opportunity for protected learning time
• support for PDP completion
But expectations must remain realistic for smaller practices. CPD providers can help bridge infrastructure gaps by offering structured learning accessible to all.

Q17. How should patient feedback be incorporated within the CPD system?

Patient feedback should inform learning where available, but must not be mandatory due to inequitable access. Many clinicians— especially locums and small practice practitioners—lack formal feedback systems. A flexible, proportionate approach ensures fairness.

Q18. Should we seek to end CPD provider approval?

Yes

Please provide comments.

Removing approval entirely risks poor-quality, promotional, or commercially biased CPD entering the market. A minimal framework, including learning outcomes and conflict-of-interest declarations, is necessary to tmaintain trus

Q19. Should we reduce the number of CPD events requiring approval before CPD providers can convert from provisionally approved to fully approved status?

Yes

Please provide comments.

Lower thresholds encourage innovation and support smaller CPD providers entering the market.

Q20. Should we phase out CPD provider audits over the 2028-30 cycle?

Yes

Please provide comments.

Audits can be phased out if providers operate under clear quality expectations and practitioners can report concerns. This maintains educational standards without heavy regulation.

Q21. Should we withdraw GOC's standards for CPD providers?

Yes

Please provide comments.

Rigid standards are incompatible with a flexible CPD system, but providers still need clarity on what constitutes acceptable CPD delivery

Q22. When should we aim to introduce changes requiring amendment to the CPD rules 2021?

January 2028

Please provide comments.

Time is needed for IT changes, provider adaptation, and practitioner preparation but sooner the better.

Q23. Will the proposed changes have effects, whether positive or negative, on:

(a) opportunities for persons to use the Welsh language?

Not Sure

(b) treating the Welsh language no less favourably than the English language?

Not Sure

If yes, please explain your reasoning.

(No answer)

Q24. Could the proposed changes be revised so that they would have positive effects, or increased positive effects, on:

(a) opportunities for persons to use the Welsh language?

Not Sure

(b) treating the Welsh language no less favourably than the English language?

Not Sure

If yes, please explain your reasoning.

(No answer)

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?

Not Sure

(b) treating the Welsh language no less favourably than the English language?

Not Sure

If yes, please explain your reasoning.

(No answer)

Q26. Are there any aspects of our proposals that could discriminate against stakeholders with specific characteristics?

b) No

If yes, please explain your reasoning.

Flexible CPD reduces barriers, but equity must be protected where employer-dependent requirements are introduced.

Q27. Are there any aspects of our proposals that could have a positive impact on stakeholders with specific characteristics?

a) Yes

If yes, please explain your reasoning.

Flexibility benefits clinicians with caring responsibilities, disabilities, or variable work patterns

Can we publish your response?

Yes, but please keep my name and/or my organisation’s name private

RESPONDENT 119

Are you responding on behalf of an organisation?

No

Which category of respondent best describes you?

Optometrist

Type your answer

(No answer)

Q1. Do you agree with our objectives for the review?

No

Please provide comments.

(No answer)

Q2. Do you agree that we should move away from a points system?

No

Please provide comments.

(No answer)

Q3. Do you agree that we should issue guidance on the amount, areas and types of learning rather than set specific requirements?

No

Please provide comments.

(No answer)

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?

Sufficient CPD

Please provide comments.

(No answer)

Q5. Should registrants be required to make a personal development plan and

reflect on progress as part of appraisals and similar mechanisms?

No

Please provide comments.

(No answer)

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

Please provide comments.

(No answer)

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 or own records

Please provide comments.

(No answer)

Q8. Should GOC review a sample of CPD records following annual registration renewal?

No

Please provide comments.

(No answer)

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?

No

Please provide comments.

(No answer)

Q10. Should we change the competencies (the four domains) which CPD events must relate to?

No

Please provide comments.

(No answer)

Q11. Should we adjust the points allocated to different activities to make it easier to reach the total points required under the CPD rules 2021?

Yes

Please provide comments.

(No answer)

Q12. Should we remove the limit on the minimum number of CPD points that must be obtained from provider-led activity?

No

Please provide comments.

(No answer)

Q13. Should we remove the need for a reflection statement to be provided for each self-directed CPD activity?

Yes

Please provide comments.

(No answer)

Q14. How can we best leverage the role of businesses within the CPD system to support a less prescriptive system for individual registrants?

(No answer)

Q15. Should business registrants have specific responsibility to ensure individual registrants have an up-to-date personal development plan?

No

Please provide comments.

(No answer)

Q16. How can the standards for optical businesses be strengthened to help achieve this outcome?

(No answer)

Q17. How should patient feedback be incorporated within the CPD system?

(No answer)

Q18. Should we seek to end CPD provider approval?

Not sure

Please provide comments.

(No answer)

Q19. Should we reduce the number of CPD events requiring approval before CPD providers can convert from provisionally approved to fully approved status?

Yes

Please provide comments.

(No answer)

Q20. Should we phase out CPD provider audits over the 2028-30 cycle?

No

Please provide comments.

(No answer)

Q21. Should we withdraw GOC's standards for CPD providers?

No

Please provide comments.

(No answer)

Q22. When should we aim to introduce changes requiring amendment to the CPD rules 2021?

January 2034

Please provide comments.

(No answer)

Q23. Will the proposed changes have effects, whether positive or negative, on:

(a) opportunities for persons to use the Welsh language?

(No answer)

(b) treating the Welsh language no less favourably than the English language?

(No answer)

If yes, please explain your reasoning.

(No answer)

Q24. Could the proposed changes be revised so that they would have positive effects, or increased positive effects, on:

(a) opportunities for persons to use the Welsh language?

(No answer)

(b) treating the Welsh language no less favourably than the English language?

(No answer)

If yes, please explain your reasoning.

(No answer)

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?

No

(b) treating the Welsh language no less favourably than the English language?

No

If yes, please explain your reasoning.

(No answer)

Q26. Are there any aspects of our proposals that could discriminate against stakeholders with specific characteristics?

a) Yes

If yes, please explain your reasoning.

(No answer)

Q27. Are there any aspects of our proposals that could have a positive impact on stakeholders with specific characteristics?

b) No

If yes, please explain your reasoning.

(No answer)

Can we publish your response?

Yes, but please keep my name and/or my organisation’s name private

RESPONDENT 120

Are you responding on behalf of an organisation?

No

Which category of respondent best describes you?

Optometrist

Type your answer

(No answer)

Q1. Do you agree with our objectives for the review?

No

Please provide comments.

I think it's very important for optometrists to be undertaking high quality CpD and the majority of the points should be from provider-led CPD. CPD is available at a very low cost - the interactive element is covered by the grant. The main thing which needs to be addressed is the onerous manor of reporting the CPD. It doesn't need to many steps. Simply clicking on the CPD undertaking and then uploading a single document at the end of each year with the certificates is much more straightforward and a selection of these could be checked. Rather than commenting on the quality of each CPD - simply have a function for reporting unsatisfactory CPD.

Q2. Do you agree that we should move away from a points system?

No

Please provide comments.

It would be impossible to qualify if enough CPD had been done otherwise. Continually learning is an extremely important part of an optometrists role.

Q3. Do you agree that we should issue guidance on the amount, areas and types of learning rather than set specific requirements?

No

Please provide comments.

See above

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?

Notional minimum amount

Please provide comments.

(No answer)

Q5. Should registrants be required to make a personal development plan and reflect on progress as part of appraisals and similar mechanisms?

No

Please provide comments.

I can understand why this is done, but it's unnecessary for most people. Maybe include for new registrants?

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

Please provide comments.

(No answer)

Q7. Should registrants be required to maintain records of CPD activity on GOC IT systems or be able to keep their own records?

GOC systems

Please provide comments.

But only once yearly uploads.

Q8. Should GOC review a sample of CPD records following annual registration renewal?

(No answer)

Please provide comments.

(No answer)

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

Please provide comments.

(No answer)

Q10. Should we change the competencies (the four domains) which CPD events must relate to?

No

Please provide comments.

(No answer)

Q11. Should we adjust the points allocated to different activities to make it easier to reach the total points required under the CPD rules 2021?

No

Please provide comments.

It's quite minimal now.

Q12. Should we remove the limit on the minimum number of CPD points that must be obtained from provider-led activity?

No

Please provide comments.

(No answer)

Q13. Should we remove the need for a reflection statement to be provided for each self-directed CPD activity?

Yes

Please provide comments.

(No answer)

Q14. How can we best leverage the role of businesses within the CPD system to support a less prescriptive system for individual registrants?

I don't find my company prescriptive. But maybe make it a requirement for businesses to give the CpD grant directly to optometrists.

Q15. Should business registrants have specific responsibility to ensure individual registrants have an up-to-date personal development plan?

Not sure

Please provide comments.

(No answer)

Q16. How can the standards for optical businesses be strengthened to help achieve this outcome?

(No answer)

Q17. How should patient feedback be incorporated within the CPD system?

I don't think it should.

Q18. Should we seek to end CPD provider approval?

No

Please provide comments.

(No answer)

Q19. Should we reduce the number of CPD events requiring approval before CPD providers can convert from provisionally approved to fully approved status?

No

Please provide comments.

(No answer)

Q20. Should we phase out CPD provider audits over the 2028-30 cycle?

No

Please provide comments.

(No answer)

Q21. Should we withdraw GOC's standards for CPD providers?

No

Please provide comments.

Definitely not!

Q22. When should we aim to introduce changes requiring amendment to the CPD rules 2021?

Another date

Please provide comments.

When all the changes have been decided.

Q23. Will the proposed changes have effects, whether positive or negative, on:

(a) opportunities for persons to use the Welsh language?

Not Sure

(b) treating the Welsh language no less favourably than the English language?

Not Sure

If yes, please explain your reasoning.

(No answer)

Q24. Could the proposed changes be revised so that they would have positive effects, or increased positive effects, on:

(a) opportunities for persons to use the Welsh language?

Not Sure

(b) treating the Welsh language no less favourably than the English language?

Not Sure

If yes, please explain your reasoning.

(No answer)

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?

Not Sure

(b) treating the Welsh language no less favourably than the English language?

Not Sure

If yes, please explain your reasoning.

(No answer)

Q26. Are there any aspects of our proposals that could discriminate against stakeholders with specific characteristics?

c) Not sure

If yes, please explain your reasoning.

(No answer)

Q27. Are there any aspects of our proposals that could have a positive impact on

stakeholders with specific characteristics?

c) Not sure

If yes, please explain your reasoning.

(No answer)

Can we publish your response?

Yes, but please keep my name and/or my organisation’s name private

RESPONDENT 121

Are you responding on behalf of an organisation?

Yes

What is the name of the organisation you are responding on behalf of?

Bexley, Bromley and Greenwich Local Optical Committee

Which category best describes the organisation you are responding on behalf of?

Other

Type your answer

LOC/CPD provider

Q1. Do you agree with our objectives for the review?

Yes

Please provide comments.

(No answer)

Q2. Do you agree that we should move away from a points system?

No

Please provide comments.

Concerned regarding the quality of CPD and lack of structure without a "points system". Concern regarding a decline in quality. Approval of CPD providers maintains standards in our opinion. Need to ensure CPD aligns with standards

Q3. Do you agree that we should issue guidance on the amount, areas and types of learning rather than set specific requirements?

Not sure

Please provide comments.

Having the domains is useful. Ensures individuals don't leave their core function behind and end up specialising in one area only. Depends on the quality of guidance issued. Structure is useful. Guidance must not be vague and must ensure that registrants fully understand what is expected of them.

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?

Neither

Please provide comments.

We suggest a minimum amount of hours would be acceptable and useful

Q5. Should registrants be required to make a personal development plan and reflect on progress as part of appraisals and similar mechanisms?

No

Please provide comments.

There are a significant number of registrants who never have formal appraisals as they are locums and/or work for independents who don't perform regular appraisals. And those which are carried out by employers are not necessarily clinicians and could appropriately review a PDP.

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

Please provide comments.

GOC must produce VERY clear guidance if this is instigated. Registrants could make a false declaration without realizing the brevity of this situation. Would it be more helpful to provide a year to year target to ensure you are on track - what does sufficient mean?

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 or own records

Please provide comments.

GOC system is a security for us at the moment but we should be able to responsible for oursleves

Q8. Should GOC review a sample of CPD records following annual registration renewal?

Yes

Please provide comments.

Yes to ensure governance

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

Please provide comments.

Need to provide reasonable time for appeal. No point in having a CPD system that isn't audited.

Q10. Should we change the competencies (the four domains) which CPD events must relate to?

No

Please provide comments.

(No answer)

Q11. Should we adjust the points allocated to different activities to make it easier to reach the total points required under the CPD rules 2021?

Not sure

Please provide comments.

(No answer)

Q12. Should we remove the limit on the minimum number of CPD points that must be obtained from provider-led activity?

Yes

Please provide comments.

Contributes to broad range of activities.

Q13. Should we remove the need for a reflection statement to be provided for each self-directed CPD activity?

No

Please provide comments.

(No answer)

Q14. How can we best leverage the role of businesses within the CPD system to support a less prescriptive system for individual registrants?

If you involve the business registrant they must have very clear guidance as to what is expected and also address the huge locum workforce (College of Optom workforce - 25-30% locum optoms and 12% DO locums (data 2015)

Q15. Should business registrants have specific responsibility to ensure individual registrants have an up-to-date personal development plan?

Not sure

Please provide comments.

Difficult to provide for locums. Will alienate a percentage of the registrants. A PDP may be personal to an optometrists learning and not necessarily relevant to that particular employer.
Some employers would embrace the chance to be involved in a PDP review - but the "one to one review" must be done by a clinician peer. ie optom to optom. There is an opportunity to ensure that businesses provide good quality peer support and this should be embraced.

Q16. How can the standards for optical businesses be strengthened to help achieve this outcome?

Clear objective for support with the standards

Q17. How should patient feedback be incorporated within the CPD system?

It shouldn't be included. Patients generally give feedback based on customer service rather than professional practice.

Q18. Should we seek to end CPD provider approval?

No

Please provide comments.

We need to maintain standards

Q19. Should we reduce the number of CPD events requiring approval before CPD providers can convert from provisionally approved to fully approved status?

Yes

Please provide comments.

A simple application process to be a provider would be adequate - as each individual session is approved separately anyway.

Q20. Should we phase out CPD provider audits over the 2028-30 cycle?

No

Please provide comments.

Need to maintain standards

Q21. Should we withdraw GOC's standards for CPD providers?

No

Please provide comments.

The framework is necessary

Q22. When should we aim to introduce changes requiring amendment to the CPD rules 2021?

Another date

Please provide comments.

Only when the GOC has produced VERY clear guidance. A 2031 start would mean current students are on board with anything new before they qualify

Q23. Will the proposed changes have effects, whether positive or negative, on:

(a) opportunities for persons to use the Welsh language?

(No answer)

(b) treating the Welsh language no less favourably than the English language?

(No answer)

If yes, please explain your reasoning.

(No answer)

Q24. Could the proposed changes be revised so that they would have positive effects, or increased positive effects, on:

(a) opportunities for persons to use the Welsh language?

(No answer)

(b) treating the Welsh language no less favourably than the English language?

(No answer)

If yes, please explain your reasoning.

(No answer)

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?

(No answer)

(b) treating the Welsh language no less favourably than the English language?

(No answer)

If yes, please explain your reasoning.

(No answer)

Q26. Are there any aspects of our proposals that could discriminate against stakeholders with specific characteristics?

b) No

If yes, please explain your reasoning.

Although we may have some concerns that greater business involvement may be difficult for some people who are not neuro typical. Access must be considered

Q27. Are there any aspects of our proposals that could have a positive impact on stakeholders with specific characteristics?

a) Yes

If yes, please explain your reasoning.

With business involvement, if done well could be positive. If we lose the assurance of a clear CPD structure without peer to peer involvement it could detrimental to safeguarding patients and be used as a tool to further commercial interests

Can we publish your response?

Yes

RESPONDENT 122

Are you responding on behalf of an organisation?

No

Which category of respondent best describes you?

Optometrist

Type your answer

(No answer)

Q1. Do you agree with our objectives for the review?

Yes

Please provide comments.

(No answer)

Q2. Do you agree that we should move away from a points system?

Yes

Please provide comments.

(No answer)

Q3. Do you agree that we should issue guidance on the amount, areas and types of learning rather than set specific requirements?

Yes

Please provide comments.

(No answer)

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

Please provide comments.

(No answer)

Q5. Should registrants be required to make a personal development plan and reflect on progress as part of appraisals and similar mechanisms?

Yes

Please provide comments.

(No answer)

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?

No

Please provide comments.

(No answer)

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 or own records

Please provide comments.

(No answer)

Q8. Should GOC review a sample of CPD records following annual registration renewal?

No

Please provide comments.

(No answer)

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

Please provide comments.

(No answer)

Q10. Should we change the competencies (the four domains) which CPD events must relate to?

Yes

Please provide comments.

(No answer)

Q11. Should we adjust the points allocated to different activities to make it easier to reach the total points required under the CPD rules 2021?

Yes

Please provide comments.

(No answer)

Q12. Should we remove the limit on the minimum number of CPD points that must be obtained from provider-led activity?

Yes

Please provide comments.

(No answer)

Q13. Should we remove the need for a reflection statement to be provided for each self-directed CPD activity?

Yes

Please provide comments.

(No answer)

Q14. How can we best leverage the role of businesses within the CPD system to support a less prescriptive system for individual registrants?

(No answer)

Q15. Should business registrants have specific responsibility to ensure individual registrants have an up-to-date personal development plan?

No

Please provide comments.

(No answer)

Q16. How can the standards for optical businesses be strengthened to help achieve this outcome?

(No answer)

Q17. How should patient feedback be incorporated within the CPD system?

It should not

Q18. Should we seek to end CPD provider approval?

No

Please provide comments.

(No answer)

Q19. Should we reduce the number of CPD events requiring approval before CPD providers can convert from provisionally approved to fully approved status?

Not sure

Please provide comments.

(No answer)

Q20. Should we phase out CPD provider audits over the 2028-30 cycle?

Yes

Please provide comments.

(No answer)

Q21. Should we withdraw GOC's standards for CPD providers?

Not sure

Please provide comments.

(No answer)

Q22. When should we aim to introduce changes requiring amendment to the CPD rules 2021?

January 2031

Please provide comments.

(No answer)

Q23. Will the proposed changes have effects, whether positive or negative, on:

(a) opportunities for persons to use the Welsh language?

(No answer)

(b) treating the Welsh language no less favourably than the English language?

(No answer)

If yes, please explain your reasoning.

(No answer)

Q24. Could the proposed changes be revised so that they would have positive effects, or increased positive effects, on:

(a) opportunities for persons to use the Welsh language?

(No answer)

(b) treating the Welsh language no less favourably than the English language?

(No answer)

If yes, please explain your reasoning.

(No answer)

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?

(No answer)

(b) treating the Welsh language no less favourably than the English language?

(No answer)

If yes, please explain your reasoning.

(No answer)

Q26. Are there any aspects of our proposals that could discriminate against stakeholders with specific characteristics?

c) Not sure

If yes, please explain your reasoning.

(No answer)

Q27. Are there any aspects of our proposals that could have a positive impact on stakeholders with specific characteristics?

c) Not sure

If yes, please explain your reasoning.

(No answer)

Can we publish your response?

Yes, but please keep my name and/or my organisation’s name private

RESPONDENT 123

Are you responding on behalf of an organisation?

No

Which category of respondent best describes you?

Optometrist

Type your answer

(No answer)

Q1. Do you agree with our objectives for the review?

Yes

Please provide comments.

(No answer)

Q2. Do you agree that we should move away from a points system?

No

Please provide comments.

Points system makes it easy to track how much CPD is done and that it's in required amounts, getting rid of this would make me concerned I had not undertaken an adequate amount of CPD.

Q3. Do you agree that we should issue guidance on the amount, areas and types of learning rather than set specific requirements?

No

Please provide comments.

(No answer)

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?

Notional minimum amount

Please provide comments.

(No answer)

Q5. Should registrants be required to make a personal development plan and reflect on progress as part of appraisals and similar mechanisms?

No

Please provide comments.

Goals change drastically throughout a three year cycle, it is very difficult to plan your education at the start of a cycle. Some CPD is required by employers and may not fit within a registrant's own goals.

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?

Not sure

Please provide comments.

(No answer)

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 or own records

Please provide comments.

(No answer)

Q8. Should GOC review a sample of CPD records following annual registration renewal?

Yes

Please provide comments.

(No answer)

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

Please provide comments.

(No answer)

Q10. Should we change the competencies (the four domains) which CPD events must relate to?

Yes

Please provide comments.

Ensuring CPD meets these competencies feels more like a tick box exercise and does not match with the fact we are supposed to plan our own CPD.

Q11. Should we adjust the points allocated to different activities to make it easier to reach the total points required under the CPD rules 2021?

Yes

Please provide comments.

I have undertaken CPD that's taken me numerous hours (for instance completing my IP qualification) and received very few points for this. The points allocated to self-directed CPD are not at all reflective of the time and effort most of these activities take.

Q12. Should we remove the limit on the minimum number of CPD points that must be obtained from provider-led activity?

Yes

Please provide comments.

Self0dircted CPD can often provide more knowledge than provider-led but gets very little credit.

Q13. Should we remove the need for a reflection statement to be provided for each self-directed CPD activity?

Yes

Please provide comments.

(No answer)

Q14. How can we best leverage the role of businesses within the CPD system to support a less prescriptive system for individual registrants?

(No answer)

Q15. Should business registrants have specific responsibility to ensure individual registrants have an up-to-date personal development plan?

No

Please provide comments.

(No answer)

Q16. How can the standards for optical businesses be strengthened to help

achieve this outcome?

(No answer)

Q17. How should patient feedback be incorporated within the CPD system?

Shouldn't be.

Q18. Should we seek to end CPD provider approval?

Not sure

Please provide comments.

(No answer)

Q19. Should we reduce the number of CPD events requiring approval before CPD providers can convert from provisionally approved to fully approved status?

Not sure

Please provide comments.

(No answer)

Q20. Should we phase out CPD provider audits over the 2028-30 cycle?

No

Please provide comments.

(No answer)

Q21. Should we withdraw GOC's standards for CPD providers?

No

Please provide comments.

(No answer)

Q22. When should we aim to introduce changes requiring amendment to the CPD rules 2021?

(No answer)

Please provide comments.

(No answer)

Q23. Will the proposed changes have effects, whether positive or negative, on:

(a) opportunities for persons to use the Welsh language?

Not Sure

(b) treating the Welsh language no less favourably than the English language?

Not Sure

If yes, please explain your reasoning.

(No answer)

Q24. Could the proposed changes be revised so that they would have positive effects, or increased positive effects, on:

(a) opportunities for persons to use the Welsh language?

Not Sure

(b) treating the Welsh language no less favourably than the English language?

Not Sure

If yes, please explain your reasoning.

(No answer)

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?

Not Sure

(b) treating the Welsh language no less favourably than the English language?

Not Sure

If yes, please explain your reasoning.

(No answer)

Q26. Are there any aspects of our proposals that could discriminate against stakeholders with specific characteristics?

b) No

If yes, please explain your reasoning.

(No answer)

Q27. Are there any aspects of our proposals that could have a positive impact on stakeholders with specific characteristics?

b) No

If yes, please explain your reasoning.

(No answer)

Can we publish your response?

Yes, but please keep my name and/or my organisation’s name private

RESPONDENT 125

Are you responding on behalf of an organisation?

No

Which category of respondent best describes you?

Optometrist

Type your answer

(No answer)

Q1. Do you agree with our objectives for the review?

No

Please provide comments.

Even with a PDP I do not believe that clinicians will gear their CPD to their needs, rather continue to undertake blocks of CPD at events such as 100% Optical.

Q2. Do you agree that we should move away from a points system?

No

Please provide comments.

Having to complete a minimum number of points ensures that a clinician will at least carry out some CPD. Moving away from this risks them doing little or no CPD.

Q3. Do you agree that we should issue guidance on the amount, areas and types of learning rather than set specific requirements?

Not sure

Please provide comments.

See above. Also although it would be helpful to undertake more non-clinical CPD to fit in with my advisory role I am not sure whether a more open system would suit many optometrists.

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

Please provide comments.

Again where it is left to an individual to decide it is easy to do nothing or not much rather than sufficient.

Q5. Should registrants be required to make a personal development plan and reflect on progress as part of appraisals and similar mechanisms?

Yes

Please provide comments.

PDPs are very useful in concentrating the mind.

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

Please provide comments.

What constitutes adequate when it comes to records? It is very subjective and when attending CPD it is not always practical to take notes.

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 or own records

Please provide comments.

(No answer)

Q8. Should GOC review a sample of CPD records following annual registration renewal?

Yes

Please provide comments.

(No answer)

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?

Not sure

Please provide comments.

Seems a bit harsh. Some registrants may be time limited due to other commitments but not necessarily be poor clinicians.

Q10. Should we change the competencies (the four domains) which CPD events must relate to?

Yes

Please provide comments.

Get rid of the domains all together. Often the content of the CPD does not really fit the domains.

Q11. Should we adjust the points allocated to different activities to make it easier to reach the total points required under the CPD rules 2021?

Not sure

Please provide comments.

Rather depends on how this is done as it needs to be proportionate.

Q12. Should we remove the limit on the minimum number of CPD points that must be obtained from provider-led activity?

Yes

Please provide comments.

(No answer)

Q13. Should we remove the need for a reflection statement to be provided for each self-directed CPD activity?

Not sure

Please provide comments.

Rather depends on what documentation a registrant has in relation to this type of CPD

Q14. How can we best leverage the role of businesses within the CPD system to support a less prescriptive system for individual registrants?

You can't unless all businesses are registered with the GOC and have to provide evidence of what support they provide.

Q15. Should business registrants have specific responsibility to ensure individual registrants have an up-to-date personal development plan?

Not sure

Please provide comments.

Locums work for lots of different companies. How do you ensure that they are not being targeted by every company they work for?

Q16. How can the standards for optical businesses be strengthened to help achieve this outcome?

First require all optical businesses to be registered then you can talk about strengthening standards.

Q17. How should patient feedback be incorporated within the CPD system?

Not sure it can be. Where does this leave registrants working in anon-clinical environment.

Q18. Should we seek to end CPD provider approval?

No

Please provide comments.

You need some kind of control over providers to ensure good quality content.

Q19. Should we reduce the number of CPD events requiring approval before CPD providers can convert from provisionally approved to fully approved status?

Not sure

Please provide comments.

I wasn't aware this was a feature so can't really judge if it is relevant.

Q20. Should we phase out CPD provider audits over the 2028-30 cycle?

No

Please provide comments.

Need to monitor quality of CPD provided.

Q21. Should we withdraw GOC's standards for CPD providers?

No

Please provide comments.

(No answer)

Q22. When should we aim to introduce changes requiring amendment to the CPD rules 2021?

Another date

Please provide comments.

Difficult to change rules mid cycle as may disadvantage some registrants but it is also important not to rush into changes and realise that they don't work. Could consider phasing in and running both schemes giving registrants the chance to opt in to one or the other.

Q23. Will the proposed changes have effects, whether positive or negative, on:

(a) opportunities for persons to use the Welsh language?

No

(b) treating the Welsh language no less favourably than the English language?

No

If yes, please explain your reasoning.

(No answer)

Q24. Could the proposed changes be revised so that they would have positive effects, or increased positive effects, on:

(a) opportunities for persons to use the Welsh language?

No

(b) treating the Welsh language no less favourably than the English language?

No

If yes, please explain your reasoning.

(No answer)

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?

No

(b) treating the Welsh language no less favourably than the English language?

No

If yes, please explain your reasoning.

(No answer)

Q26. Are there any aspects of our proposals that could discriminate against stakeholders with specific characteristics?

a) Yes

If yes, please explain your reasoning.

Any change takes time getting used to and some individuals find change more difficult. It may not necessarily be a specific characteristic but related to other aspects of their life

Q27. Are there any aspects of our proposals that could have a positive impact on stakeholders with specific characteristics?

c) Not sure

If yes, please explain your reasoning.

(No answer)

Can we publish your response?

Yes, but please keep my name and/or my organisation’s name private

RESPONDENT 126

Are you responding on behalf of an organisation?

No

Which category of respondent best describes you?

Dispensing optician

Type your answer

(No answer)

Q1. Do you agree with our objectives for the review?

Yes

Please provide comments.

(No answer)

Q2. Do you agree that we should move away from a points system?

Yes

Please provide comments.

(No answer)

Q3. Do you agree that we should issue guidance on the amount, areas and types of learning rather than set specific requirements?

Yes

Please provide comments.

(No answer)

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

Please provide comments.

(No answer)

Q5. Should registrants be required to make a personal development plan and

reflect on progress as part of appraisals and similar mechanisms?

No

Please provide comments.

(No answer)

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

Please provide comments.

(No answer)

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 or own records

Please provide comments.

(No answer)

Q8. Should GOC review a sample of CPD records following annual registration renewal?

No

Please provide comments.

(No answer)

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?

No

Please provide comments.

(No answer)

Q10. Should we change the competencies (the four domains) which CPD events must relate to?

Yes

Please provide comments.

(No answer)

Q11. Should we adjust the points allocated to different activities to make it easier to reach the total points required under the CPD rules 2021?

Yes

Please provide comments.

(No answer)

Q12. Should we remove the limit on the minimum number of CPD points that must be obtained from provider-led activity?

Yes

Please provide comments.

(No answer)

Q13. Should we remove the need for a reflection statement to be provided for each self-directed CPD activity?

No

Please provide comments.

(No answer)

Q14. How can we best leverage the role of businesses within the CPD system to support a less prescriptive system for individual registrants?

allow registrants to pursue areas of interest to them within the scop of their role

Q15. Should business registrants have specific responsibility to ensure individual registrants have an up-to-date personal development plan?

Yes

Please provide comments.

(No answer)

Q16. How can the standards for optical businesses be strengthened to help achieve this outcome?

(No answer)

Q17. How should patient feedback be incorporated within the CPD system?

it shouldn't.

Q18. Should we seek to end CPD provider approval?

Not sure

Please provide comments.

(No answer)

Q19. Should we reduce the number of CPD events requiring approval before CPD providers can convert from provisionally approved to fully approved status?

Not sure

Please provide comments.

(No answer)

Q20. Should we phase out CPD provider audits over the 2028-30 cycle?

Not sure

Please provide comments.

(No answer)

Q21. Should we withdraw GOC's standards for CPD providers?

No

Please provide comments.

(No answer)

Q22. When should we aim to introduce changes requiring amendment to the CPD rules 2021?

January 2028

Please provide comments.

(No answer)

Q23. Will the proposed changes have effects, whether positive or negative, on:

(a) opportunities for persons to use the Welsh language?

Not Sure

(b) treating the Welsh language no less favourably than the English language?

Not Sure

If yes, please explain your reasoning.

(No answer)

Q24. Could the proposed changes be revised so that they would have positive effects, or increased positive effects, on:

(a) opportunities for persons to use the Welsh language?

Not Sure

(b) treating the Welsh language no less favourably than the English language?

Not Sure

If yes, please explain your reasoning.

(No answer)

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?

Not Sure

(b) treating the Welsh language no less favourably than the English language?

Not Sure

If yes, please explain your reasoning.

(No answer)

Q26. Are there any aspects of our proposals that could discriminate against stakeholders with specific characteristics?

b) No

If yes, please explain your reasoning.

(No answer)

Q27. Are there any aspects of our proposals that could have a positive impact on stakeholders with specific characteristics?

c) Not sure

If yes, please explain your reasoning.

(No answer)

Can we publish your response?

Yes, but please keep my name and/or my organisation’s name private

RESPONDENT 127

Are you responding on behalf of an organisation?

No

Which category of respondent best describes you?

Therapeutic prescribing optometrist

Type your answer

(No answer)

Q1. Do you agree with our objectives for the review?

Not sure

Please provide comments.

(No answer)

Q2. Do you agree that we should move away from a points system?

Not sure

Please provide comments.

I think if moving away from a points based system how a delegate has met the requirements should be explicitly described, number of hours, domains etc so they have guidance on expectations

Q3. Do you agree that we should issue guidance on the amount, areas and types of learning rather than set specific requirements?

Not sure

Please provide comments.

How would this differ from what is being done now, you cannot comment on a proposal when the alternative offering is vague?

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?

Notional minimum amount

Please provide comments.

(No answer)

Q5. Should registrants be required to make a personal development plan and reflect on progress as part of appraisals and similar mechanisms?

No

Please provide comments.

Feedback post-cpd activity is sufficient enough feedback and reflectivity, perhaps feedback should include how will you apply this cpd to your practice.

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?

Not sure

Please provide comments.

This is subjective and the GOC may diagree...so the question is what would be the point?

Q7. Should registrants be required to maintain records of CPD activity on GOC IT systems or be able to keep their own records?

Own records only

Please provide comments.

Time consumed adding documentation to the GOC website is tedious, or the GOC should cover the administrative load as part of the registration fee if required.

Q8. Should GOC review a sample of CPD records following annual registration renewal?

Yes

Please provide comments.

Seems sensible for quality and audit

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?

No

Please provide comments.

Unless measured failed to meet hour or points this may cause issues as could be subjective assessment, removal from the register is a disproportinate response, would

expect this response to equate to registrants failing to uphold the goc code of conduct

Q10. Should we change the competencies (the four domains) which CPD events must relate to?

Yes

Please provide comments.

Some such as leadership and accountability are difficult to meet and do not seem to align with registrant daily practice.

Q11. Should we adjust the points allocated to different activities to make it easier to reach the total points required under the CPD rules 2021?

Yes

Please provide comments.

Too many points is pointless, registrants should focus on quality of education not quantity

Q12. Should we remove the limit on the minimum number of CPD points that must be obtained from provider-led activity?

Yes

Please provide comments.

Registrants should be trusted to manage their learning.

Q13. Should we remove the need for a reflection statement to be provided for each self-directed CPD activity?

No

Please provide comments.

This evidences learning.

Q14. How can we best leverage the role of businesses within the CPD system to support a less prescriptive system for individual registrants?

n/a

Q15. Should business registrants have specific responsibility to ensure individual registrants have an up-to-date personal development plan?

No

Please provide comments.

(No answer)

Q16. How can the standards for optical businesses be strengthened to help achieve this outcome?

(No answer)

Q17. How should patient feedback be incorporated within the CPD system?

(No answer)

Q18. Should we seek to end CPD provider approval?

Yes

Please provide comments.

Providers provide high quality education and again should be trusted to provide cpd to a high standard

Q19. Should we reduce the number of CPD events requiring approval before CPD providers can convert from provisionally approved to fully approved status?

Yes

Please provide comments.

(No answer)

Q20. Should we phase out CPD provider audits over the 2028-30 cycle?

Yes

Please provide comments.

as previous comments

Q21. Should we withdraw GOC's standards for CPD providers?

Yes

Please provide comments.

Not all learning objectives fall into these far too prescriptive

Q22. When should we aim to introduce changes requiring amendment to the CPD rules 2021?

Another date

Please provide comments.

we would need to know the outcome of the consultation and have a further say and following this perhaps 2034

Q23. Will the proposed changes have effects, whether positive or negative, on:

(a) opportunities for persons to use the Welsh language?

No

(b) treating the Welsh language no less favourably than the English language?

No

If yes, please explain your reasoning.

(No answer)

Q24. Could the proposed changes be revised so that they would have positive effects, or increased positive effects, on:

(a) opportunities for persons to use the Welsh language?

No

(b) treating the Welsh language no less favourably than the English language?

No

If yes, please explain your reasoning.

(No answer)

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?

No

(b) treating the Welsh language no less favourably than the English language?

No

If yes, please explain your reasoning.

(No answer)

Q26. Are there any aspects of our proposals that could discriminate against stakeholders with specific characteristics?

c) Not sure

If yes, please explain your reasoning.

should people on maternity need to meet the same number of points as though not?

Q27. Are there any aspects of our proposals that could have a positive impact on stakeholders with specific characteristics?

b) No

If yes, please explain your reasoning.

(No answer)

Can we publish your response?

Yes, but please keep my name and/or my organisation’s name private

RESPONDENT 129

Are you responding on behalf of an organisation?

Yes

What is the name of the organisation you are responding on behalf of?

Which category best describes the organisation you are responding on behalf of?

CPD provider

Q1. Do you agree with our objectives for the review?

Yes

Please provide comments.

We commend the inclusion “to develop enhanced clinical skills supporting the shift in eye care delivery from hospitals to communities” as this aligns to the changing role of an optometrist. The GOC should consider how it aligns further with the wider NHS workforce and service redesign priorities.
As urgent eyecare, enhanced community services and digital/remote care continue to expand, CPD requirements must support the skills clinicians need to deliver safe, consistent care within these new and evolving models.
Modernised CPD should reinforce competencies essential for:
• community based urgent eyecare and extended clinical roles,
• integrated pathways across primary, community and secondary care,
• increased use of digital platforms, clinical triage systems and emerging AI supported tools,
• collaborative, multi professional working across ICBs.
Aligning CPD expectations with national workforce transformation frameworks will help ensure registrants are prepared for the expanding scope of community eyecare and that employers, providers and commissioners have a clear, future proofed foundation for development of the workforce.

Q2. Do you agree that we should move away from a points system?

No

Please provide comments.

The current consultation proposes a removal of the points based system without any safeguards to ensure patient safety and public confidence in the regulatory system. The GOC states that the current approach ‘limits the freedom of professionals to take the responsibility for undertaking learning and development relevant to their own needs” without clarification how they have reached this conclusion. We have found that

most clinicians actively pursue their own learning and growth, and that setting a minimum points requirement neither restricts their progress nor hinders development. Instead, it helps maintain a baseline standard within the profession.
Experience from other professions (such as GPs) shows that removing structured requirements has led to reduced attendance at CPD events, loss of engagement with professional networks impacting peer to peer learning and support
A system with no points and no peer review could lead to too much dependence on self-guided continuing professional development, less involvement in interactive learning, fewer opportunities for peer-to-peer interaction, lower levels of learner engagement, and reduced provider participation. These changes may ultimately lead to a negative impact on clinicians competence.
We therefore cannot support this proposal unless it presents a credible alternative that effectively addresses the risk posed to patient safety and public confidence with this change.

Q3. Do you agree that we should issue guidance on the amount, areas and types of learning rather than set specific requirements?

No

Please provide comments.

We cannot support this change without in its current form i.e. the removal of set specific requirements. We would support guidance that enables clinicians to adapt their professional development to meet individual practice requirements. However, guidance by itself may not ensure sustained engagement unless it is combined with established minimum standards for interactive continuing professional development (CPD) and clear definitions regarding what qualifies as “sufficient CPD.”

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

Please provide comments.

Neither, “sufficient CPD” nor a “notional minimal” requirement alone can guarantee patient safety and any revised approach should incorporate elements of both.
The exclusive use of subjective CPD guidance will likely lead to variability in practice among eye care professionals, particularly those with lower levels of engagement, resulting in compromised patient safety and diminished public confidence.
Fixed hours fail to consider variations in workload between clinical environments and do not accommodate the unique needs of clinicians who provide eye care services to diverse populations.

Q5. Should registrants be required to make a personal development plan and reflect on progress as part of appraisals and similar mechanisms?

Not sure

Please provide comments.

We support the principle of requiring a Personal Development Plan (PDP) and ongoing reflection, as these are embedded across the sector, support reflection and are valuable tools for maintaining and improving clinical standards.
However, are concerned that mandating PDP reflection as part of an appraisal will create significant challenges for locums, self employed registrants and those without formal appraisal structures. Many of these practitioners do not have access to employer led appraisal systems, and expectations must therefore remain realistic and equitable.
Across healthcare professions there is considerable variation in appraisal processes, frameworks and organisational capacity. Unlike the GMC model - where a PDP is produced collaboratively with a trained appraiser during a structured annual appraisal, ensuring quality and relevance, the optical sector has no universal appraisal infrastructure.
Expecting all registrants to independently produce high quality PDPs risks creating wide variation in the quality, rigour and usefulness of these documents.
Therefore, we recommend that if PDPs are to remain mandatory, the GOC should:
• Provide a standardised PDP template, guidance and exemplars accessible to all registrants.
• Offer clear direction for registrants without an employer, ensuring they are not disadvantaged compared to those supported by corporate governance teams.
• Consider a “best practice” rather than “mandatory” approach for employers, recognising the differing capacities of multiples, independents and provider organisations.
This balanced approach ensures that PDPs and reflective practice remain meaningful and supportive, without imposing disproportionate burdens on practitioners or creating inequity across the workforce.

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

Please provide comments.

This approach encourages continuous learning and professional development instead of focusing solely on final CPD requirements. It also acts as a protection if points are deducted. Clearly outlining the requirements for CPD will ensure that declarations are both accurate and meaningful.

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 or own records

Please provide comments.

Many clinicians work remotely or across multiple practices. A dual option model (GOC system or employer based record keeping) ensures accessibility while supporting fair sample reviews. This approach will avoid disadvantaging locums and smaller employers.

Q8. Should GOC review a sample of CPD records following annual registration renewal?

Not sure

Please provide comments.

Risk based sampling is appropriate, but only if transparent, proportionate and as a supportive tool to support development. Without safeguards, regular reviews risk being perceived as punitive or a “witch hunt.” We would recommend:
- A clear selection criteria
- consistent reviewer training
- proportionate evidence expectations
- supportive feedback rather than punitive tone This maintains trust and encourage genuine learning.

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

Please provide comments.

Removal must be a last resort following guidance, time to remediate and structured support, particularly if CPD becomes self directed with inadequate guidance.
This approach will ensure equitable treatment for all registrants, irrespective of their employment model and/or employer support networks.

Q10. Should we change the competencies (the four domains) which CPD events must relate to?

Not sure

Please provide comments.

The four existing domains remain sufficient at present and do not need to increase in number. However, the GOC should adopt an agile approach which aligns to the changing requirements across the workforce.
We commend the inclusion “to develop enhanced clinical skills supporting the shift in eye care delivery from hospitals to communities” as this aligns to the changing role of an optometrist. The GOC should consider how the domains align with the wider requirements of the workforce and service redesign priorities across the four nations. As urgent eyecare, enhanced community services and digital/remote care continue to expand, the domains must align to support the skills clinicians need to deliver safe, consistent care within these new and evolving models.
Aligning CPD expectations with national requirements and workforce transformation programmes will help ensure registrants are prepared for the expanding scope of community eyecare and that employers, providers and commissioners have a clear, future proofed foundation for development of the workforce.

Q11. Should we adjust the points allocated to different activities to make it easier

to reach the total points required under the CPD rules 2021?

Not sure

Please provide comments.

It is difficult to support this without clear guidance on what any change will look like. If it is the GOCs intention to “dumb down” the requirements then we would object to this change, while if this would lead to greater recognition of development where there is significant development over and above the minimum standard across different domains then we would supported this change
e.g. independent prescribing, higher glaucoma qualifications, medical retina, leadership programmes, post-registration qualifications, quality improvement, safeguarding, etc.

Q12. Should we remove the limit on the minimum number of CPD points that must be obtained from provider-led activity?

No

Please provide comments.

We do not support removing the minimum requirement for provider led CPD. While increased flexibility is valuable, removing this safeguard entirely risks encouraging an over reliance on self directed CPD, which carries the risk of significantly reducing participation in structured, interactive learning.
Provider led CPD plays a critical role in ensuring exposure to:
- peer supported discussion,
- case based learning,
- shared best practice,
- multi professional perspectives, and
- quality assured educational content aligned with service delivery needs.

If the provider led requirement is removed, there is a real risk that registrants may default to 100% self directed CPD, limiting the diversity and depth of their learning. This could negatively impact patient safety through:
- reduced engagement with LOCs and peers,
- reduced attendance at high quality CPD events,
- reduced patient outcomes and clinical consistency across enhanced services
- reduced peer to peer interaction which supports service improvement.

We therefore recommend retaining a minimum requirement for provider led and/or interactive CPD, even if the wider points system is reformed. This ensures registrants maintain regular participation in structured learning and preserves the benefits gained from provider led CPD, without restricting flexibility in other areas.

Q13. Should we remove the need for a reflection statement to be provided for each self-directed CPD activity?

Yes

Please provide comments.

This requirement is burdensome and reduces uptake of self directed CPD. Reflection should occur within PDPs, not after each activity.
There is also confusion in relation to providers supporting self directed CPD without it being classified as provider led. This leads to reduced opportunities for learning and ultimately poorer outcomes for patients.

Q14. How can we best leverage the role of businesses within the CPD system to support a less prescriptive system for individual registrants?

Businesses can play a valuable role in supporting CPD, but their contribution must be framed as best practice, not a mandatory requirement, due to the significant variation we have across the sector.
We can contribute meaningfully by:
- offering structured PDP review within existing governance frameworks,
- facilitating case-based support discussions,
- providing remote case audit and learning from escalation pathways,
- enabling peer review opportunities
- delivering feedback driven CPD based on patient experience, incidents, and quality data. However, it is essential to recognise the limitations of an employer led model:
- Not all registrants have an employer (e.g., locums, self employed practitioners, portfolio workers).
- Some employers, particularly smaller independent practices may lack the resources or ability for effective governance.
- Many optical businesses lack the structured appraisal or clinical governance systems that the consultation assumes. The statement that CPD can "build on appraisals and other systems that are routine elements of good working environments" does not reflect the reality across all optometry settings.
- Larger healthcare systems (e.g., NHS employers under GMC revalidation) have substantial HR, governance and administrative infrastructure — something the optical sector does not have uniformly, especially in smaller independent practices. For these reasons, while businesses can support CPD, the GOC should position this as best practice, not a regulatory obligation. Any business related expectations must be scalable, proportionate and flexible, ensuring that locums and practitioners without employer support are not disadvantaged.

Q15. Should business registrants have specific responsibility to ensure individual registrants have an up-to-date personal development plan?

Not sure

Please provide comments.

This is best practice but mandating this will disadvantage registrants without permanent employers or those working across multiple settings.

Q16. How can the standards for optical businesses be strengthened to help achieve this outcome?

Standards should include:
- access to peer review and structured support, not supervision
- protected CPD time

- patient feedback mechanisms
- PDP guidance and CPD tracking support
- proportionate internal audit mechanisms
- best practice guidance

However, expectations must be scalable. Large organisations have an existing infrastructure, whereas smaller independents may not. LOCs and provider organisations must also be recognised as support pathways for those without permanent employers.

Q17. How should patient feedback be incorporated within the CPD system?

Patient feedback should inform CPD where available, but it must not be mandatory due to inequitable access. It should be incorporated as a valuable source of learning, used flexibly and proportionately rather than as a compulsory requirement for all registrants.

We support using patient feedback as a core driver of reflective practice, case based discussion and service improvement, particularly within enhanced service delivery, where digital feedback is already systematically collected and highly informative. This type of feedback can offer meaningful insights into communication, accessibility, safety netting through patient experience. However, this approach cannot be guaranteed or applied universally across the profession, variability in employer size and infrastructure means that:

- Multiple groups are better equipped to collect structured patient feedback,
- Small independent practices may lack the tools or administrative capacity to capture feedback consistently,
- Locums and self employed clinicians often have no direct access to practice level feedback mechanisms,
- Non patient facing registrants (e.g., those working in advisory, educational, managerial or system roles) may not receive patient feedback at all.

Mandating the use of patient feedback for CPD would therefore risk creating inequity and inconsistent expectations across registrants.

For these reasons, we recommend that the GOC treats the use of patient feedback as best practice where feasible, rather than as a compulsory requirement.

The GOC should provide guidance and tools that allow registrants and businesses to use patient feedback meaningfully where appropriate, while ensuring that those without access to such mechanisms are not disadvantaged in meeting their CPD obligations.

Q18. Should we seek to end CPD provider approval?

Yes

Please provide comments.

Ending approval reduces burden but risks the quality of training and education. A minimal framework is needed:

- Clear definition of acceptable CPD
- learning outcomes requirement
- Clear guidance around CPD that ensures activities are educational in nature and not used primarily for promotional or marketing purposes

Q19. Should we reduce the number of CPD events requiring approval before CPD providers can convert from provisionally approved to fully approved status?

Yes

Please provide comments.

This reduces barriers for innovative or smaller providers and supports diverse CPD options.

Q20. Should we phase out CPD provider audits over the 2028-30 cycle?

No

Please provide comments.

We cannot support phasing out CPD provider audits over the 2028–30 cycle. The removal of audits introduces the risk that some providers may deliver poor quality, commercially biased or promotional CPD.
However, we would support a change in this direction this change if processes were put in place to address CPD that is:

- educationally poor,
- commercially driven rather than clinically relevant, or
- inconsistent with GOC learning expectations.

This process may be facilitated by obtaining feedback from registrants and employers with reporting to the GOC via a designated feedback mechanism that enables registrants to submit concerns directly to the GOC. This could act as a safety net, ensuring the GOC retains visibility of emerging issues in the CPD marketplace without reinstating full audits.
A balanced approach maintains CPD quality, protects registrants and patients, public confidence and remains consistent with the GOC's proposal to streamline regulatory oversight.

Q21. Should we withdraw GOC's standards for CPD providers?

No

Please provide comments.

We cannot support phasing out of GOC standards for CPD providers over the 2028–30 cycle. The removal of standards introduces the risk that some providers may deliver poor quality, commercially biased or promotional CPD.
Retaining standards will allow the GOC to monitor and intervene to address CPD that is:

- educationally poor,
- commercially driven rather than clinically relevant, or
- inconsistent with GOC learning expectations.

Standards can be retained while still supporting the GOC's proposal to streamline regulatory oversight. A 'lighter touch' approach supported by reporting from registrants and employers, with GOC intervention when concerns are raised will act as a safety

net, ensuring the GOC retains visibility of emerging issues in the CPD marketplace without the need for full audits.

Q22. When should we aim to introduce changes requiring amendment to the CPD rules 2021?

January 2031

Please provide comments.

The timeline must allow for IT changes, training, stakeholder adjustment and transition from points based systems.

Q23. Will the proposed changes have effects, whether positive or negative, on:

(a) opportunities for persons to use the Welsh language?

(No answer)

(b) treating the Welsh language no less favourably than the English language?

(No answer)

If yes, please explain your reasoning.

(No answer)

Q24. Could the proposed changes be revised so that they would have positive effects, or increased positive effects, on:

(a) opportunities for persons to use the Welsh language?

Not Sure

(b) treating the Welsh language no less favourably than the English language?

Not Sure

If yes, please explain your reasoning.

(No answer)

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?

Not Sure

(b) treating the Welsh language no less favourably than the English language?

Not Sure

If yes, please explain your reasoning.

(No answer)

Q26. Are there any aspects of our proposals that could discriminate against stakeholders with specific characteristics?

b) No

If yes, please explain your reasoning.

A flexible system reduces burden for those with caring responsibilities, disabilities or variable work patterns.

Q27. Are there any aspects of our proposals that could have a positive impact on stakeholders with specific characteristics?

a) Yes

If yes, please explain your reasoning.

Locums, part time clinicians, remote workers and those with religious or personal constraints benefit from increased flexibility.

Can we publish your response?

Yes, but please keep my name and/or my organisation’s name private

RESPONDENT 131

Are you responding on behalf of an organisation?

No

Which category of respondent best describes you?

Dispensing optician

Type your answer

(No answer)

Q1. Do you agree with our objectives for the review?

Not sure

Please provide comments.

(No answer)

Q2. Do you agree that we should move away from a points system?

No

Please provide comments.

The work done needs to be measured and points seem as good a metric as any, has the benifit of being clear

Q3. Do you agree that we should issue guidance on the amount, areas and types of learning rather than set specific requirements?

No

Please provide comments.

I believe resgistrants are seen by the public as optometrist, or opticians the public don,t look at a professional and say they are in a multiple practice i don't expect that person to be a knowledgeable as a collegue in an independant practice they expext thorough professional knowledge and without clear direction cpd will become a tick box of the easiest options facilitated by large companies interested in retention and not cpd

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?

Sufficient CPD

Please provide comments.

Suficient amount or national minimum surley this is the same thing viewed from oposite sides

Q5. Should registrants be required to make a personal development plan and reflect on progress as part of appraisals and similar mechanisms?

No

Please provide comments.

Professions should be keeping upto date with the profession not concentrsting on the smallest range of knowledge

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?

Not sure

Please provide comments.

Goc wants to reduce its demands on registrats learning but step away from record keeping or acreditation.

Q7. Should registrants be required to maintain records of CPD activity on GOC IT systems or be able to keep their own records?

GOC systems

Please provide comments.

(No answer)

Q8. Should GOC review a sample of CPD records following annual registration renewal?

No

Please provide comments.

A sample should be reveiwed before renewal

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?

Not sure

Please provide comments.

Only removed if the goc have provided a system to aprove cpd and record progress. Other wise we at risk of stress and unwanted measures against people who have recorded cpd in a way that after the cycke has ended is deamed not appropriate

Q10. Should we change the competencies (the four domains) which CPD events must relate to?

Yes

Please provide comments.

More competancies with narrower scope

Q11. Should we adjust the points allocated to different activities to make it easier to reach the total points required under the CPD rules 2021?

No

Please provide comments.

The current system provides plenty of ways to accrew points, i have recorded more than required everyone of my 20 plus years registered it is not onerous

Q12. Should we remove the limit on the minimum number of CPD points that must be obtained from provider-led activity?

No

Please provide comments.

(No answer)

Q13. Should we remove the need for a reflection statement to be provided for each self-directed CPD activity?

Not sure

Please provide comments.

I don't feel the the reflective exercise is much more than paper pushing, its about learning not how you feel about learning, if you haven't met the PDP targets reflecting that you haven't put the work in to achieve them is'nt productive

Q14. How can we best leverage the role of businesses within the CPD system to support a less prescriptive system for individual registrants?

It should not be lessprescriptive, youre the regulator -clearly state what you require or we will end up with purpos-less learning to tick a box and allow companies to ignore professional standards in behaviour and learning- which is happening already with hopelessly out of depth staff being encouraged or forced to ignore standards for profit

Q15. Should business registrants have specific responsibility to ensure

individual registrants have an up-to-date personal development plan?

No

Please provide comments.

(No answer)

Q16. How can the standards for optical businesses be strengthened to help achieve this outcome?

This assumes the previous question got a posative reply and points to the result of the survey having been pre determined

Q17. How should patient feedback be incorporated within the CPD system?

Cpd is about knoledge and training so unless its a complaint or a comment on those things i'm not sure ongoing education should incorperate patient feedback, especialy as the likelyhood of getting feedback varies on many factors (overall practice, personal preferences, geographical area, socio ecanomic standing)

Q18. Should we seek to end CPD provider approval?

No

Please provide comments.

As the registering body if feel goc should directly set the bar and standards

Q19. Should we reduce the number of CPD events requiring approval before CPD providers can convert from provisionally approved to fully approved status?

Not sure

Please provide comments.

That requires budgets , staffing etc i am not sure it is good to reduce oversight

Q20. Should we phase out CPD provider audits over the 2028-30 cycle?

No

Please provide comments.

(No answer)

Q21. Should we withdraw GOC's standards for CPD providers?

No

Please provide comments.

Standards for cpd drive the standards of the cpd

Q22. When should we aim to introduce changes requiring amendment to the CPD rules 2021?

January 2031

Please provide comments.

2031 or 2034, lets get it right and drive standards up make sue its clear easily understood and out in plenty of time. We currently seem to change every cycle, i don't mind change this is begining to look like change for changes sake

Q23. Will the proposed changes have effects, whether positive or negative, on:

(a) opportunities for persons to use the Welsh language?

No

(b) treating the Welsh language no less favourably than the English language?

No

If yes, please explain your reasoning.

(No answer)

Q24. Could the proposed changes be revised so that they would have positive effects, or increased positive effects, on:

(a) opportunities for persons to use the Welsh language?

(No answer)

(b) treating the Welsh language no less favourably than the English language?

(No answer)

If yes, please explain your reasoning.

As an British registrant working in British practice i will admit to having no interest in learning welsh or if more people do, are we going factor in the Cornish language as well

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?

(No answer)

(b) treating the Welsh language no less favourably than the English language?

(No answer)

If yes, please explain your reasoning.

This is a distraction from the purpose of this which is to looking at the future of cpd, if there is a need for cpd in different languages then i am sure providers will happily charge us to take them as required but lets get what we learn sorted before we promote diferent languages no mention of european asian or and other languages comonly heard in practice

Q26. Are there any aspects of our proposals that could discriminate against stakeholders with specific characteristics?

c) Not sure

If yes, please explain your reasoning.

(No answer)

Q27. Are there any aspects of our proposals that could have a positive impact on stakeholders with specific characteristics?

c) Not sure

If yes, please explain your reasoning.

(No answer)

Can we publish your response?

Yes, but please keep my name and/or my organisation’s name private

RESPONDENT 132

Are you responding on behalf of an organisation?

Yes

What is the name of the organisation you are responding on behalf of?

Which category best describes the organisation you are responding on behalf of?

Other

Type your answer

Q1. Do you agree with our objectives for the review?

Yes

Please provide comments.

We support the GOC's intention to modernise CPD, reduce administrative burden and encourage reflective, outcomes focused learning. However, reforms must retain enough structure to ensure that registrants remain meaningfully engaged in high quality CPD. Without such safeguards, there is a significant risk of reduced attendance at structured learning events, weaker collaboration across the profession, and erosion of shared standards that underpin safe patient care.
We emphasise that modernisation of CPD must not disadvantage:
• locums,
• independent practitioners,
• small practices with limited infrastructure.
What about those 'hard to reach' practitioners who don't engage locally? Removing the need for interactive CPD can make these practitioners less likely to engage and this improve their skills.
We support the GOC's aim to reduce burden, but no system should rely heavily on employer governance or assume access to structured appraisal mechanisms.

Structured elements, particularly interactive CPD, remain vital for ensuring consistent standards across community practice.

Q2. Do you agree that we should move away from a points system?

No

Please provide comments.

Removing the points system without replacing it with a clear, consistent structure risks undermining the quality and consistency of CPD. While the current points model is imperfect, it ensures a baseline level of engagement with structured learning. A purely "sufficient CPD" model could lead many practitioners to rely almost entirely on self directed CPD, reducing peer review, case based learning and cross practice engagement.
If the GOC moves away from the points system, We recommend:
• minimum expectations for interactive CPD,
• time based indicative guidance (e.g., 1 hour ≈ 1 learning unit),
• clear expectations for CPD diversity, not solely self directed activity.

Q3. Do you agree that we should issue guidance on the amount, areas and types of learning rather than set specific requirements?

Yes

Please provide comments.

Guidance supports flexibility, but the GOC must ensure there are still baseline minimum standards, especially for interactive CPD. Otherwise "sufficient CPD" risks becoming subjective and inconsistent, particularly for locums and portfolio practitioners who may lack structured support.

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?

Notional minimum amount

Please provide comments.

We are supportive of a notional minimum amount of hours as a proxy for points. Providing example activity lengths, similar to current CPD point values would support fair, transparent and proportionate review. Sufficient CPD – the issue we have is who grades what is 'sufficient' without a minimum and when would you find out you had done an insufficient amount?

Q5. Should registrants be required to make a personal development plan and reflect on progress as part of appraisals and similar mechanisms?

No

Please provide comments.

The GOC should trust the professional autonomy of its registrants to identify their own learning gaps. The focus should remain on the quality of the CPD outcomes rather than the administrative process of planning and reflecting.

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

Please provide comments.

This promotes ongoing engagement rather than end of cycle cramming.

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 or own records

Please provide comments.

Many practitioners in the area work across multiple sites, and some employers have their own practice management systems. The GOC system should remain available to avoid disadvantaging smaller practices and locums. Registrants would need to have clear guidance as to what they need to document in their CPD records and what evidence is required to validate their learning.

Q8. Should GOC review a sample of CPD records following annual registration renewal?

Yes

Please provide comments.

We agree but sampling must be risk-based, transparent, and supportive. The GOC must ensure that reviews are context- sensitive, accounting for the varied nature of practice. For example, the professional development opportunities and clinical focus for a hospital optometrist or academic researcher differ significantly from those of a community-based locum. A supportive review process should recognize these different professional constraints and avoid a 'one-size-fits-all' approach to auditing.

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

Please provide comments.

Removal must remain a last resort. Reviewing records annually increases risk for those without employer support, so remediation must be meaningful.

Q10. Should we change the competencies (the four domains) which CPD events must relate to?

Not sure

Please provide comments.

The GOC should consider whether the four-domain structure is intended to be a roadmap or a cage, as the priority must be a framework that supports rather than dictates professional growth. While the current domains are well-understood, the mandatory requirement to cover each one often results in a restrictive "tick-box" approach that prioritizes compliance over genuine insight. By allowing providers to label content without forcing practitioners to hit every category, the GOC would empower registrants to use their professional judgment to identify and fill their own learning gaps, replacing passive attendance with active, insightful engagement tailored to their specific scope of practice.

Q11. Should we adjust the points allocated to different activities to make it easier to reach the total points required under the CPD rules 2021?

Not sure

Please provide comments.

Vague question
What do different activities mean? Could it be more advanced learning such as postgraduate training or specialist clinical development or is it referring to self directed learning?
The interactivity of face to face or online events could count for more than self directed learning done individually. Self directed learning from articles or videos should hold less weight than face to face/online

Q12. Should we remove the limit on the minimum number of CPD points that must be obtained from provider-led activity?

No

Please provide comments.

Provider led CPD is essential for:
• peer review,
• case based learning,
• shared standards,
• clinical consistency across the sector.
Without a minimum requirement, many practitioners may drift to 100% self directed CPD, which undermines professional engagement and learning quality.
There is significant value to professionals engaging with their peers.

Q13. Should we remove the need for a reflection statement to be provided for each self-directed CPD activity?

No

Please provide comments.

Can’t do self-directed CPD without reflection. Have to quantify it along with evidence

Q14. How can we best leverage the role of businesses within the CPD system to support a less prescriptive system for individual registrants?

By promoting supportive learning environments — but not through mandatory employer requirements. Businesses vary widely in capacity. supports encouraging best practice, and plays an important role in supporting practitioners. How would this work for locums and portfolio/part time practitioners?.

Q15. Should business registrants have specific responsibility to ensure individual registrants have an up-to-date personal development plan?

Not sure

Please provide comments.

There is a risk of creating/driving disparate pressures upon small businesses who lack large central professional services teams.

Q16. How can the standards for optical businesses be strengthened to help achieve this outcome?

Strengthen standards but ensure scalability and fairness. Standards should promote:
• access to peer review,
• protected CPD time where possible,
• support for PDP completion,
• proportionate support mechanisms appropriate to the size and capacity of each business. However, expectations must be scalable across business types.

Q17. How should patient feedback be incorporated within the CPD system?

Patient feedback should inform CPD where available. For example, patient complaints could be used as a driver for targeted CPD.
It could be incorporated as a valuable source of learning, used flexibly and proportionately rather than as a compulsory requirement for all registrants.
Many locums and small practices lack formal mechanisms for collecting feedback. A mandatory requirement would create unfairness.

Q18. Should we seek to end CPD provider approval?

Yes

Please provide comments.

Ending formal CPD provider approval would reduce unnecessary bureaucracy and allow for more agile, diverse learning opportunities. However, this must be replaced by a robust, delegate-led quality assurance model. By using post-event feedback to "flag" content that is poor quality or inappropriately commercial, the GOC can focus its

oversight on actual performance rather than administrative pre-approval. This shift ensures that the profession (not a central committee) defines what is clinically valuable, while maintaining a clear mechanism to identify and remove providers who fail to meet 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?

Yes

Please provide comments.

This reduces barriers for smaller providers and encourages innovation.

Q20. Should we phase out CPD provider audits over the 2028-30 cycle?

Yes

Please provide comments.

Feedback from registrants and practices can help highlight concerns with CPD provision in a more flexible system. Audits can be phased out if paired with:
• clear quality expectations,
• a simple mechanism for practitioners to report concerns.

Q21. Should we withdraw GOC's standards for CPD providers?

Yes

Please provide comments.

The GOC's standards for CPD providers should be withdrawn in favour of integrating core expectations directly into the standards for optical professionals.

Q22. When should we aim to introduce changes requiring amendment to the CPD rules 2021?

January 2031

Please provide comments.

Sector wide readiness, system updates and training are essential.

Q23. Will the proposed changes have effects, whether positive or negative, on:

(c) opportunities for persons to use the Welsh language?

(No answer)

(d) treating the Welsh language no less favourably than the English language?

(No answer)

If yes, please explain your reasoning.

(No answer)

Q24. Could the proposed changes be revised so that they would have positive effects, or increased positive effects, on:

(b) opportunities for persons to use the Welsh language?

(No answer)

(b) treating the Welsh language no less favourably than the English language?

(No answer)

If yes, please explain your reasoning.

(No answer)

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:

(b) opportunities for persons to use the Welsh language?

(No answer)

(b) treating the Welsh language no less favourably than the English language?

(No answer)

If yes, please explain your reasoning.

(No answer)

Q26. Are there any aspects of our proposals that could discriminate against stakeholders with specific characteristics?

b) No

If yes, please explain your reasoning.

Flexibility benefits many groups, but inequity emerges if employer based requirements become mandatory.

Q27. Are there any aspects of our proposals that could have a positive impact on stakeholders with specific characteristics?

a) Yes

If yes, please explain your reasoning.

Those with caring responsibilities, disabilities, or variable work patterns benefit from increased flexibility.

Can we publish your response?

Yes, but please keep my name and/or my organisation’s name private

RESPONDENT 133

Are you responding on behalf of an organisation?

Yes

What is the name of the organisation you are responding on behalf of?

FODO - The Association for Eye Care Providers

Which category best describes the organisation you are responding on behalf of?

Optical professional/representative body

Q1. Do you agree with our objectives for the review?

No

Please provide comments.

The objectives for the review of the GOC's existing approach to CPD are appropriate. Our responses to the consultation questions are informed by the extent to which we consider the GOC's proposals meet these objectives.
We welcome the focus on the responsibility of registrants for their own CPD, which will be relevant to their scope of practice and learning and development needs. We have long argued that the GOC's existing approach is out of keeping with the approaches of other professional regulators and risks infantilising the professions through over prescription. As regulated, autonomous and accountable health professionals, optometrists and dispensing opticians are best placed to make decisions about the CPD which meets their needs and an updated CPD system should support this.
We agree that the CPD requirements should be appropriate to and inclusive of all registrants including those in clinical practice, as well as those who practise in other areas including in roles in industry, education, leadership and research.
We agree with the objective to remove unnecessary costs of regulation for registrants. However, 'registrants' must include business registrants as well as individual registrants.

The consultation document and accompanying impact assessment do not provide a detailed analysis to demonstrate the extent to which the consultation proposals will increase or decrease costs on businesses, nor do they provide evidence that the costs and benefits of different options have been considered. Our members have fed back to us about the potential implications of changes which could create unnecessary and costly bureaucracy.

Q2. Do you agree that we should move away from a points system?

Yes

Please provide comments.

We agree that the points system should be abolished. Doing so would be consistent with supporting a culture in which individual registrants, as regulated health professionals, are personally accountable for undertaking professional development which meets their own needs.
The consultation document correctly identifies the challenges of a points system, including the somewhat arbitrary nature of points totals, the risk of a tick-box approach to compliance and perverse incentives to complete CPD which might not be appropriate to an individual's needs and career aspirations. These factors provide an ample rationale for moving to a more outcomes-based approach.

Q3. Do you agree that we should issue guidance on the amount, areas and types of learning rather than set specific requirements?

Yes

Please provide comments.

We agree with guidance about areas and types of learning but have concerns about guidance on the amount of CPD.
Clear guidance from the GOC is crucial - so that registrants can understand what is required of them, what evidence they will need to provide if selected for audit and how their submission will be assessed. Once after this consultation the GOC finalises its approach to CPD, the GOC should develop this guidance in partnership with the sector.
It would be helpful for the GOC to publish guidance in broad terms which guides individual registrants in choosing the professional development opportunities that are most appropriate for them, with regard to their scope of practice and future career aspirations. This might helpfully include guidance on the areas of learning in which CPD activity might take place (based or building on the domains identified in the consultation document at paragraph 32) and the types of learning that individual registrants might undertake (for example, formal courses, reading journals, on-the-job learning from patient cases and so on).
We do not agree that guidance should address the amount of CPD required, beyond encouraging registrants to complete CPD which meets the GOC's requirements regularly over the registration cycle, avoiding all CPD being completed in the lead up to the end of the registration cycle. Guidance should, in broad terms, advise registrants on how they can ensure that they have undertaken 'sufficient CPD' (see our answer to question four).
The GOC has set out its rationale for moving away from a points-based approach which sets requirements based on the volume and type of learning that must be completed. Replacing this with guidance about the amount of CPD risks undermining the
GOC's intention to implement a more outcomes-based model. Even expressed in guidance and not as a compulsory requirement, such guidance on the amount of CPD is likely to become the default minimum, undermining the culture change that the GOC rightly wishes to support.

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?

Sufficient CPD

Please provide comments.

Guidance should specify that registrants carry out sufficient CPD. This should be framed as sufficient CPD which is relevant to a registrant's current and/or future scope of practice, and which helps a registrant to keep up to date.
This would be part of a more outcomes-focused approach which is consistent with the underlying ethos of the GOC's proposals. The guidance published by other regulators who have outcomes-based approaches to CPD, as outlined in the consultation document, demonstrates how it is possible to provide clarity as to what is required both for individual registrants and those involved in CPD assessment.
We do not agree with a 'notional minimum amount of activity' being specified. This risks re-creating something similar to the existing points system by focusing on the volume rather than the relevance and outcomes of learning, thus undermining the shift in culture the GOC has said it wishes to achieve. A 'notional minimum', however carefully worded, might also be taken by registrants to be the absolute amount that is now required, perpetuating a compliance rather than outcomes focussed mindset.

Q5. Should registrants be required to make a personal development plan and reflect on progress as part of appraisals and similar mechanisms?

Yes

Please provide comments.

We agree with the principle that individual registrants should, through a Personal Development Plan (PDP) or a similar mechanism, identify their learning needs, how they will seek to meet their learning needs and review those periodically.
However, the wording of this question confuses the individual responsibility of a regulated professional to undertake CPD which meets their needs, with the role of employers in overseeing performance and supporting the development of those they employ, through mechanisms such as appraisal.
It is important that the CPD system supports the ability of individual registrants to go beyond the PDP or equivalent agreed with their employer, recognising that some of their CPD will be part of their own personal and professional development – for example, supporting their future career aspirations outside of their employer.
Locums and sole practice owners will also not have access to an employment-based PDP or appraisal. It is important that the GOC's approach is inclusive of all registrants, including those in locum roles and those with portfolio careers.

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

Please provide comments.

The proposal reinforces the responsibility of individual registrants to undertake CPD to maintain and develop their competence and be able to evidence this if they are invited

to participate in CPD record review.
The proposal is consistent with the approach of other regulators who require all registrants to make a declaration and then audit a random sample of registrants at fixed intervals to demonstrate their compliance.
We are aware some stakeholders may have concerns that some registrants might simply tick yes without having done CPD. However, this should not result in the vast majority of responsible registrants being infantilised by an overly rigid CPD system. Random audits would support and encourage the compliance of the majority.
Any small minority of registrants that opt to be dishonest would fall short of multiple GOC standards. To counter this concern the GOC might wish to make clear in the annual declaration that the registrant understands this must be an accurate reflection of CPD and reference applicable GOC standards.

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 or own records

Please provide comments.

Consistent with an outcomes-based approach is the principle that individual registrants should retain responsibility for their own CPD including record keeping. Individual registrants should be able to use GOC's systems, other third-party systems, or keep their own records.
If they are selected for CPD record review, the GOC should be clear about the information required to demonstrate its requirements and how evidence should be submitted to the GOC. This might be via an IT portal.
The one caveat to our feedback about recording of CPD is the cost of developing and/or maintaining a GOC IT system. It might be more cost-effective for registrants to store all CPD on their own IT systems. There are also already cloud-based IT systems that enable health professionals to record and reflect on their CPD. We understand the College of Optometrists already has a system that will enable registrants to log their CPD.

Q8. Should GOC review a sample of CPD records following annual registration renewal?

Yes

Please provide comments.

We agree that it is important for the integrity of the CPD system and for public and professional assurance for the GOC to review a sample of CPD records following annual registrant renewal.
The GOC should be clear about the information it requires when an individual registrant is selected for audit and the consultation document notes that the GOC will be reviewing its evidence requirements, particularly for activities that are currently termed 'self- directed'.
It is important that the GOC is transparent about its approach to and rationale for sampling CPD records including:
• Setting out how individual registrants are selected for random CPD record review, including the audit sample size. The consultation document does not give any rationale

for the GOC's existing 10% sample size or suggest that this might change in the future. Whilst national and international practice in this area varies widely, we would note that the Health and Care Professions Council, Social Work England and CORU, the regulator of optometrists and dispensing opticians in the Republic of Ireland, all have a much lower 2.5% sample. The purpose of audits should primarily be to promote the compliance of the vast majority of individual registrants who are committed to maintaining and developing their competence for the benefit of their patients.

- Setting out the circumstances in which it will select, or might consider selecting, individual registrants for 'targeted' CPD record review on the basis of risk (paragraph 76 refers). The consultation document does not explain the rationale for this approach. Whilst acknowledging that there may be circumstances where publishing detail about the approach might change behaviours by risking 'gaming of the system', the GOC should at least in broad terms indicate the circumstances in which it might consider selection on a targeted basis.

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

Please provide comments.

We agree that, as now, the Registrar should be able to remove registrants from the Register where they have been assessed as not meeting the GOC's requirements and have failed to remediate, subject to the ability to appeal.
In keeping with national and international regulatory practice, the GOC's approach should provide individual registrants with the support, time and information necessary to help them meet the GOC's requirements, avoiding registrants being removed from the Register unless absolutely necessary.

We would also like to see separate changes to the GOC's registration rules to permit the Registrar to remove a registrant's name from the Register outside of registration renewal where they have requested voluntary removal and are not the subject of fitness to practise proceedings (paragraph 60 refers). This would be consistent with similar powers held by other professional regulators.

Q10. Should we change the competencies (the four domains) which CPD events must relate to?

Yes

Please provide comments.

Whilst the consultation document does not suggest ways in which the four domains might be changed, we are supportive of the principle of providing as much flexibility as possible, pending implementation of changes to the CPD Rules. Such changes should provide flexibility for individual registrants to undertake CPD which they can justify as relevant to their registration with the GOC and their current and/or future scope of practice.

Q11. Should we adjust the points allocated to different activities to make it easier

to reach the total points required under the CPD rules 2021?

Yes

Please provide comments.

We are supportive of the principle of providing as much flexibility as possible, pending implementation of changes to the CPD Rules. Given the challenges of the points-based approach outlined in the consultation document, we agree with adjusting the allocation of points to reduce the overall volume of activities needed to achieve the required points total.

Q12. Should we remove the limit on the minimum number of CPD points that must be obtained from provider-led activity?

Yes

Please provide comments.

We are supportive of the principle of providing as much flexibility as possible, pending implementation of changes to the CPD Rules. Removing the minimum number of CPD points that must be obtained from provider-led activity is consistent with a move towards an outcomes-based approach.

Q13. Should we remove the need for a reflection statement to be provided for each self-directed CPD activity?

Yes

Please provide comments.

We are supportive of the principle of providing as much flexibility as possible, pending implementation of changes to the CPD Rules. The consultation describes how requirements for reflection statements, which apply to 'self-directed' activities only, have limited registrant uptake of self-directed rather than 'provider-led' activities.
In that context, removing the need for a reflection statement for each self-directed CPD activity is consistent with a move towards an outcomes-based approach.
However, we would note the important role that reflection plays in helping a registrant to identify what they have learnt from a CPD activity and its impact on their practice. The GOC should consider how reflection is built-in to its new approach to CPD – for example via content in guidance or in evidence requirements for CPD audit.

Q14. How can we best leverage the role of businesses within the CPD system to support a less prescriptive system for individual registrants?

A movement to a less prescriptive system for individual registrants must not be achieved at the expense of an unnecessarily prescriptive system for businesses which might add to regulatory burdens and cost without any demonstrable benefits. The GOC should adopt an outcomes-focused and non-prescriptive approach to both its individual and business registrants.
Our members are committed to investing in the learning and development of their workforces and to supporting staff to meet

GOC standards and requirements. It is in the interests of employers to develop and retain staff with the knowledge and skills to provide high quality services which meet the needs of patients.
The GOC's Standards for Optical Businesses already include appropriate standards about the role of businesses in supporting their staff to learn and develop in their roles and to practise in accordance with the GOC's standards. Our members already meet these requirements by supporting their staff to identify their learning needs and providing opportunities for learning and development appropriate to their and business needs. The consultation document does not outline a persuasive rationale as to why any substantive changes are required to these standards. These standards were also updated recently, and the Government has asked all regulators to review 'red tape' as part of avoiding avoidable further costs on businesses. This would seem to be working in the opposite direction without supporting evidence.
The consultation document points to the approaches of a minority of other regulators which it says involve leveraging the role of employers. This includes the medical revalidation system overseen by the General Medical Council (GMC). Medical revalidation has required considerable Government investment at national and local level and relies upon a complex infrastructure underpinned, for example, by the role of medical royal colleges, a network of responsible officers in workplaces and detailed statutory regulations. Such comparisons are unhelpful as such investment and infrastructure does not exist in eye care and in any event would not be proportionate to the risks involved in optical practice.
The consultation notes that the GOC only regulates approximately half of optical businesses, that some individual registrants have portfolio careers and that there is a 'substantial' locum workforce who move between businesses. The GOC further notes elsewhere in the document that some individual registrants will not work for optical businesses, including those working in roles in industry, education, leadership and research. The consultation document rather dismissively says that it is important to not 'let the perfect be the enemy of the good'. However, these are fundamental issues because they impact the ability of the GOC to be consistent, proportionate and effective in its regulatory approach.
Other professional regulators cited by the GOC who have outcomes-based approaches to CPD, invest in communicating their CPD requirements to employers and registrants, encouraging employers to support their staff, and encouraging registrants to make the most of the opportunities and support provided by their employers. However, they avoid unhelpful and unnecessary prescription in their regulatory standards and processes.
The consultation acknowledges that the GOC's proposals in this area may create new costs for businesses but that 'the overall costs of compliance with our CPD requirements for businesses would reduce'. However, the consultation document and the impact assessment do not provide any further modelling or rationale to support this conclusion. At this stage, the GOC's proposals and what they would seek to achieve are insufficiently detailed to allow us to properly assess the costs and benefits or to support these proposals.
Paragraph 121 of the consultation document refers to the possibility that by 2031 reforms of the Optical Act 1989 and the extension of regulation to all businesses would have been implemented and that this would 'strengthen' the GOC's proposals for businesses. The GOC should not implement any substantive policy changes which might increase the burden on businesses without further consultation and should not do so until all businesses are regulated, creating a more level playing field.
Finally, the GOC's language of 'leveraging' is disappointing. Optical businesses are

committed to working in a spirit of collaboration and partnership with the GOC to achieve its stated objectives in this area, in a way that is appropriate and proportionate.

Q15. Should business registrants have specific responsibility to ensure individual registrants have an up-to-date personal development plan?

No

Please provide comments.

We consider that the existing GOC Standards for Optical Businesses are already sufficient by requiring businesses to support the learning and development of their staff, to have a system for monitoring staff objectives and training needs and to support staff to meet the GOC's standards and requirements.
Additional prescription in this area is unnecessary and would be contrary to the GOC's policy objectives. If implemented, in the short term this could act as a disincentive to more businesses registering with the GOC.
Our members all have appropriate arrangements in place to support the learning and development of their staff, including arrangements for PDPs and appraisal, or equivalent.
The ethos of the GOC's proposals is to provide more flexibility for individual registrants to identify their own learning needs and to complete the CPD which best meets those needs. Optometrists and dispensing opticians, as regulated, autonomous and accountable health professionals, are rightly personally responsible for their own CPD in compliance with GOC requirements. As a consequence, it is important that the CPD system supports the ability of individual registrants to go beyond the PDP or equivalent agreed with their employer, recognising that some of their CPD will be part of their own personal and professional development – for example, supporting their future career aspirations outside of their employer.
The GOC's approach to business registrants must not undermine the responsibility of individual registrants for their own learning and development.

Q16. How can the standards for optical businesses be strengthened to help achieve this outcome?

The Standards for Optical Businesses do not require strengthening in this area. Please see our answers to questions 14 and 15.

Q17. How should patient feedback be incorporated within the CPD system?

Our members routinely collect patient feedback to inform improvements to policies and processes. This includes using patient feedback to inform workplace training.
We support the principle that patient feedback has a role to play in supporting individual registrants to reflect on and improve their practice, particularly in areas such as communication skills. The more outcomes-based approach to CPD proposed by the GOC would mean that gathering and reflecting on patient feedback might be a useful type of CPD learning activity.
We welcome the GOC's statement that it would not seek to be prescriptive but would use 'guidance to encourage businesses to use patient feedback as one tool to support registrants to continuously improve the care they provide'. We note, however, that this

focuses solely on the role of businesses as employers and ignores the role of individual registrants in identifying and undertaking CPD which meets their needs. The consultation document notes how another regulator encourages registrants to seek opportunities to receive and reflect on feedback from patients and GOC guidance for individual registrants should seek to do the same (paragraph 99 refers).

Q18. Should we seek to end CPD provider approval?

Yes

Please provide comments.

Ending CPD provider approval would align the GOC's approach with modern regulatory practice. An outcomes-based approach to CPD makes CPD provider approval unnecessary.

Q19. Should we reduce the number of CPD events requiring approval before CPD providers can convert from provisionally approved to fully approved status?

Yes

Please provide comments.

This is a pragmatic approach pending legislative change to end CPD provider approval.

Q20. Should we phase out CPD provider audits over the 2028-30 cycle?

Yes

Please provide comments.

This is a pragmatic approach pending legislative change to end CPD provider approval.

Q21. Should we withdraw GOC's standards for CPD providers?

Yes

Please provide comments.

This is a pragmatic approach pending legislative change to end CPD provider approval.

Q22. When should we aim to introduce changes requiring amendment to the CPD rules 2021?

January 2031

Please provide comments.

Given uncertainty about the availability of sufficient legislative time to progress changes to the CPD rules, and the need for an appropriate lead in time to prepare and communicate the necessary changes, the earliest the changes could be introduced is at the end of the 2028-2030 cycle.
In the meantime, we support the GOC's focus on supporting the shift away from a points-based culture by maximising flexibility within the constraints of the existing CPD Rules (see our responses to questions 10 to 13 and 18 to 21).

Q23. Will the proposed changes have effects, whether positive or negative, on:

(a) opportunities for persons to use the Welsh language?

No

(b) treating the Welsh language no less favourably than the English language?

No

If yes, please explain your reasoning.

We have not identified any positive or negative effects of the proposed changes on the matters outlined above.

Q24. Could the proposed changes be revised so that they would have positive effects, or increased positive effects, on:

(a) opportunities for persons to use the Welsh language?

No

(b) treating the Welsh language no less favourably than the English language?

No

If yes, please explain your reasoning.

(No answer)

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?

No

(b) treating the Welsh language no less favourably than the English language?

No

If yes, please explain your reasoning.

(No answer)

Q26. Are there any aspects of our proposals that could discriminate against

stakeholders with specific characteristics?

b) No

If yes, please explain your reasoning.

(No answer)

Q27. Are there any aspects of our proposals that could have a positive impact on stakeholders with specific characteristics?

a) Yes

If yes, please explain your reasoning.

The consultation proposals, if implemented, would provide more flexibility for registrants to choose the CPD that best meets their needs and circumstances, without a bias towards formal courses. This is likely to have a positive impact overall, including for those in lower socio-economic groups, for those who work part time, or for those who have caring responsibilities.

For example, rather than attending a conference which did not meet their needs to collect points, a registrant could explore other learning opportunities with less cost, such as reflecting on patient cases with colleagues or shadowing in a local hospital eye department. It might also enable people working part time or those with caring responsibilities to do more home-based, self- directed learning and make it easier for them to undertake professional qualifications that best meet their needs.

Can we publish your response?

Yes

RESPONDENT 134

Are you responding on behalf of an organisation?

Yes

What is the name of the organisation you are responding on behalf of?

Which category best describes the organisation you are responding on behalf of?

Other

Type your answer

Healthboard

Q1. Do you agree with our objectives for the review?

Yes

Please provide comments.

We welcome the opportunity of change within the CPD workstream. We welcome the increased support for non-clinical and atypical roles. We welcome an approach that improves inclusiveness and clarity.

Q2. Do you agree that we should move away from a points system?

Yes

Please provide comments.

Yes, however, we see success within this requiring significant system and culture change, and we would want appropriate resource to be identified to support that, both within GOC and wider stakeholder groups.

Q3. Do you agree that we should issue guidance on the amount, areas and types of learning rather than set specific requirements?

Yes

Please provide comments.

(No answer)

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?

Notional minimum amount

Please provide comments.

Notional minimum amount: With consideration of eg newly qualified practitioners, or those wanting to navigate career progression, and in the absence of robust career frameworks, we would suggest clarity as much as possible, especially if there is still the potential to remove someone from the register. If businesses can have a greater impact on individuals CPD, then some consideration of how individuals can understand what happens in other environments will be useful, to ensure they develop in a comparative/competitive way: what does good for different purposes look like for example.

Q5. Should registrants be required to make a personal development plan and reflect on progress as part of appraisals and similar mechanisms?

Yes

Please provide comments.

Yes, we agree registrant led reflection and planning for development should be a goal. We hold concerns about the influence of businesses on the development of their staff, and the risk if clinical leadership does not hold sufficient strength in this space.

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

Please provide comments.

Yes, we would welcome an annual declaration, as part of registrant renewal, providing adequate provision for career breaks/sickness illness/maternity leave. Guidance of what good looks like for different levels of competence/scope of practice and record keeping.

Q7. Should registrants be required to maintain records of CPD activity on GOC IT systems or be able to keep their own records?

(No answer)

Please provide comments.

Whilst we do not feel our specific stakeholder remit leaves us best placed to respond to this, we would maintain a goal across all choices to ensure that it is an option that is accessible equally by all, with accessible guidance, and that supports the broad range of roles and related CPD registrants may need to support.

Q8. Should GOC review a sample of CPD records following annual registration renewal?

Yes

Please provide comments.

Yes, until a sufficient level of assurance on the implemented changes being appropriate and ensuring professional standards are met.

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?

Not sure

Please provide comments.

If they are able to remove registrants the considerations and steps involved should be very transparent, evidence-based, and appropriate for the individual and their work system.

Q10. Should we change the competencies (the four domains) which CPD events must relate to?

Yes

Please provide comments.

We remain comfortable that introducing the four domains directed attention to a breadth of professional development more appropriate for safe and effective patient care.
However, we continue to see an absence of areas that we consider vital for the development of advanced practice professionals: specifically, a domain to encompass outcomes related to supporting education of others, and one on supporting research (this might encompass work around clinical governance, quality improvement, as well as research).

Q11. Should we adjust the points allocated to different activities to make it easier to reach the total points required under the CPD rules 2021?

Yes

Please provide comments.

Self-declaring on workshops, discussions or other more significant development events, should allow more points to be allocated to them than under the current system, which may limit CPD allowed to one point.
Under provider-led delivery the current cap per C number means that registrants can be undertaking a greater amount of CPD than is represented by the points allocated: a more attractive/fair solution would be welcomed.

Q12. Should we remove the limit on the minimum number of CPD points that must be obtained from provider-led activity?

Yes

Please provide comments.

Yes, as the activity choice should truly reflect the registrants needs, and this may be best met by a greater weight on non- provider led material.

Q13. Should we remove the need for a reflection statement to be provided for each self-directed CPD activity?

Not sure

Please provide comments.

This must be answered only with sufficient evidence around the benefits achieved through the current requirement.

Q14. How can we best leverage the role of businesses within the CPD system to support a less prescriptive system for individual registrants?

Leverage could be well informed by GOC directing impact measurement of CPD needs analysis when performed by registrant only versus that which is led by both registrant and their business employer. Sharing across the system information about different ways to develop may be helpful, and businesses should have a role in supporting this.

Q15. Should business registrants have specific responsibility to ensure individual registrants have an up-to-date personal development plan?

Not sure

Please provide comments.

This may a barrier for locums, and it does not take into consideration of the academic and secondary care sector.

Q16. How can the standards for optical businesses be strengthened to help achieve this outcome?

Outwith our remit.

Q17. How should patient feedback be incorporated within the CPD system?

Patient and public involvement should be involved throughout the system, both around the development of policy, as well as around the management of implementation and review.
This can include for example, evaluation around their current experiences and expectations; or it might involve sitting on panels that review adequacy of CPD.

Q18. Should we seek to end CPD provider approval?

Not sure

Please provide comments.

Quality assurance of education and training is essential for workforce development. How this is achieved should be well considered and include detail on the role of the GOC in it. We would see governance around this quality assurance as essential, especially around managing for example commercial bias or around use of artificial intelligence.

Q19. Should we reduce the number of CPD events requiring approval before CPD providers can convert from provisionally approved to fully approved status?

Not sure

Please provide comments.

are unable to comment on this as we have not access to relevant evidence to inform.

Q20. Should we phase out CPD provider audits over the 2028-30 cycle?

Not sure

Please provide comments.

are unable to comment on this as we have not access to relevant evidence to inform.

Q21. Should we withdraw GOC's standards for CPD providers?

Not sure

Please provide comments.

Quality assurance of education and training is essential for workforce development. How this is achieved should be well considered and include detail on the role of the GOC in it. We would see governance around this quality assurance as essential, especially around managing for example commercial bias or around use of artificial intelligence.

Q22. When should we aim to introduce changes requiring amendment to the CPD rules 2021?

(No answer)

Please provide comments.

For to implement and support as required around the proposed changes, we would seek a minimum 18-24 months. Introduction should have allowed sufficient time for adequate stakeholder involvement in decisions made.

Q23. Will the proposed changes have effects, whether positive or negative, on:

(a) opportunities for persons to use the Welsh language?

Not Sure

(b) treating the Welsh language no less favourably than the English language?

Not Sure

If yes, please explain your reasoning.

(No answer)

Q24. Could the proposed changes be revised so that they would have positive effects, or increased positive effects, on:

(a) opportunities for persons to use the Welsh language?

Not Sure

(b) treating the Welsh language no less favourably than the English language?

Not Sure

If yes, please explain your reasoning.

(No answer)

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?

Not Sure

(b) treating the Welsh language no less favourably than the English language?

Not Sure

If yes, please explain your reasoning.

(No answer)

Q26. Are there any aspects of our proposals that could discriminate against stakeholders with specific characteristics?

a) Yes

If yes, please explain your reasoning.

Yes, even just the requirement to demonstrate leadership around CPD introduces risk of discrimination on specific characteristics. The when and how of achieving CPD is also subject to discrimination, and as such your proposals will potentially impact negatively

Q27. Are there any aspects of our proposals that could have a positive impact on stakeholders with specific characteristics?

a) Yes

If yes, please explain your reasoning.

Yes, the when and how of achieving CPD is also subject to discrimination, and as such your proposals will potentially impact positively by offering greater flexibility.

Can we publish your response?

Yes, but please keep my name and/or my organisation’s name private

RESPONDENT 135

Are you responding on behalf of an organisation?

Yes

What is the name of the organisation you are responding on behalf of?

Which category best describes the organisation you are responding on behalf of?

CPD provider

Q1. Do you agree with our objectives for the review?

No

Please provide comments.

There has already been a substantial amount of change in the past six years, and it feels like there has not been enough time for those developments to properly bed in. Introducing further reform at this stage could be disruptive, with clear operational and financial implications. While I understand the intended direction, it is important that any updates remain straightforward and do not place unnecessary strain on registrants or providers.

Q2. Do you agree that we should move away from a points system?

No

Please provide comments.

The current points-based system is well established and widely understood by registrants, which is a clear advantage. Although many other schemes use hours, the points approach offers greater flexibility, accommodating a broader range of learning activities and formats.

Q3. Do you agree that we should issue guidance on the amount, areas and types of learning rather than set specific requirements?

(No answer)

Please provide comments.

It is important that CPD remains tailored to an individual's professional development rather than being driven purely by rigid requirements. That said, some level of structure or clear expectations is still necessary to ensure consistency and accountability.

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

Please provide comments.

Some level of guidance is necessary. Without it, there's a real risk that requirements could be applied inconsistently or not adhered to.

Q5. Should registrants be required to make a personal development plan and reflect on progress as part of appraisals and similar mechanisms?

Yes

Please provide comments.

It should be retained irrespective of any broader changes. It plays an important role in ensuring CPD remains relevant and genuinely valuable.

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

Please provide comments.

Yes as it is a reminder to the registrant of their responsibilities.

Q7. Should registrants be required to maintain records of CPD activity on GOC IT systems or be able to keep their own records?

GOC systems

Please provide comments.

A secure, user-friendly system for recording and sharing CPD should be provided by the GOC. Having this online improves efficiency and helps minimise administrative burden. In contrast, relying on offline methods could prove harder to manage, potentially leading to gaps in information and increased follow-up.

Q8. Should GOC review a sample of CPD records following annual registration renewal?

Yes

Please provide comments.

Yes, but further clarity would be helpful. In particular, it would be useful to know how

this approach compares to the current review process, how frequently it would take place, and what proportion of registrants would be included.

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

Please provide comments.

Ongoing CPD is fundamental to maintaining safe practice. Where requirements are not met and this is not appropriately addressed, it can pose a risk to patient safety.

Q10. Should we change the competencies (the four domains) which CPD events must relate to?

No

Please provide comments.

The existing domains capture the key areas required. It is difficult to see how they could be simplified much further without risking the loss of important elements.

Q11. Should we adjust the points allocated to different activities to make it easier to reach the total points required under the CPD rules 2021?

(No answer)

Please provide comments.

This could potentially work but only where there is clear evidence highlighting specific areas of difficulty for registrants. It would be important to first identify what is not working effectively within the current system before introducing any changes.

Q12. Should we remove the limit on the minimum number of CPD points that must be obtained from provider-led activity?

Yes

Please provide comments.

This would allow registrants greater flexibility and a stronger sense of ownership over how they approach and complete their CPD.

Q13. Should we remove the need for a reflection statement to be provided for each self-directed CPD activity?

(No answer)

Please provide comments.

Streamlining the process would be beneficial. As it stands, it can feel like a long process, especially when recording more substantial activities. Allowing greater flexibility in how points are allocated and logged would help make it more practical.

Q14. How can we best leverage the role of businesses within the CPD system to support a less prescriptive system for individual registrants?

This approach is likely to be more effective within larger organisations. Smaller businesses may find it more challenging to provide the same level of support, which could result in an imbalance across the system.

Q15. Should business registrants have specific responsibility to ensure individual registrants have an up-to-date personal development plan?

No

Please provide comments.

Responsibility should remain with the individual registrant.

Q16. How can the standards for optical businesses be strengthened to help achieve this outcome?

The focus should be on offering support and clear guidance, rather than introducing additional requirements. Any approach needs to be balanced and practical for organisations of all sizes, as well as for those who are not currently working in practice.

Q17. How should patient feedback be incorporated within the CPD system?

The connection between CPD and patient outcomes can be difficult to define, which would make consistent application a challenge. It is difficult to see how this would work in practice.

Q18. Should we seek to end CPD provider approval?

No

Please provide comments.

While there may be scope to make the process more efficient, removing CPD provider approval altogether would risk undermining quality and consistency. The current system helps ensure that learning meets appropriate standards and gives registrants confidence in the activities they choose. A more balanced approach, particularly for providers who already have a an established track record, would be to refine the process and reduce duplication.

Q19. Should we reduce the number of CPD events requiring approval before CPD providers can convert from provisionally approved to fully approved status?

(No answer)

Please provide comments.

Rather than having a fixed number, conversion to fully approved status should be based on the quality of submissions and if this is consistent.

Q20. Should we phase out CPD provider audits over the 2028-30 cycle?

No

Please provide comments.

Audits should continue as feedback is useful for all involved, however, this process could be made less complex.

Q21. Should we withdraw GOC's standards for CPD providers?

No

Please provide comments.

For approved providers, the current system works well. However, the provisional provider processes could be improved.

Q22. When should we aim to introduce changes requiring amendment to the CPD rules 2021?

January 2031

Please provide comments.

From the 2031 to 2033 cycle to ensure adequate time for preparation.

Q23. Will the proposed changes have effects, whether positive or negative, on:

(a) opportunities for persons to use the Welsh language?

No

(b) treating the Welsh language no less favourably than the English language?

No

If yes, please explain your reasoning.

(No answer)

Q24. Could the proposed changes be revised so that they would have positive effects, or increased positive effects, on:

(a) opportunities for persons to use the Welsh language?

No

(b) treating the Welsh language no less favourably than the English language?

No

If yes, please explain your reasoning.

(No answer)

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?

No

(b) treating the Welsh language no less favourably than the English language?

No

If yes, please explain your reasoning.

(No answer)

Q26. Are there any aspects of our proposals that could discriminate against stakeholders with specific characteristics?

b) No

If yes, please explain your reasoning.

(No answer)

Q27. Are there any aspects of our proposals that could have a positive impact on stakeholders with specific characteristics?

b) No

If yes, please explain your reasoning.

(No answer)

Can we publish your response?

Yes, but please keep my name and/or my organisation’s name private

RESPONDENT 136

Are you responding on behalf of an organisation?

Yes

What is the name of the organisation you are responding on behalf of?

Which category best describes the organisation you are responding on behalf of?

Education provider

Q1. Do you agree with our objectives for the review?

Yes

Please provide comments.

(No answer)

Q2. Do you agree that we should move away from a points system?

Not sure

Please provide comments.

While an outcomes focused approach is welcomed, the points system currently provides a clear, consistent benchmark for the expected volume of CPD. Removing it entirely risks creating variability and uncertainty around what constitutes sufficient learning. If a move away from a points system was considered then it is likely a different measure would need to be used, e.g. hours of learning. Whatever measure is used to quantify CPD there are inherent limitations.
We accept that an outcomes focused approach can support clearer expectations of what needs to be achieved, while offering increased flexibility, and we welcome this. However, CPD points remain a useful way of signalling the expected volume and level of CPD, and for setting consistent expectations.

Q3. Do you agree that we should issue guidance on the amount, areas and types of learning rather than set specific requirements?

Yes

Please provide comments.

Providing guidance rather than rigid requirements would support a more personalised and relevant CPD approach, aligned to scope of practice. However, guidance must be clear, structured, and supported by examples to avoid inconsistency and ensure

minimum standards are maintained across the profession. The GOC could provide a CPD framework that would set out key principles for a future-focused approach to CPD (i.e., what good CPD looks like) and how learners could translate those principles into recommended actions and deliverables. We also would welcome further guidance on reflective practice, including practical advice on how to record informal and workplace based learning.

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

Please provide comments.

“Sufficient CPD” supports professional autonomy, while a notional minimum provides clarity and consistency. Without a benchmark of minimum CPD there is a risk of significant variation in engagement and quality. We are not in favour of ‘sufficient’ only.

Q5. Should registrants be required to make a personal development plan and reflect on progress as part of appraisals and similar mechanisms?

Yes

Please provide comments.

PDPs and reflective practice are essential to effective CPD. They support planning, progression, and meaningful learning. Reflection remains a vital component of effective CPD, and we would strongly suggest it is retained and strengthened (for example, by focusing on quality rather than quantity of reflective statements). An approach that supports registrants to value, quality assure and plan their own CPD is needed. Registrants would gain value from the opportunity to reflect meaningfully on their learning and PDP and discuss current and future CPD needs with a suitable peer. Without this peer interaction there is a risk that record keeping and CPD planning becomes inconsistent and of poor quality. Any peer interaction should be formalised. We suggest further discussion and consultation on this peer validation approach as it has wide ranging implications.

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

Please provide comments.

This approach promotes professional responsibility and reduces administrative burden. However, it must be supported by clear definitions, and robust guidance to avoid inconsistency. Additionally, as previously discussed, without a benchmark, there is a risk of significant variation in engagement and quality.

Q7. Should registrants be required to maintain records of CPD activity on GOC IT systems or be able to keep their own records?

GOC systems

Please provide comments.

Flexibility is important. Registrants should be able to use systems that integrate with their practice or employer systems, but having a 'one-stop shop' provided by the regulator to upload any CPD related entries would provide an equitable and consistent system for all registrants to use.

Q8. Should GOC review a sample of CPD records following annual registration renewal?

Not sure

Please provide comments.

If there are no other safeguards in place such as we have currently then we would favour some form of review. However, with a sample of records being the only safeguard of CPD, there is the risk that individual led CPD becomes reactive or superficial with limited planning or reflection.

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?

Not sure

Please provide comments.

A system based on retrospective sampling and the potential of removal from the register may become punitive rather than developmental, particularly if registrants are not supported in understanding expectations or improving their CPD approach. This is a last resort only, provided there is a clear remediation pathway, transparent standards, and a fair appeals process.

Q10. Should we change the competencies (the four domains) which CPD events must relate to?

Yes

Please provide comments.

We broadly welcome a review of the CPD domains, as we feel the current domains can be restrictive and greater flexibility would allow CPD to better reflect scope of practice and service delivery needs. The risk of increased flexibility is that important areas may be overlooked so any revised model should retain some expectation of core topic/standards of practice coverage whilst allowing greater adaptability. Utilising revised 'standards of practice' categories instead may be a way to do this.

Q11. Should we adjust the points allocated to different activities to make it easier to reach the total points required under the CPD rules 2021?

Yes

Please provide comments.

The current weighting does not always reflect the value of learning. Interactive, peer-based, and case-based learning should carry greater weight than passive activities on the basis that evidence shows these are amongst the most effective CPD. Clear guidance will be needed to ensure consistency.

Q12. Should we remove the limit on the minimum number of CPD points that must be obtained from provider-led activity?

Yes

Please provide comments.

Removing this requirement supports flexibility and accessibility, recognising that most learning occurs naturally through workplace experience and social learning with colleagues, with only a small proportion coming from formal education. This would better reflect real-world learning. How to record and effectively utilise other non provider led CPD would be welcomed.

Q13. Should we remove the need for a reflection statement to be provided for each self-directed CPD activity?

Not sure

Please provide comments.

Yes, with a caveat. We support reducing the requirement for reflection for every activity. However, reflection itself should not be removed. A smaller number of high-quality reflections would be more meaningful and effective. Reflection remains a vital component of effective CPD, and we would strongly suggest it is retained and strengthened, potentially by enabling reflection to take place with a peer in a formalised manner.

Q14. How can we best leverage the role of businesses within the CPD system to support a less prescriptive system for individual registrants?

Handing businesses a role in supporting CPD could be a good thing, and we would expect optical businesses to have a strong understanding of staff development needs. However, there are risks in relying on businesses to support CPD. Larger optical businesses may prioritise sales or product training in ways that do not always align with individual clinical development needs. Smaller optical businesses may have less capacity (time, backfill and resource) to support CPD, which could lead to fewer opportunities or variable quality. There is a risk this could unintentionally disadvantage staff working in smaller business settings. Funding businesses to support CPD would exacerbate these risks further.

Q15. Should business registrants have specific responsibility to ensure individual registrants have an up-to-date personal development plan?

Not sure

Please provide comments.

Businesses should support and facilitate PDPs, but responsibility should remain shared with the individual registrant to maintain professional ownership. This may be particularly important for locums as they are not affiliated with a single business.

Q16. How can the standards for optical businesses be strengthened to help achieve this outcome?

Standards should clearly define expectations around CPD support, including:
- Supporting access to learning opportunities
- Encouraging appraisal and development discussions
- Avoiding over-reliance on commercially driven training
- Facilitating time to do CPD.

Q17. How should patient feedback be incorporated within the CPD system?

Patient feedback should be incorporated through appraisal and reflective processes. It should be used as a tool for learning and service improvement rather than a formal metric or requirement.

Q18. Should we seek to end CPD provider approval?

Not sure

Please provide comments.

We consider independent quality assurance, where the regulator assures the quality of CPD, to be a positive feature of the current scheme and one that supports confidence in the profession among other healthcare professionals and patients. Whilst we recognise the GOC may be an outlier compared to other regulators, this is not a negative and that other regulators could provide the same public and professional assurance as the GOC do. Reducing administrative burden is positive, but removing approval entirely risks variability in CPD quality. We recognise that once providers are fully approved, they have greater autonomy in assuring the quality of their own provision. We welcome removing provisional provider approval and we think a proportionate
model that removes audits of records is positive provided that clear and strong expectations for good quality CPD assurance are provided by the GOC.

Q19. Should we reduce the number of CPD events requiring approval before CPD providers can convert from provisionally approved to fully approved status?

Yes

Please provide comments.

A more proportionate approach is appropriate. CPD providers could be required to submit the first instance of delivering a specific CPD type, instead of a set number of events. They would only need to to this the first time; this would give the opportunity for useful feedback when offering a new type of CPD. This would ensure quality while reducing burden.

Q20. Should we phase out CPD provider audits over the 2028-30 cycle?

Yes

Please provide comments.

We welcome removing audits of CPD providers is positive, provided that clear and strong expectations for good quality CPD assurance are provided by the GOC.

Q21. Should we withdraw GOC's standards for CPD providers?

No

Please provide comments.

Standards provide an important benchmark for quality. Removing them without replacement would risk inconsistency and reduced confidence in CPD provision.

Q22. When should we aim to introduce changes requiring amendment to the CPD rules 2021?

January 2031

Please provide comments.

Allows sufficient time for system development, stakeholder engagement, and safe transition.

Q23. Will the proposed changes have effects, whether positive or negative, on:

(a) opportunities for persons to use the Welsh language?

Not Sure

(b) treating the Welsh language no less favourably than the English language?

Not Sure

If yes, please explain your reasoning.

No direct impact identified, but ensuring CPD resources and systems are accessible in Welsh remains important. The Welsh language Act safeguards this.

Q24. Could the proposed changes be revised so that they would have positive

effects, or increased positive effects, on:

(a) opportunities for persons to use the Welsh language?

Yes

(b) treating the Welsh language no less favourably than the English language?

Yes

If yes, please explain your reasoning.

Ensure CPD guidance, platforms, and resources are available bilingually and actively promote Welsh language CPD opportunities, including with patient interactions.

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?

Yes

(b) treating the Welsh language no less favourably than the English language?

Yes

If yes, please explain your reasoning.

Maintain parity by ensuring Welsh-language access is embedded in all future systems and guidance.

Q26. Are there any aspects of our proposals that could discriminate against stakeholders with specific characteristics?

b) No

If yes, please explain your reasoning.

(No answer)

Q27. Are there any aspects of our proposals that could have a positive impact on stakeholders with specific characteristics?

a) Yes

If yes, please explain your reasoning.

A more flexible CPD system could benefit those with diverse working patterns, part time roles, or non traditional career pathways or those on a career break by allowing more tailored learning approaches.

Can we publish your response?

Yes, but please keep my name and/or my organisation’s name private

RESPONDENT 137

Are you responding on behalf of an organisation?

Yes

What is the name of the organisation you are responding on behalf of?

Which category best describes the organisation you are responding on behalf of?

CPD provider

Q1. Do you agree with our objectives for the review?

Yes

Please provide comments.

Any changes need to remain practical and avoid adding unnecessary complexity for registrants or providers. There have already been significant changes over the past six years, and there has been limited time for these to properly settle. Ongoing change can be disruptive and carries both operational and financial impact. At present, it is difficult to see what the alternative would look like in practice or how it would offer a clear improvement for registrants, providers, or the public.

Q2. Do you agree that we should move away from a points system?

No

Please provide comments.

The points system works well and is familiar to registrants. While hours are used more widely in other schemes, points allow more flexibility across different types of learning and formats.

Q3. Do you agree that we should issue guidance on the amount, areas and types of learning rather than set specific requirements?

Not sure

Please provide comments.

To some extent. It is important that registrants complete CPD that is relevant to their own development, rather than just meeting fixed requirements. However, there still needs to be some structure or expectations in place.

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

Please provide comments.

There needs to be some form of guidance. Without it, there is a risk that requirements will not be followed consistently.

Q5. Should registrants be required to make a personal development plan and reflect on progress as part of appraisals and similar mechanisms?

Yes

Please provide comments.

This should remain in place regardless of any wider changes. It is important for making CPD meaningful.

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

Please provide comments.

It is a simple but important reminder of their responsibilities.

Q7. Should registrants be required to maintain records of CPD activity on GOC IT systems or be able to keep their own records?

GOC systems

Please provide comments.

The GOC should provide a secure and easy to use system for recording and sharing CPD. An online system would be more efficient and reduce admin. An offline approach would likely become difficult to manage and lead to more chasing and gaps in information.

Q8. Should GOC review a sample of CPD records following annual registration renewal?

Yes

Please provide comments.

Yes, but more detail is needed. It would be helpful to understand how this differs from the current review process, how often it would happen, and what the sample size

would be.

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

Please provide comments.

Maintaining CPD is essential to safe practice. If requirements are not met and not addressed, there is a risk to patient safety.

Q10. Should we change the competencies (the four domains) which CPD events must relate to?

Not sure

Please provide comments.

The current domains are already broad and cover what is needed. It is not clear how they could be simplified further without losing something important.

Q11. Should we adjust the points allocated to different activities to make it easier to reach the total points required under the CPD rules 2021?

Not sure

Please provide comments.

Possibly, but only if there is clear evidence of where registrants are struggling. It would be useful to understand what is not currently working before making changes.

Q12. Should we remove the limit on the minimum number of CPD points that must be obtained from provider-led activity?

Yes

Please provide comments.

This would give registrants more autonomy and flexibility in how they complete their CPD.

Q13. Should we remove the need for a reflection statement to be provided for each self-directed CPD activity?

Not sure

Please provide comments.

The process should definitely be simplified. At the moment it can feel quite cumbersome, particularly when logging larger activities. There should be more

flexibility in how points are assigned and recorded.

Q14. How can we best leverage the role of businesses within the CPD system to support a less prescriptive system for individual registrants?

This is likely to work better for larger organisations. Smaller businesses may struggle to offer the same level of support, so there is a risk of creating an uneven system.

Q15. Should business registrants have specific responsibility to ensure individual registrants have an up-to-date personal development plan?

No

Please provide comments.

Responsibility should sit with the individual registrant, as keeping a personal development plan up to date is part of their professional responsibility. Moving this to employers feels like a step backwards and could reduce that sense of ownership. That said, employers should still take an interest and support their staff where they can. Giving people time and opportunities to develop benefits both the individual and the organisation, helping to maintain professional standards and support better outcomes for patients.

Q16. How can the standards for optical businesses be strengthened to help achieve this outcome?

It is more about providing support and guidance rather than adding more requirements. Any approach needs to be fair and work for all business sizes, as well as those not working in practice.

Q17. How should patient feedback be incorporated within the CPD system?

It is difficult to see how this could work in practice. The link between CPD and patient outcomes is not always clear, so it would be challenging to apply this consistently.

Q18. Should we seek to end CPD provider approval?

No

Please provide comments.

CPD provider approval plays an important role in maintaining quality and consistency across the system. It gives registrants confidence that the learning they are undertaking meets an appropriate standard. Rather than removing approval entirely, it would be more beneficial to streamline the process and reduce duplication, particularly for established providers with a strong track record.

Q19. Should we reduce the number of CPD events requiring approval before CPD providers can convert from provisionally approved to fully approved status?

No

Please provide comments.

There should not be a fixed number. Progression should be based on the quality and consistency of submissions rather than volume alone.

Q20. Should we phase out CPD provider audits over the 2028-30 cycle?

No

Please provide comments.

Audits are useful for the GOC, providers, and registrants. They should continue, although the process could be streamlined.

Q21. Should we withdraw GOC's standards for CPD providers?

No

Please provide comments.

The current framework supports consistency and quality for approved providers. It may be more helpful to focus on improving the provisional provider process to ensure it is clear, proportionate, and works effectively in practice.

Q22. When should we aim to introduce changes requiring amendment to the CPD rules 2021?

January 2031

Please provide comments.

To allow enough time to prepare.

Q23. Will the proposed changes have effects, whether positive or negative, on:

(a) opportunities for persons to use the Welsh language?

Not Sure

(b) treating the Welsh language no less favourably than the English language?

Not Sure

If yes, please explain your reasoning.

(No answer)

Q24. Could the proposed changes be revised so that they would have positive effects, or increased positive effects, on:

(d) opportunities for persons to use the Welsh language?

Not Sure

(e) treating the Welsh language no less favourably than the English language?

Not Sure

If yes, please explain your reasoning.

(No answer)

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?

Not Sure

(b) treating the Welsh language no less favourably than the English language?

Not Sure

If yes, please explain your reasoning.

(No answer)

Q26. Are there any aspects of our proposals that could discriminate against stakeholders with specific characteristics?

c) Not sure

If yes, please explain your reasoning.

(No answer)

Q27. Are there any aspects of our proposals that could have a positive impact on stakeholders with specific characteristics?

c) Not sure

If yes, please explain your reasoning.

(No answer)

Can we publish your response?

Yes, but please keep my name and/or my organisation's name private

RESPONDENT 138

Are you responding on behalf of an organisation?

Yes

What is the name of the organisation you are responding on behalf of?

The Association of British Dispensing Opticians

Which category best describes the organisation you are responding on behalf of?

Optical professional/representative body

Q1. Do you agree with our objectives for the review?

No

Please provide comments.

We do not agree with all the proposed objectives fully. Our comments on the objectives are discussed in turn below. In addition, we have concerns over the lack of reference in the objectives or proposed changes to how the CPD scheme will provide protection of the public by enabling high standards in eye care services.

1. Maximise registrants' freedom to undertake learning and development which is relevant to their personal scope of practice and supports their career progression with the minimum necessary regulatory direction.

We agree in part with this objective. However, the term 'professional development' should be used rather than 'career progression'. The latter term suggests a narrower focus on gaining enhanced status or seniority, whereas we should encourage registrants to focus more broadly on their development as a healthcare professional, with a commitment to public safety as a foundation.

2. Incentivise registrants to develop enhanced clinical skills supporting the shift in eye care delivery from hospitals to communities in all four nations

We agree in part with this objective. Shifting more eyecare to the community is a long-term objective and at this stage, it is unclear what the shift from hospital to community care will mean for registrants. Given that eyecare services are commissioned in England on a regional basis by Integrated Care Boards, the shift is likely to be different in different parts of England. And the wording of the objective acknowledges implicitly

that there are different approaches to eyecare delivery across the UK. Also, the nature of the shift in eyecare delivery will be influenced by a range of factors, including technological developments. So, while it is obviously important for registrants to develop their clinical skills to reflect changes in eyecare delivery, it is not helpful to think in terms of a singular 'shift' that all registrants will need to prepare for in the same way.

3. Ensure our requirements fit with registrants' diverse career pathways, including in roles not involving delivering eye care to patients

We agree in part with this objective. We agree that CPD requirements should fit with diverse career pathways. However, there is a need to define boundaries where registrants' careers cross over into different professions or areas not under the regulation of the GOC. For example, a GOC registrant who has chosen to undertake a career in education will still need to complete CPD to fulfil the GOC requirements to be considered safe to remain on the register i.e. "develop their professional capability, clinical decision-making and reasoning, in order to anticipate and meet future patient and service-user needs, remain safe to practise and improve public confidence in the profession". It is anticipated that as an education professional, in addition, they would be required to undertake CPD in pedagogy to enable them to maintain and develop their professional capability as an educator and CPD conducted in this endeavour would not be suitable to include in the GOC CPD scheme, as it is not of relevance to their UK healthcare professional registration.

Other registrants may expand into clinical roles that are not under the regulation of the GOC and there should be a clear understanding for registrants where they are required to undertake training and regulation by other bodies this may fall under. A current example of this would include a registrant who trains to be to become a diabetic retinopathy screener, where training, regulation and quality assurance is conducted by a framework of national NHS bodies.

4. Align with best practice in other professional services regulatory systems and meet government expectations to renew our CPD system

We agree in part with this objective. We agree that alignment with best practice in other professional healthcare regulatory systems is desired. However, the information provided in the consultation documentation does not indicate best practice has been identified but rather shows how CPD regulation in the UK is diverse and poorly researched in terms of healthcare service delivery and public health outcomes overall. Additionally, the eyecare sector regulated by the GOC uses markedly different service delivery models than many other UK healthcare regulatory bodies oversee and therefore, direct alignment is difficult to achieve. Variances such as primary and secondary care provision and NHS and private service delivery need to be taken into consideration.

5. Remove unnecessary costs of regulation for registrants and CPD providers, including financial costs and time burdens.

We agree in part with this objective. We agree with the removal of unnecessary costs of regulation for CPD providers and for registrants. However, the proposals set out in this consultation do not indicate specifically how this will be achieved either financially or in terms of required time. Additionally, this review does not specify that potential financial saving achieved by the GOC with amendments to the CPD scheme will be passed on to registrants in a fee reduction. We are concerned that the costs associated with oversight of CPD will in part be transferred to the optical businesses. To fund the proposed system could negatively impact business spending in other areas including registrant salaries, investment in technology and funding of further

qualifications. We believe there should be a focus on providing a CPD scheme which delivers value for money whilst maintaining quality.
There is a need, therefore, for a full impact assessment to be carried out before the GOC finalises the proposed changes. We note that in completing the 'Impact Assessment Screening Tool' the GOC has said that "Full impact assessment not required." However, the supporting analysis considers only the potential impact of the proposals on CPD providers and not on other stakeholders, such as optical businesses. It is not sufficient to carry out further work to assess the impact of proposals after the proposed changes are finalised. A full analysis of the likely impact of the GOC's proposals should inform its decision-making.

Q2. Do you agree that we should move away from a points system?

Yes

Please provide comments.

We agree that a points system creates an unnecessary culture of box-ticking which goes against the purpose of continuing
professional development for healthcare professionals, and stifles expansion of scope of practice and the development of clinical expertise. Moving away from the points system will enable registrants' lifelong learning to become outcomes-focused, which is in line with best practice CPD for healthcare professionals. Additionally, this will help registrants to develop and undertake meaningful professional development plans. However, we believe that it will take some time for the sector as a whole to make the cultural shift necessary for the majority of registrants to be able to autonomously fulfil their necessary CPD requirements, thus enabling them to be safe and developing healthcare practitioners, outside of the familiarity of the points-based system. Current registrants will require significant support and guidance to enable them to develop the necessary skills to be independent and effective life-long learning healthcare professionals. Professional bodies will have an important role, therefore, in providing guidance to their members and supporting them to appropriately identify, undertake, reflect on and document their learning activities.

Q3. Do you agree that we should issue guidance on the amount, areas and types of learning rather than set specific requirements?

No

Please provide comments.

We believe that including some specific requirements will enable a more robust CPD scheme that is fit for purpose and supports the role of the GOC in the protection of patients. There is still a need to provide a framework for the scheme to ensure that registrants are fit to practise in their professions, whatever their current working circumstances. A specific-requirement structure is seen across the majority of other UK healthcare regulators to varying degrees.

The current alignment of CPD learning outcomes with the GOC Standards of Practice for Optometrists and Dispensing Opticians ('the Standards of Practice') and the Learning Domains, provides a reasoned framework which supports registrants in

understanding if the learning they are undertaking, or looking to undertake, is relevant to their professional registration with the GOC. We suggest keeping an alignment of 'learning areas' with the Standards of Practice to enable registrants to focus their learning, even if redesign of the learning domains takes place.
We suggest specific requirement stipulations could be provided through a minimum-hours of learning time, or through the requirement to record regular completion of learning linked to a professional development plan (PDP).
We believe there is a need to provide some specific requirements to enable registrants to complete sufficient learning to fulfil the scheme requirements for registrants 'to develop their professional capability, clinical decision-making and reasoning, in order to anticipate and meet future patient and service-user needs, remain safe to practise and improve public confidence in the profession1.'
As stated in question 2, however, we recognise that professional bodies will have a role to play in providing guidance that supplements the requirements set by the GOC and any high-level guidance which it chooses to provide.
We would strongly recommend that learning with peers/interactive learning remains a mandated aspect of the GOC scheme. The current adoption of peer review (in relation to the GOC scheme format of registrants taking part in learning with their peers through discussion of patient cases), has now been taken up by 100% of registrants, with the inclusion of dispensing opticians in 2023.
Taking part in a peer review was not highlighted as an issue for registrants not completing their CPD requirements leading to removal from the register in the GOC Evaluation of CPD cycle 2022-2024 report (p428 – 507 of the GOC Council paper June 2025). Nor was this learning activity highlighted as an issue following registrant record review. In addition to this, the GOC
Registrant Workforce and Perceptions Survey 2025 Research Report showed confidence in participating in a peer review activity increased by 8 percentage points to 85%, which was the highest confidence rating for aspects of CPD this survey enquired about.
Preliminary findings of research conducted by the Association of British Dispensing Opticians, show that peer review (in the GOC format and conducted online) positively influences participants beliefs about their need and ability to perform the professional and clinical behaviours under discussion. The research also found discussion with peers in this case-based format inspires reflection on current practice, highlights areas for change, provides reassurance on current practice, allows enablers and barriers to adopting behaviours to be identified and supports isolated practitioners.
Support to maintain mandatory peer review should consider that the current form of peer review mandated by the GOC is widely available across the sector - being provided by professional bodies, employers and manufacturers. It can be undertaken in person or online and can be organised by registrants to discuss their own cases.
The literature suggests learning with peers/social learning is recommended for healthcare professionals to support behaviour change and reflection on current practice2. The GOC introduced peer review initially to support safe practice for isolated practitioners3, and the evidence indicates that it works towards this. Therefore, again, we would strongly recommend that undertaking peer review (in its current GOC CPD scheme format) continues to be a mandated requirement in the GOC scheme.
In general, owing to the evidence base on effective CPD for healthcare professionals, we would recommend a minimum stipulation of interactive/learning with peers in terms of hours or number of activities. Several other UK healthcare regulators currently stipulate that a minimum of 50% of the required learning hours are to be conducted

with others (GCC, General Osteopathic Council, NMC).
1. General Optical Council. Consultation paper – reforms to CPD. January 2026.
2. Ramani, S., McMahon, G. T., & Armstrong, E. G. (2019). Continuing professional development to foster behaviour change: From principles to practice in health professions education. Medical Teacher, 41(9), 1045–1052. https://doi.org/10.1080/0142159X.2019.1615608
3. Europe Economics. Risks in the Optical Profession Final Report. 2010. https://optical.org/resource/risks-in-the-optical- professions.html

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?

Notional minimum amount

Please provide comments.

As detailed in our response to question three, we strongly feel that the GOC should require a notional minimum amount of CPD activity to be carried out by registrants within a specified timeframe (e.g. annually). We believe this should be specified either in a minimum number of hours or through setting expectations of regular activity, and include a minimum requirement for learning with others/interactive CPD. This should also continue to include a mandatory peer review as well as include a requirement for a PDP to be maintained and reflection to be conducted.

Q5. Should registrants be required to make a personal development plan and reflect on progress as part of appraisals and similar mechanisms?

No

Please provide comments.

We do not consider that aligning a registrant's PDP with their employment appraisal, if they have one, should be a requirement of the scheme.
Our first concern about this proposal is that not all GOC registrants will have an annual appraisal system in place. GOC figures indicate that approximately 23% of registrants are locums and it is anticipated this cohort would not be party to an appraisal system. Additionally, GOC registrants who are practice owners/directors including joint venture partnerships, are unlikely to have an appraisal with a line-manager. We do not have access to sector figures for practice owners/directors. However, just over 11% of ABDO members identify in this category.
Other registrants working in academia /education /manufacturing are likely to have appraisals focused on their education or manufacturing etc. professional requirements, rather than their requirements in relation to their practice as an eyecare professional.

ABDO's recent Pay and Reward survey was completed by 1403 ABDO members, representing 27% of those invited to take part.
In this high-response survey, 21% of participants identified as either a business owner, or as not working as an employee in an optical practice. It can be anticipated that these respondents would either not have an appraisal system in place or that their appraisal would not focus on their requirements as a GOC registrant. Separately, 63%

of business owners responded that they did not currently have professional development plans for their dispensing opticians in place.
Together these statistics indicate that a significant number of GOC registrants would not have a suitable appraisal system in place to enable this suggested reform to be implemented equitably and effectively.
Our second concern is that only 57% of optical businesses are currently registered with the GOC. This leaves the GOC with no real oversight of more than 40% of businesses. Although following GOC 2024-2025 consultation on business regulation, the
GOC have confirmed their intention to seek legislative change to require all business carrying out specified restricted functions to be registered with the GOC (with some exemptions), there is no current available date to secure this legislative change.
Although the proposed reforms to business legislation include a requirement for businesses to have an employed GOC-registered head of optical practice in place, the current suggested responsibilities for this role in relation to oversight of professional development are not defined (GOC response to business regulation, July 2025). Even with legislative changes to business regulation, sole- trader registrants would still not have an appraisal process or other PDP oversight mechanism in place.
Our third concern is that placing any responsibility for the professional development planning of GOC registrants in the hands of commercial organisations creates a potential and unwanted conflict of interest and risks introducing undue commercial influence into registrants' learning and development. The GOC Registrant Workforce and Perceptions Survey 2025 found:
- 38% of respondents reported pressure to see a high number of patients each day impacting the ability to provide safe patient care
- 33% of respondents feel under pressure to sell certain types of glasses or contact lenses that will earn more money for the business 48% of respondents found the standard time allocated to conduct a sight test insufficient to provide safe patient care
- 51% of respondents felt they would be jeopardising their job if they spoke up about their concerns about an employer
- 35% of respondents find it difficult to provide patients with the sufficient level of care they need.

Following these findings the GOC have reached out to registrants to gather opinions on sales targets and incentives. We do not feel that the current landscape of unregulated businesses and registrant concerns over pressured retail environments is conducive to expanding oversight of CPD planning intended to support safe patient care.
Our fourth concern is that handing over oversight of PDP planning and conduct of CPD from the GOC to businesses, has the potential to slow culture change and development of the necessary skills and personal responsibility of life-long learning planning for GOC registrants. The initial GOC CET scheme could be considered as contributing towards holding GOC registrants back in developing these professional-learning skills in comparison to other UK healthcare professions. Changes made with the launch of the CPD scheme have seen positive behaviour changes in registrants and increased confidence – evidenced in the increased confidence levels reported for reflection and other aspects, in the GOC Registrant Workforce and Perceptions Survey 2025 – Research Report. This positive culture change should continue to be encouraged by enabling the registrant to take full personal responsibility for their ongoing professional development.

Although we do not consider it appropriate for formal oversight of PDP planning to be handed over to the employers and conducted as part of an appraisal process, it should be noted that we do advocate for employers to include professional development discussions in appraisals. Discussion enables the registrant to understand the strategic direction of the business and their workforce needs, and for the business to understand and consider support of the professional development aspirations of the registrant. This is different however from formal inclusion of PDP in appraisals in the scheme where it is possible for forced prioritisation of commercial targets above clinical care.

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?

No

Please provide comments.

We agree that an annual declaration in relation to the CPD scheme could be made at renewal. However, this declaration should be in relation to completion of the scheme requirements as set out by the GOC either in learning hours, or the undertaking of regular learning activities, along with learning with others/interactive requirements. A declaration should include confirmation of creating/maintaining a current PDP and should provide the registrant with a clear understanding that their records may be selected for review.

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 or own records

Please provide comments.

We believe that the current situation should be expanded to enable GOC registrants to keep their own records if they choose to. It should be noted that we feel that registrants in general will require significant and unambiguous guidance from the GOC as to what is expected of them to fulfil the scheme requirements including their record keeping.We feel that registrants will need support and guidance from sector bodies and other relevant sector organisations to do this, for example the provision of templates and support tools to create and maintain appropriate records.

Q8. Should GOC review a sample of CPD records following annual registration renewal?

Yes

Please provide comments.

We feel that to ensure registrants are complying with the requirements of registered healthcare professionals to complete appropriate and effective lifelong learning, as administers of the scheme the GOC should review a random sample of CPD records following annual registration renewal. Additionally, it may be appropriate to have some

targeted reviews based on previous non-compliance or concerns of completing the scheme appropriately. Clear guidance should be provided to registrants in relation to the CPD scheme to ensure they are able to comply with the expectations of the GOC record reviews.
Broad learning from these reviews should be clearly communicated to all registrants to enable better practice to be adopted by all. Currently, information regarding registrant record reviews have been published deep within Council papers, which is not a readily accessible communication form for registrants to enable reflection and learning.

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

Please provide comments.

We believe that undertaking appropriate and sufficient CPD should be a requirement to remain on the register as a suitably competent eyecare professional to deliver safe patient care. As currently, there should be an exceptional circumstances policy in place and appropriate time frame and guidance for remediation.

Q10. Should we change the competencies (the four domains) which CPD events must relate to?

No

Please provide comments.

As outlined in our response to question three, we feel that CPD should remain aligned to the GOC Standards of Practice. Although we support a CPD scheme which enables the registrant to undertake CPD in relation to their scope of practice and their intended professional development as defined in the PDP, we are aware the majority of CPD undertaken will fall within the current ‘clinical practice’ learning domain. It may be seen by registrants that it is not necessary to undertake CPD that would fall into the other current learning domains, in particular those of ‘leadership and accountability’ and ‘professionalism’. However, the GOC Equality, Diversity, and Inclusion Annual Monitoring Report for the year ended 31 March 2025 shows that fitness to practise allegations are higher in relation to conduct (40.8%), than they are for clinical practice concerns (36.7%).
We believe that there is a need within the CPD scheme to ensure that registrants continue to undertake education which reinforces GOC professional, leadership and accountability expectations as outlined in the Standards of Practice for Optometrists and Dispensing Opticians. One reform potential may be to redesign the learning domains into two groups of standards e.g. those which fall into ‘clinical practice’ and those covering ‘professional behaviours’, with a requirement to evidence some CPD completed from both groups.

Q11. Should we adjust the points allocated to different activities to make it easier to reach the total points required under the CPD rules 2021?

No

Please provide comments.

The question posed is not specific enough in detail to respond to fully. Additionally, the term 'recognised' in relation to post- registration qualifications does not provide clarity as to whom it would be recognised by.
The current CPD scheme enables GOC approved CPD providers to assign post-registration qualifications appropriate CPD points already, with interactive (non-distance learning) CPD weighted with more points. An example of how CPD points can be obtained through undertaking post-registration qualifications is the ABDO Level 7 Diploma in Paediatric Eyecare, where it is possible for the learner to obtain 21 non-interactive and 19 interactive CPD points by completing the course before sitting assessments.
As discussed in our response to question three, for healthcare professionals learning with others is shown to support behaviour change and reflection on current practice. Therefore, we would recommend this practice is favoured over and above seeking to reward post-registration qualifications. It is already possible for course designers of post-registration qualifications to consider how they can support interactivity as a beneficial form of learning in their course design.
In addition, the current CPD scheme rules in relation to self-directed learning enable all registrants undertaking post-registration qualifications to submit their learning as part of the CPD requirement, where this learning is not provided by a GOC approved CPD provider. We would consider it appropriate to enable interactive forms of self- directed learning other than just registrant-led CPD to attract a higher point weighting, in line with provider-led CPD formats. Guidance for the registrant to understand what would be considered interactive would be required for them to be confident in completing their self-directed CPD submissions/records.
It should be noted that, as the professional body representative for dispensing opticians we are strongly in favour of registrants reflecting on their scope of practice and developing professional development plans which incorporate post-registration qualifications, to enable them to undertake relevant roles in modern eyecare practice and support the ambitions of more eye health delivery within primary care. We support and encourage registrants in being able to submit this formal learning within the current CPD scheme either as provider led or self-directed CPD and would advocate this to continue in any future redevelopment of the scheme.

Q12. Should we remove the limit on the minimum number of CPD points that must be obtained from provider-led activity?

Yes

Please provide comments.

As expressed in our response to question 3, we believe that GOC registrants should be encouraged to take personal responsibility for their ongoing professional development. By removing the minimum CPD points from provider-led activity, this would enable registrants to truly own their professional development plans and open

up scope of practice expansion for some registrants.
Removal of this limit now will enable registrants to develop greater ownership and responsibility of their life-long learning plans and outcomes over the next few years before legislation reform is possible. This will support more registrants being able to be fully confident with autonomous professional development planning and execution before the current limits on the scheme are potentially removed.
However, as previously stated, we believe current registrants will require significant support and guidance to enable them to develop the necessary skills to be independent and effective life-long learning healthcare professionals. We feel that the sector professional representative bodies would be a suitable resource to provide this guidance to their respective memberships and support them to appropriately identify, undertake, reflect on and document their learning activities to enable them to make satisfactory declarations to the GOC in relation to CPD.

Q13. Should we remove the need for a reflection statement to be provided for each self-directed CPD activity?

No

Please provide comments.

We are strongly against the removal of the need for a reflection statement to be provided for each self-directed activity. The GOC has not provided any evidence that the reflection statement is a current barrier to registrants undertaking self-directed learning. We believe that the low uptake of self-directed learning has potentially arisen owing to a lack of confidence from registrants in what is required from them to submit this, and in particular what will be accepted by the GOC in a possible record review. Additionally, we do not feel the current guidance or resources provided by the GOC offer enough support to registrants inexperienced in uploading self-directed learning to consider doing so.
This situation is compounded by the current wealth of provider-led CPD available for registrants to complete from employers, professional bodies, manufacturers and DOCET. Undertaking provider-led CPD may be seen as an ‘easier’ option as it is a familiar route for the registrant and all the learning outcomes, learning domains, target groups, learning formats and point- weighting are pre-assigned. This is the case even where post-reflection is mandatory such as with provider-led peer review.
Regarding the specifics of reflection on learning, we believe that any removal of this would be a significant step backwards for the GOC in terms of best practice for CPD. Reflective practice is widely recognised to be an important skill for healthcare professionals and should be more greatly encouraged rather than discouraged. This is recognised by the GOC’s inclusion of reflective practice in Outcome 7 – Lifelong learning (O7.4) of the GOC Requirements for Approved Qualifications in Optometry or Dispensing Optics, and of Standard 5 of the GOC Standards of Practice for Optometrists and Dispensing Opticians. Removing reflection as a requirement for registrants undertaking self-directed learning in not aligned with these other approaches adopted by the GOC. Such inconsistency amplifies the risk that the current workforce will not have the skills, knowledge and behaviours expected of newly-qualified registrants.
We strongly feel that all registrants should be encouraged to reflect on each individual learning activity, to enable them to consider how the learning will be integrated into

their professional practice and identify any barriers, any actions required and highlight any gaps in their skills and knowledge. This should then be considered in relation to their PDP which should be updated as appropriate with identification of new learning outcomes as necessary.

Q14. How can we best leverage the role of businesses within the CPD system to support a less prescriptive system for individual registrants?

We do not feel that is appropriate for the GOC to seek to leverage businesses within the CPD system. This would not necessarily lead to a less prescriptive system for the individual registrant. Additionally, as expressed in our response to question 5, we have significant concerns that this would potentially create a situation where commercial interests are focused on over support of best clinical practice.

Q15. Should business registrants have specific responsibility to ensure individual registrants have an up-to-date personal development plan?

No

Please provide comments.

As expressed in our response to question five, though we would encourage professional development plans to be part of the discussion within an annual appraisal and returned to throughout the year as appropriate, we do not consider it appropriate for business registrants to have any specific responsibility designated in the CPD scheme. We believe this responsibility should sit with the registrant themselves as a qualified professional.
Additionally, under the current situation of not all optical businesses being registered with the GOC and not all registrants being employed within an optical business (ABDO Pay and Reward survey data indicating 21% of ABDO members are not employed within an optical practice), we do not feel this is an appropriate avenue to pursue.

Q16. How can the standards for optical businesses be strengthened to help achieve this outcome?

As per our response to question five and fifteen, we do not feel this is an appropriate choice for the GOC to make.

Q17. How should patient feedback be incorporated within the CPD system?

We would welcome registrants to be encouraged to obtain and reflect on service-user feedback to support their professional development planning. However, it should be recognised that not all GOC registrants undertake clinical practice with patients and not all who do may be able to obtain feedback. For example, it may be more difficult for a locum to obtain patient feedback and not relevant to a GOC registrant only working in academia or manufacturing. Therefore, though this feedback is desirable and should be encouraged, we do not believe it should be made a mandatory aspect of the scheme.
Regarding incorporation within the CPD system, it is important not just to obtain service-user feedback but also to reflect on it and produce a meaningful action plan i.e. identify gaps in knowledge, skills or professional behaviours, or identify a necessary

change to a service or practice system. Once necessary action(s) have been identified they need to be carried out. It would be possible for registrants to submit their reflection, learnings and development on service-user feedback as a whole, as a specific form of self-directed learning.

Q18. Should we seek to end CPD provider approval?

Yes

Please provide comments.

We believe that a move to self-directed learning and an emphasis on registrant professional development planning and expansion of scope of practice should be encouraged and this will only be truly possible through the end of CPD provider approval.
However, there are risks associated with the removal of the current quality-assured system of CPD approval and how this may lead to poor quality and/or commercially biased content being included in a registrants CPD portfolio. There is a need to ensure that all registrants are provided with clear, unambiguous and robust guidance on what would be deemed appropriate to include within a CPD portfolio record.

Q19. Should we reduce the number of CPD events requiring approval before CPD providers can convert from provisionally approved to fully approved status?

No

Please provide comments.

Although we welcome a long-term move to self-directed learning as stated in question 18, there is not enough evidence provided by the GOC as to why they currently reject a) 48% of applications to become a provisional provider and b) nearly 52% of CPD events submitted by provisional providers, (figures obtained from GOC Evaluation of CPD cycle 2022-2024 report (p428 – 507 of the GOC Council paper June 2025)). These figures would indicate the GOC currently have some serious concerns about the provision of CPD by some organisations who are not currently approved by the GOC. We would expect the potential impact on CPD quality of the proposed changes to approval requirements to be considered as part of a full impact assessment.

Although we advocate for the end of CPD provider approval in the long term, we would expect the GOC to provide clear, unambiguous and robust guidance to registrants as to what may be considered appropriate to including in a CPD portfolio. It would appear that there is currently a disconnect between what the GOC consider appropriate regarding organisations who want to provide CPD and those trying to complete their provisional status, and this would need to be resolved before these groups could be considered ‘approved’ under the current rules.

Q20. Should we phase out CPD provider audits over the 2028-30 cycle?

No

Please provide comments.

Although we advocate for the removal of approved CPD provider status in the long-term, CPD provider audits suggest that 35% of approved CPD providers require improvement. However, no detail is provided in the GOC Evaluation of CPD cycle 2022-2024 report (p428 – 507 of the GOC Council paper June 2025), to enable understanding of what concerns are being raised and how the sector in general can learn from these.
It is envisaged that current CPD providers will continue to provide post-registration education to GOC registrants beyond 2030, where this education will form part of a registrants self-directed CPD portfolio. Continuing audits but with transparency shared with the sector on concerns raised may support a better provision of professional development to registrants alongside future scheme changes.

Q21. Should we withdraw GOC's standards for CPD providers?

No

Please provide comments.

As per our response to question 20, as the GOC already find significant concerns with organisations seeking to provide CPD, removal of the Standards for CPD Providers whilst approved CPD provision is still in place, would seem counterintuitive and potentially lead to poor-quality governance and education. We would suggest that this should be aligned with removal of approved providers with long-term scheme changes. Additionally, we emphasise that GOC registrants need to be provided with clear, unambiguous and robust guidance as to what the GOC deem appropriate learning to be included in a CPD portfolio.

Q22. When should we aim to introduce changes requiring amendment to the CPD rules 2021?

January 2031

Please provide comments.

Changes that require amendment to the CPD rules 2021 should not be made until at least January 2031. However, an evaluation of any initial changes made to the scheme should be undertaken after the first two years of the 2028-2030 cycle, to enable an informed decision on whether or not to implement more significant changes that require legislative change.

Q23. Will the proposed changes have effects, whether positive or negative, on:

(a) opportunities for persons to use the Welsh language?

Not Sure

(b) treating the Welsh language no less favourably than the English language?

Not Sure

If yes, please explain your reasoning.

(No answer)

Q24. Could the proposed changes be revised so that they would have positive effects, or increased positive effects, on:

(a) opportunities for persons to use the Welsh language?

Not Sure

(b) treating the Welsh language no less favourably than the English language?

Not Sure

If yes, please explain your reasoning.

(No answer)

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?

Not Sure

(b) treating the Welsh language no less favourably than the English language?

Not Sure

If yes, please explain your reasoning.

(No answer)

Q26. Are there any aspects of our proposals that could discriminate against stakeholders with specific characteristics?

c) Not sure

If yes, please explain your reasoning.

(No answer)

Q27. Are there any aspects of our proposals that could have a positive impact on stakeholders with specific characteristics?

c) Not sure

If yes, please explain your reasoning.

(No answer)

Can we publish your response?

Yes

RESPONDENT 139

Are you responding on behalf of an organisation?

No

Which category of respondent best describes you?

Contact lens optician

Type your answer

(No answer)

Q1. Do you agree with our objectives for the review?

Not sure

Please provide comments.

(No answer)

Q2. Do you agree that we should move away from a points system?

Yes

Please provide comments.

(No answer)

Q3. Do you agree that we should issue guidance on the amount, areas and types of learning rather than set specific requirements?

Yes

Please provide comments.

(No answer)

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?

Sufficient CPD

Please provide comments.

(No answer)

Q5. Should registrants be required to make a personal development plan and reflect on progress as part of appraisals and similar mechanisms?

Not sure

Please provide comments.

(No answer)

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

Please provide comments.

(No answer)

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 or own records

Please provide comments.

(No answer)

Q8. Should GOC review a sample of CPD records following annual registration renewal?

Yes

Please provide comments.

(No answer)

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

Please provide comments.

(No answer)

Q10. Should we change the competencies (the four domains) which CPD events must relate to?

Yes

Please provide comments.

(No answer)

Q11. Should we adjust the points allocated to different activities to make it easier to reach the total points required under the CPD rules 2021?

Not sure

Please provide comments.

(No answer)

Q12. Should we remove the limit on the minimum number of CPD points that must be obtained from provider-led activity?

Yes

Please provide comments.

(No answer)

Q13. Should we remove the need for a reflection statement to be provided for each self-directed CPD activity?

Yes

Please provide comments.

(No answer)

Q14. How can we best leverage the role of businesses within the CPD system to support a less prescriptive system for individual registrants?

(No answer)

Q15. Should business registrants have specific responsibility to ensure individual registrants have an up-to-date personal development plan?

No

Please provide comments.

(No answer)

Q16. How can the standards for optical businesses be strengthened to help achieve this outcome?

(No answer)

Q17. How should patient feedback be incorporated within the CPD system?

(No answer)

Q18. Should we seek to end CPD provider approval?

Yes

Please provide comments.

The role of approvers is seen far too much as an opportunity to be obstructive, rather than a partnership in providing CPD.

Q19. Should we reduce the number of CPD events requiring approval before CPD providers can convert from provisionally approved to fully approved status?

Yes

Please provide comments.

(No answer)

Q20. Should we phase out CPD provider audits over the 2028-30 cycle?

Not sure

Please provide comments.

(No answer)

Q21. Should we withdraw GOC's standards for CPD providers?

Not sure

Please provide comments.

(No answer)

Q22. When should we aim to introduce changes requiring amendment to the CPD rules 2021?

January 2028

Please provide comments.

(No answer)

Q23. Will the proposed changes have effects, whether positive or negative, on:

(a) opportunities for persons to use the Welsh language?

Not Sure

(b) treating the Welsh language no less favourably than the English

language?

Not Sure

If yes, please explain your reasoning.

(No answer)

Q24. Could the proposed changes be revised so that they would have positive effects, or increased positive effects, on:

(a) opportunities for persons to use the Welsh language?

(No answer)

(b) treating the Welsh language no less favourably than the English language?

(No answer)

If yes, please explain your reasoning.

(No answer)

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?

(No answer)

(b) treating the Welsh language no less favourably than the English language?

(No answer)

If yes, please explain your reasoning.

(No answer)

Q26. Are there any aspects of our proposals that could discriminate against stakeholders with specific characteristics?

c) Not sure

If yes, please explain your reasoning.

(No answer)

Q27. Are there any aspects of our proposals that could have a positive impact on stakeholders with specific characteristics?

c) Not sure

If yes, please explain your reasoning.

(No answer)

Can we publish your response?

Yes, but please keep my name and/or my organisation’s name private

RESPONDENT 140

Are you responding on behalf of an organisation?

No

Which category of respondent best describes you?

Dispensing optician

Type your answer

(No answer)

Q1. Do you agree with our objectives for the review?

Yes

Please provide comments.

(No answer)

Q2. Do you agree that we should move away from a points system?

Yes

Please provide comments.

(No answer)

Q3. Do you agree that we should issue guidance on the amount, areas and types of learning rather than set specific requirements?

Not sure

Please provide comments.

(No answer)

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

Please provide comments.

(No answer)

Q5. Should registrants be required to make a personal development plan and reflect on progress as part of appraisals and similar mechanisms?

No

Please provide comments.

(No answer)

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?

No

Please provide comments.

(No answer)

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 or own records

Please provide comments.

(No answer)

Q8. Should GOC review a sample of CPD records following annual registration renewal?

No

Please provide comments.

(No answer)

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

Please provide comments.

(No answer)

Q10. Should we change the competencies (the four domains) which CPD events must relate to?

No

Please provide comments.

(No answer)

Q11. Should we adjust the points allocated to different activities to make it easier to reach the total points required under the CPD rules 2021?

Yes

Please provide comments.

(No answer)

Q12. Should we remove the limit on the minimum number of CPD points that must be obtained from provider-led activity?

No

Please provide comments.

(No answer)

Q13. Should we remove the need for a reflection statement to be provided for each self-directed CPD activity?

Yes

Please provide comments.

(No answer)

Q14. How can we best leverage the role of businesses within the CPD system to support a less prescriptive system for individual registrants?

(No answer)

Q15. Should business registrants have specific responsibility to ensure individual registrants have an up-to-date personal development plan?

Yes

Please provide comments.

(No answer)

Q16. How can the standards for optical businesses be strengthened to help achieve this outcome?

(No answer)

Q17. How should patient feedback be incorporated within the CPD system?

(No answer)

Q18. Should we seek to end CPD provider approval?

Yes

Please provide comments.

(No answer)

Q19. Should we reduce the number of CPD events requiring approval before CPD providers can convert from provisionally approved to fully approved status?

Yes

Please provide comments.

(No answer)

Q20. Should we phase out CPD provider audits over the 2028-30 cycle?

Yes

Please provide comments.

(No answer)

Q21. Should we withdraw GOC's standards for CPD providers?

Yes

Please provide comments.

(No answer)

Q22. When should we aim to introduce changes requiring amendment to the CPD rules 2021?

(No answer)

Please provide comments.

(No answer)

Q23. Will the proposed changes have effects, whether positive or negative, on:

(a) opportunities for persons to use the Welsh language?

(No answer)

(b) treating the Welsh language no less favourably than the English language?

(No answer)

If yes, please explain your reasoning.

(No answer)

Q24. Could the proposed changes be revised so that they would have positive effects, or increased positive effects, on:

(a) opportunities for persons to use the Welsh language?

(No answer)

(b) treating the Welsh language no less favourably than the English language?

(No answer)

If yes, please explain your reasoning.

(No answer)

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?

(No answer)

(b) treating the Welsh language no less favourably than the English language?

(No answer)

If yes, please explain your reasoning.

(No answer)

Q26. Are there any aspects of our proposals that could discriminate against stakeholders with specific characteristics?

(No answer)

If yes, please explain your reasoning.

(No answer)

Q27. Are there any aspects of our proposals that could have a positive impact on stakeholders with specific characteristics?

(No answer)

If yes, please explain your reasoning.

(No answer)

Can we publish your response?

Yes, but please keep my name and/or my organisation’s name private

RESPONDENT 142

Are you responding on behalf of an organisation?

No

Which category of respondent best describes you?

Optometrist

Type your answer

(No answer)

Q1. Do you agree with our objectives for the review?

Yes

Please provide comments.

(No answer)

Q2. Do you agree that we should move away from a points system?

No

Please provide comments.

(No answer)

Q3. Do you agree that we should issue guidance on the amount, areas and types of learning rather than set specific requirements?

Not sure

Please provide comments.

I see a number of practitioners who have failed to keep up entry level requirements (most notably a failure to provide reasonable care to children, people with additional needs or people with binocular vision problems) and there needs to be some level of protection for vulnerable patient groups

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

Please provide comments.

(No answer)

Q5. Should registrants be required to make a personal development plan and reflect on progress as part of appraisals and similar mechanisms?

Yes

Please provide comments.

(No answer)

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

Please provide comments.

(No answer)

Q7. Should registrants be required to maintain records of CPD activity on GOC IT systems or be able to keep their own records?

GOC systems

Please provide comments.

There has to be some level of acccountability. There will always be registrants that do the bare minimum and lets standards sldie

Q8. Should GOC review a sample of CPD records following annual registration renewal?

Yes

Please provide comments.

(No answer)

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

Please provide comments.

(No answer)

Q10. Should we change the competencies (the four domains) which CPD events must relate to?

Yes

Please provide comments.

There has to be an element of ensuring people keep all entry level competencies up to date, particularly those relating to vulnerable patient groups

Q11. Should we adjust the points allocated to different activities to make it easier to reach the total points required under the CPD rules 2021?

Yes

Please provide comments.

I regularly take part in additional roles where there is training with transferable skills, it is frustrating I can't include this in COD

Q12. Should we remove the limit on the minimum number of CPD points that must be obtained from provider-led activity?

Yes

Please provide comments.

(No answer)

Q13. Should we remove the need for a reflection statement to be provided for each self-directed CPD activity?

Yes

Please provide comments.

No one completes it and it is prescriptive

Q14. How can we best leverage the role of businesses within the CPD system to support a less prescriptive system for individual registrants?

(No answer)

Q15. Should business registrants have specific responsibility to ensure individual registrants have an up-to-date personal development plan?

No

Please provide comments.

(No answer)

Q16. How can the standards for optical businesses be strengthened to help achieve this outcome?

(No answer)

Q17. How should patient feedback be incorporated within the CPD system?

(No answer)

Q18. Should we seek to end CPD provider approval?

Yes

Please provide comments.

(No answer)

Q19. Should we reduce the number of CPD events requiring approval before CPD providers can convert from provisionally approved to fully approved status?

Yes

Please provide comments.

(No answer)

Q20. Should we phase out CPD provider audits over the 2028-30 cycle?

Yes

Please provide comments.

(No answer)

Q21. Should we withdraw GOC's standards for CPD providers?

No

Please provide comments.

(No answer)

Q22. When should we aim to introduce changes requiring amendment to the CPD rules 2021?

January 2028

Please provide comments.

(No answer)

Q23. Will the proposed changes have effects, whether positive or negative, on:

(a) opportunities for persons to use the Welsh language?

Not Sure

(b) treating the Welsh language no less favourably than the English language?

Not Sure

If yes, please explain your reasoning.

(No answer)

Q24. Could the proposed changes be revised so that they would have positive effects, or increased positive effects, on:

(a) opportunities for persons to use the Welsh language?

Not Sure

(b) treating the Welsh language no less favourably than the English language?

Not Sure

If yes, please explain your reasoning.

(No answer)

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?

Not Sure

(b) treating the Welsh language no less favourably than the English language?

Not Sure

If yes, please explain your reasoning.

(No answer)

Q26. Are there any aspects of our proposals that could discriminate against stakeholders with specific characteristics?

a) Yes

If yes, please explain your reasoning.

It is very difficult to complete peer review or interactive points when experiencing a difficult pregnancy that requires frequent hospitalisation and then maternity leave

Q27. Are there any aspects of our proposals that could have a positive impact on stakeholders with specific characteristics?

c) Not sure

If yes, please explain your reasoning.

(No answer)

Can we publish your response?

Yes

RESPONDENT 143

Are you responding on behalf of an organisation?

No

Which category of respondent best describes you?

Dispensing optician

Type your answer

(No answer)

Q1. Do you agree with our objectives for the review?

Not sure

Please provide comments.

(No answer)

Q2. Do you agree that we should move away from a points system?

No

Please provide comments.

I think having a clear structure of categories, and for us to fulfil them is easier

Q3. Do you agree that we should issue guidance on the amount, areas and types of learning rather than set specific requirements?

No

Please provide comments.

This is wasting a lot of time. And effort. We just need to get on with targets

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?

Sufficient CPD

Please provide comments.

We don't have a lot of time to waste. I would much rather just get the article or get to a conference and do it.

Q5. Should registrants be required to make a personal development plan and reflect on progress as part of appraisals and similar mechanisms?

No

Please provide comments.

Nobody cares. All we want is our points to stay on the register.

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?

No

Please provide comments.

(No answer)

Q7. Should registrants be required to maintain records of CPD activity on GOC IT systems or be able to keep their own records?

GOC systems

Please provide comments.

You're gonna want the details anyway. So might as well be uploaded straight away.

Q8. Should GOC review a sample of CPD records following annual registration renewal?

No

Please provide comments.

Why waste time? When the system is automated.

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?

No

Please provide comments.

Send an automated email, and if something is insufficient, the registrar can put it right

Q10. Should we change the competencies (the four domains) which CPD events must relate to?

No

Please provide comments.

(No answer)

Q11. Should we adjust the points allocated to different activities to make it easier to reach the total points required under the CPD rules 2021?

Yes

Please provide comments.

Sometimes it is difficult to get the points in the categories specified. As there aren't enough opportunities.

Q12. Should we remove the limit on the minimum number of CPD points that must be obtained from provider-led activity?

Not sure

Please provide comments.

(No answer)

Q13. Should we remove the need for a reflection statement to be provided for each self-directed CPD activity?

Yes

Please provide comments.

This is just headache. Nobody cares.

Q14. How can we best leverage the role of businesses within the CPD system to support a less prescriptive system for individual registrants?

I don't know.

Q15. Should business registrants have specific responsibility to ensure individual registrants have an up-to-date personal development plan?

No

Please provide comments.

Again, nobody cares. All we want is the minimum CPD requirement to be fulfilled.

Q16. How can the standards for optical businesses be strengthened to help achieve this outcome?

What we doing now seems to be working

Q17. How should patient feedback be incorporated within the CPD system?

That's taking it to another level. And bringing more stress to the registrars. There is no need for this.

Q18. Should we seek to end CPD provider approval?

Not sure

Please provide comments.

What does this even mean?

Q19. Should we reduce the number of CPD events requiring approval before CPD providers can convert from provisionally approved to fully approved status?

Yes

Please provide comments.

You need to make things as easy as possible. Rather than making things difficult.

Q20. Should we phase out CPD provider audits over the 2028-30 cycle?

Yes

Please provide comments.

If we're the only medical profession to do this, yes. If they can't be bothered in medicine and dentistry, why are we making it so difficult?

Q21. Should we withdraw GOC's standards for CPD providers?

Yes

Please provide comments.

They are only providing CPD.

Q22. When should we aim to introduce changes requiring amendment to the CPD rules 2021?

January 2028

Please provide comments.

(No answer)

Q23. Will the proposed changes have effects, whether positive or negative, on:

(a) opportunities for persons to use the Welsh language?

No

(b) treating the Welsh language no less favourably than the English language?

No

If yes, please explain your reasoning.

(No answer)

Q24. Could the proposed changes be revised so that they would have positive effects, or increased positive effects, on:

(a) opportunities for persons to use the Welsh language?

Yes

(b) treating the Welsh language no less favourably than the English language?

Yes

If yes, please explain your reasoning.

Just print everything in Welsh. Why is it so hard?

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?

Yes

(b) treating the Welsh language no less favourably than the English language?

Yes

If yes, please explain your reasoning.

(No answer)

Q26. Are there any aspects of our proposals that could discriminate against stakeholders with specific characteristics?

b) No

If yes, please explain your reasoning.

(No answer)

Q27. Are there any aspects of our proposals that could have a positive impact on stakeholders with specific characteristics?

b) No

If yes, please explain your reasoning.

(No answer)

Can we publish your response?

Yes, but please keep my name and/or my organisation’s name private

RESPONDENT 145

Are you responding on behalf of an organisation?

No

Which category of respondent best describes you?

Optometrist

Type your answer

(No answer)

Q1. Do you agree with our objectives for the review?

Yes

Please provide comments.

(No answer)

Q2. Do you agree that we should move away from a points system?

No

Please provide comments.

Point ✯ fine but the reflective stuff is pointless

Q3. Do you agree that we should issue guidance on the amount, areas and types of learning rather than set specific requirements?

Yes

Please provide comments.

(No answer)

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?

Sufficient CPD

Please provide comments.

(No answer)

Q5. Should registrants be required to make a personal development plan and reflect on progress as part of appraisals and similar mechanisms?

No

Please provide comments.

(No answer)

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

Please provide comments.

(No answer)

Q7. Should registrants be required to maintain records of CPD activity on GOC IT systems or be able to keep their own records?

GOC systems

Please provide comments.

(No answer)

Q8. Should GOC review a sample of CPD records following annual registration renewal?

No

Please provide comments.

(No answer)

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?

No

Please provide comments.

(No answer)

Q10. Should we change the competencies (the four domains) which CPD events must relate to?

No

Please provide comments.

(No answer)

Q11. Should we adjust the points allocated to different activities to make it easier to reach the total points required under the CPD rules 2021?

No

Please provide comments.

(No answer)

Q12. Should we remove the limit on the minimum number of CPD points that must be obtained from provider-led activity?

Yes

Please provide comments.

(No answer)

Q13. Should we remove the need for a reflection statement to be provided for each self-directed CPD activity?

Yes

Please provide comments.

(No answer)

Q14. How can we best leverage the role of businesses within the CPD system to support a less prescriptive system for individual registrants?

(No answer)

Q15. Should business registrants have specific responsibility to ensure individual registrants have an up-to-date personal development plan?

No

Please provide comments.

(No answer)

Q16. How can the standards for optical businesses be strengthened to help achieve this outcome?

(No answer)

Q17. How should patient feedback be incorporated within the CPD system?

(No answer)

Q18. Should we seek to end CPD provider approval?

No

Please provide comments.

(No answer)

Q19. Should we reduce the number of CPD events requiring approval before CPD providers can convert from provisionally approved to fully approved status?

Yes

Please provide comments.

(No answer)

Q20. Should we phase out CPD provider audits over the 2028-30 cycle?

Yes

Please provide comments.

(No answer)

Q21. Should we withdraw GOC's standards for CPD providers?

No

Please provide comments.

(No answer)

Q22. When should we aim to introduce changes requiring amendment to the CPD rules 2021?

January 2028

Please provide comments.

(No answer)

Q23. Will the proposed changes have effects, whether positive or negative, on:

(a) opportunities for persons to use the Welsh language?

No

(b) treating the Welsh language no less favourably than the English language?

No

If yes, please explain your reasoning.

(No answer)

Q24. Could the proposed changes be revised so that they would have positive effects, or increased positive effects, on:

(a) opportunities for persons to use the Welsh language?

No

(b) treating the Welsh language no less favourably than the English language?

No

If yes, please explain your reasoning.

(No answer)

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?

(No answer)

(b) treating the Welsh language no less favourably than the English language?

(No answer)

If yes, please explain your reasoning.

(No answer)

Q26. Are there any aspects of our proposals that could discriminate against stakeholders with specific characteristics?

b) No

If yes, please explain your reasoning.

(No answer)

Q27. Are there any aspects of our proposals that could have a positive impact on stakeholders with specific characteristics?

b) No

If yes, please explain your reasoning.

(No answer)

Can we publish your response?

Yes, but please keep my name and/or my organisation’s name private

RESPONDENT 146

Are you responding on behalf of an organisation?

No

Which category of respondent best describes you?

Optometrist

Type your answer

(No answer)

Q1. Do you agree with our objectives for the review?

Not sure

Please provide comments.

The personal development plan is a chronic waste of every registrants time. Why is it still being included?

Q2. Do you agree that we should move away from a points system?

No

Please provide comments.

There are registrants where this is just a job that earns them money. They don't care about px/their own learning. They want to turn up, test eyes and go home. This will be carte blanche for them to do even less.

Q3. Do you agree that we should issue guidance on the amount, areas and types of learning rather than set specific requirements?

Not sure

Please provide comments.

(No answer)

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?

Neither

Please provide comments.

Far too vague for my liking. I don't keep track of hours spent on cpd, not do I have any desire to. Stop giving us even more bureaucratic nonsense to deal with.

Q5. Should registrants be required to make a personal development plan and reflect on progress as part of appraisals and similar mechanisms?

No

Please provide comments.

I think this is an insult to every registrants out there. It's a waste of everyone's time and efforts.

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?

No

Please provide comments.

Who is going to review these records? The same people who clamp down on the illegal selling of contact lenses?

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 or own records

Please provide comments.

I don't care really

Q8. Should GOC review a sample of CPD records following annual registration renewal?

No

Please provide comments.

Do you even want optometrists to practice anymore? Or are we all just lying to you all the time. How insulting.

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?

No

Please provide comments.

Oh look, this is an optometrist cull. You are going to lose excellent clinicians who

prioritise their patients first over supplying records for you to scrutinise.

Q10. Should we change the competencies (the four domains) which CPD events must relate to?

Yes

Please provide comments.

I have zero desire to lead. A lot of cpd is geared towards managing others and it is not my forte. Something more relevant would be good

Q11. Should we adjust the points allocated to different activities to make it easier to reach the total points required under the CPD rules 2021?

Not sure

Please provide comments.

Only if you're keeping the leadership nonsense

Q12. Should we remove the limit on the minimum number of CPD points that must be obtained from provider-led activity?

Not sure

Please provide comments.

I prefer provider led. I think that things should return to this.

Q13. Should we remove the need for a reflection statement to be provided for each self-directed CPD activity?

Yes

Please provide comments.

A waste of everyone's time again. Life happens, we achieve different things than what we set out to do originally. As long as I'm learning, does it matter?

Q14. How can we best leverage the role of businesses within the CPD system to support a less prescriptive system for individual registrants?

This question makes zero sense.

Q15. Should business registrants have specific responsibility to ensure individual registrants have an up-to-date personal development plan?

No

Please provide comments.

In my opinion it is down to the individual to keep things up to date. The PDP needs to go.

Q16. How can the standards for optical businesses be strengthened to help achieve this outcome?

(No answer)

Q17. How should patient feedback be incorporated within the CPD system?

It shouldn't.

Q18. Should we seek to end CPD provider approval?

Not sure

Please provide comments.

Some approved cpd providers are shilling out rot that does not help clinicians at all.

Q19. Should we reduce the number of CPD events requiring approval before CPD providers can convert from provisionally approved to fully approved status?

Not sure

Please provide comments.

(No answer)

Q20. Should we phase out CPD provider audits over the 2028-30 cycle?

Not sure

Please provide comments.

(No answer)

Q21. Should we withdraw GOC's standards for CPD providers?

No

Please provide comments.

(No answer)

Q22. When should we aim to introduce changes requiring amendment to the CPD rules 2021?

January 2028

Please provide comments.

The sooner I don't have to write a short missive for every measly point I get, the better.

Q23. Will the proposed changes have effects, whether positive or negative, on:

(a) opportunities for persons to use the Welsh language?

Not Sure

(b) treating the Welsh language no less favourably than the English language?

Not Sure

If yes, please explain your reasoning.

(No answer)

Q24. Could the proposed changes be revised so that they would have positive effects, or increased positive effects, on:

(a) opportunities for persons to use the Welsh language?

Not Sure

(b) treating the Welsh language no less favourably than the English language?

Not Sure

If yes, please explain your reasoning.

(No answer)

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?

Not Sure

(b) treating the Welsh language no less favourably than the English language?

Not Sure

If yes, please explain your reasoning.

(No answer)

Q26. Are there any aspects of our proposals that could discriminate against stakeholders with specific characteristics?

c) Not sure

If yes, please explain your reasoning.

(No answer)

Q27. Are there any aspects of our proposals that could have a positive impact on stakeholders with specific characteristics?

c) Not sure

If yes, please explain your reasoning.

(No answer)

Can we publish your response?

Yes

RESPONDENT 147

Are you responding on behalf of an organisation?

No

Which category of respondent best describes you?

Dispensing optician

Type your answer

(No answer)

Q1. Do you agree with our objectives for the review?

Yes

Please provide comments.

Yes with a caveat - I agree to move to a more flexible, outcomes-focused approach to CPD in a phased approach.
In response to the objective: • Maximise registrants' freedom to undertake learning and development which is relevant to their personal scope of practice and supports their career progression with the minimum necessary regulatory direction. I am concerned about the 'minimum necessary regulatory direction' I understand you feel CPD providers are providing high quality CPD. Why do you think that is? Because the threat of a GOC audit - what will happen if that is minimised?

Q2. Do you agree that we should move away from a points system?

Yes

Please provide comments.

I agree with the move away from a tick-based points system to a more outcome-based system, and more flexibility for registrants. However, clearer guidance would be welcomed on how we will measure our CPD and a phased approach would be required to adapt to this culture change.

Q3. Do you agree that we should issue guidance on the amount, areas and types of learning rather than set specific requirements?

Yes

Please provide comments.

I agree that the GOC should provide guidance about areas and types of learning. One of the main issues with the low usage of self-directed CPD (you report 3.9%) was lack of clear guidance from the GOC on what classified as self-directed CPD. This will be

critical as we embark on a change in the CPD system. This is not only imperative with the self-directed learning element which the GOC are keen to increase due to lower costs and administrative efforts, but with the audit and record review. Clear guidance from the GOC is crucial - so that registrants can understand what is required of them, what evidence they will need to provide if selected for audit and how their submission will be assessed.

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?

Not sure

Please provide comments.

I'm not sure on this and would need more time or consultation discussions to consider the different options. Either way - it should be a phased approach as we have only known a points system. I briefly had a short conversation with a solicitor at parkrun this morning and they changed from points-based to outcome-based, sadly she was in a rush, so I was unable to fully comprehend
how they log their CPD activity. So - that is why I am unsure at the time of writing and would need more information on this aspect.
What does “sufficient” CPD mean? This requires more consideration, different terminology or an indicative benchmark of what is required. Expectations around record keeping and random audits is key for registrants to understand and uphold.

Q5. Should registrants be required to make a personal development plan and reflect on progress as part of appraisals and similar mechanisms?

Yes

Please provide comments.

Yes - I strongly support the principle that registrants should take ownership of their professional development through planning and reflection, as this is fundamental to an outcomes-based CPD system.
However - point 73. Therefore, we propose to retain both these requirements in a new system. [AGREE] - even though its not popular - it's a necessary evil!
I disagree with the fact that you would no longer require registrants to log these documents with GOC, but need to make them available as part of record review. Without a mandated form to download, complete and upload, I don't know how many registrants would NOT complete a PDP until the record review.
IDEA: Don't mandate it early in the cycle - allow the 12 months and upload as part of annual declaration, or possibly along with the reflective exercise at the end of they cycle but not if the cycle changes to 5 years.

This is an area where leveraging the role of business registrants could enable GOC to reduce its oversight. As we discuss below, nearly three in ten business registrants already check completion of the PDP and reflective statements by their registrant employees, and we see scope to build on this practice.
If it could be embedded more when the registrant uploads their first CPD submission, it may feel less like an administrative burden.

As far as part of appraisals, as a DO who no longer works in practice (6 times a year at most) this hinders locums and sole practice owners, hospital optometrists, who may not have access to an employment-based PDP or appraisal. It is important the GOC's approach is inclusive of all registrants, especially those with portfolio careers.

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

Please provide comments.

I agree 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.
This would be an effective part of the registration renewal process. It encourages registrants to be responsible for maintaining their compliance and their obligations.

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 or own records

Please provide comments.

(No answer)

Q8. Should GOC review a sample of CPD records following annual registration renewal?

Yes

Please provide comments.

Yes, I agree a sample-based review of CPD records is a proportionate way to maintain public confidence without placing unnecessary burden on all registrants. It could even be once during a cycle.

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

Please provide comments.

(No answer)

Q10. Should we change the competencies (the four domains) which CPD events must relate to?

Yes

Please provide comments.

Yes - the most frustrating one is leadership and accountability, because it covers clinical leadership, however, if we are moving towards a more outcomes-based approach, and for the likes of registrants like myself who are not in practice as much, but developing key leadership competencies beyond clinical updates, so I agree the domains require a change to broaden the scope of practice and be more inclusive of all registrants.

Q11. Should we adjust the points allocated to different activities to make it easier to reach the total points required under the CPD rules 2021?

Yes

Please provide comments.

Yes - agree with that.

Q12. Should we remove the limit on the minimum number of CPD points that must be obtained from provider-led activity?

Yes

Please provide comments.

I am supportive of removing this requirement to support greater flexibility to engage in more relevant, self-directed CPD. It is important to make these changes, but in a phased approach before totally abolishing the points system that is required through legislation, as we require time to fully understand the requirements.

Q13. Should we remove the need for a reflection statement to be provided for each self-directed CPD activity?

Yes

Please provide comments.

Yes. I am supportive of the principle of removing the requirement of a reflection statement for every self-directed CPD activity which I presume would reduce administrative burden and support more meaningful, proportionate reflection.
The consultation describes how requirements for reflection statements, which apply to ‘self-directed’ activities only, have limited registrant uptake of ‘self-directed’ rather than ‘provider-led’ activities. In that context, removing the need for a reflection statement for each self-directed CPD activity is considered the correct move towards a outcome-based approach. However, reflections remains an essential component of effective CPD and should be encouraged in a more proportionate and flexible way, such as periodic or overall reflective summaries rather than per activity.

Q14. How can we best leverage the role of businesses within the CPD system to support a less prescriptive system for individual registrants?

N/A

Q15. Should business registrants have specific responsibility to ensure individual registrants have an up-to-date personal development plan?

No

Please provide comments.

(No answer)

Q16. How can the standards for optical businesses be strengthened to help achieve this outcome?

N/A

Q17. How should patient feedback be incorporated within the CPD system?

I don't think you can mandate this, yes you are not proposing to be prescriptive, most businesses do use patient feedback, but I don't agree it should be incorportated into the CPD system. It seems too onerous for businesses.

Q18. Should we seek to end CPD provider approval?

No

Please provide comments.

I've put no, but I realise this is a long-term aim, so it may be that with a robust set of principles/standards and guidance for providers instead of the 10 events with feedback which is costing £95K could be produced for providers to refer to to ensure they deliver high-quality CPD activities.
I would be concerned about ending CPD provider approval without this mechanism, as the quality would likely go down.

Q19. Should we reduce the number of CPD events requiring approval before CPD providers can convert from provisionally approved to fully approved status?

Yes

Please provide comments.

Yes - definitely- it's a long, slow, painful process to do 10 events. However, that is where the learning was gained, but this should be achieveable with 5 events, thus halving your costs.
As previously stated, with a robust framework and guidance on how to write high quality and accurate CPD applications for CPD providers of all experiences would be the preferred solution.

Q20. Should we phase out CPD provider audits over the 2028-30 cycle?

Yes

Please provide comments.

I agree with phasing out CPD provider audits over 2028–30 in principle, but only if alternative robust principles or frameworks are in place first. The GOC would need to develop guidance for providing high quality CPD and confidence in the system.

Q21. Should we withdraw GOC's standards for CPD providers?

No

Please provide comments.

The GOC's Standards for CPD Providers.
These are intended to give providers an understanding of the GOC expectations to hold approved provider status and deliver CPD to our registrants.
I believe the standards should remain, unless you replace them with a robust framework and updated principles. What would happen to the quality of CPD providers if there are no standards in place?
Take for example the 'Nolan Principles' the seven ethical standards in public life, and the politicians that have acted with dishonesty, misconduct, lack of integrity, etc.

Imagine the GOC without a set of standards to uphold CPD providers to - it would be a free for all, and quality could easily diminish.

Q22. When should we aim to introduce changes requiring amendment to the CPD rules 2021?

January 2034

Please provide comments.

(No answer)

Q23. Will the proposed changes have effects, whether positive or negative, on:

(a) opportunities for persons to use the Welsh language?

Not Sure

(b) treating the Welsh language no less favourably than the English language?

Not Sure

If yes, please explain your reasoning.

(No answer)

Q24. Could the proposed changes be revised so that they would have positive effects, or increased positive effects, on:

(a) opportunities for persons to use the Welsh language?

Not Sure

(b) treating the Welsh language no less favourably than the English language?

Not Sure

If yes, please explain your reasoning.

(No answer)

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?

Not Sure

(b) treating the Welsh language no less favourably than the English language?

Not Sure

If yes, please explain your reasoning.

(No answer)

Q26. Are there any aspects of our proposals that could discriminate against stakeholders with specific characteristics?

c) Not sure

If yes, please explain your reasoning.

(No answer)

Q27. Are there any aspects of our proposals that could have a positive impact on stakeholders with specific characteristics?

c) Not sure

If yes, please explain your reasoning.

(No answer)

Can we publish your response?

Yes, but please keep my name and/or my organisation's name private

RESPONDENT 148

Are you responding on behalf of an organisation?

Yes

What is the name of the organisation you are responding on behalf of?

Which category best describes the organisation you are responding on behalf of?

CPD provider

Q1. Do you agree with our objectives for the review?

Yes

Please provide comments.

We broadly agree that the objectives for the review of the Continuing Professional Development (CPD) system are appropriate and timely. As an optical employer and GOC-approved CPD provider, we have a direct interest in a CPD framework that supports a skilled and adaptable workforce, enables high-quality patient care, and remains proportionate in terms of cost, administration and operational impact.
We welcome the GOC's stated ambition to continue the shift away from a system focused on the quantity of CPD activity towards one that emphasises the quality and outcomes of learning. From an employer perspective, the current points-based framework can still encourage compliance-driven behaviour, focused on meeting regulatory minimums rather than addressing genuine learning needs or service priorities. A more outcomes-focused approach has the potential to support more meaningful professional development and better alignment of CPD with workplace appraisal, supervision and governance processes. We support the objective of maximising registrants' freedom to design their own CPD, based on trust in optometrists and dispensing opticians as regulated healthcare professionals. Registrants should be encouraged to take greater personal responsibility for identifying learning relevant to their scope of practice and career development. However, from an employer and provider perspective, this increased flexibility must be underpinned by clear expectations, guidance and proportionate assurance mechanisms to ensure consistency, fairness and public confidence as prescription is reduced.
We also agree that CPD requirements must reflect the diversity of registrants' career pathways, including roles in education, leadership, research, industry and non-clinical settings. That said, employers will require clearer guidance on what constitutes CPD that is relevant to GOC registration where registrants' roles extend beyond traditional optical practice. Without this clarity, there is a risk of duplication or uncertainty where CPD undertaken for another profession or regulator is assumed to meet GOC requirements.

We support in principle the objective to incentivise enhanced clinical skills that enable a shift in eye care delivery from hospitals into community settings. This aligns with wider system priorities and our own workforce and service development plans. However, this shift should be recognised as a long-term, evolving change. The CPD framework must therefore remain flexible and future-proofed to adapt to changes in commissioning arrangements, service models and national healthcare priorities across all four nations.

We recognise the objective to align the CPD system with best practice across professional services regulation and to meet government expectations for modernisation. While alignment is important, approaches used by other regulators often operate in different employment or funding contexts. As employers and providers, we would welcome clearer evidence and explanation of how proposed changes are expected to support workforce competence, service quality and patient outcomes in settings comparable to optical practice.

We strongly support the objective to remove unnecessary regulatory cost and burden, but stress that this must explicitly include business registrants and CPD providers. Employers already absorb a significant proportion of CPD-related costs, including provision of training, protected time away from clinics, administration and compliance monitoring. The consultation material does not yet provide sufficient detail on how responsibilities and costs may shift under a reformed system, particularly where businesses are expected to play a greater supporting role.

For these reasons, we believe a comprehensive and transparent impact assessment, consistent with the evidence-based approach described in the consultation document is essential before proposals are finalised. Finally, while we support the overall direction of the objectives, we would welcome a clearer articulation of how the reformed CPD system will continue to protect the public by maintaining high standards of eye care, while recognising the important role employers play in quality assurance and workforce development.

Q2. Do you agree that we should move away from a points system?

Yes

Please provide comments.

We agree in principle that the GOC should move away from a points-based CPD system and towards a more outcomes-focused approach, as set out in the consultation document.

The consultation provides a clear and well-evidenced critique of the current points framework, including its inherently arbitrary nature, its limited ability to reflect differing scopes of practice, and its tendency to promote compliance-driven rather than needs-led learning. The consultation also highlights the risk of a tick-box culture, where registrants focus on accumulating points rather than engaging meaningfully with professional development, often clustering CPD activity towards the end of the cycle. From both an employer and provider perspective, this analysis aligns with our experience. The points system can create perverse incentives, where registrants prioritise activities that maximise point value rather than those most relevant to their PDP, scope of practice or service needs. For example, activities that attract higher points often generate stronger demand regardless of their practical relevance, while more in-depth or longer-term learning – such as post- registration qualifications or specialist development – may be comparatively undervalued despite delivering greater benefit to competence and patient care. These issues are explicitly recognised in the

consultation's discussion of misalignment between effort, learning value and point allocation.
We therefore support the consultation's conclusion that a points system is a poor proxy for competence and does not reliably demonstrate whether registrants are maintaining and developing their skills in a way that benefits patients or services. Moving away from points would better support professional accountability, encourage deeper engagement with the PDP process, and align CPD more closely with scope of practice, reflective learning and outcomes, rather than volume of activity.
We also support the direction of travel towards models used by other healthcare regulators, which place greater emphasis on planning, reflection and evidence of impact, rather than prescribing minimum points. As the consultation acknowledges, such approaches can offer a more proportionate and risk-based means of assurance while trusting registrants as autonomous healthcare professionals.
However, we also recognise that the transition away from a points-based system must be carefully managed. Many registrants and employers are accustomed to the certainty and structure that points provide, and their removal represents a significant cultural change. Clear guidance, robust assurance mechanisms and a phased approach will be essential to ensure that standards are maintained and public confidence is protected.
Employers and CPD providers will play an important role in supporting this transition, embedding CPD within workplace governance, appraisal and quality assurance processes. That said, this must not place disproportionate administrative or financial burdens on employers, particularly smaller practices with limited capacity.
In summary, we support the direction of travel set out in the consultation to move away from a points-based CPD system. However, this should be implemented progressively, with clear expectations, strong guidance and proportionate safeguards, to ensure that an outcomes-focused CPD model delivers genuine improvements in professional development, workforce capability and patient care while supporting employers and providers to adapt successfully.

Q3. Do you agree that we should issue guidance on the amount, areas and types of learning rather than set specific requirements?

Yes

Please provide comments.

We agree that the GOC should move towards issuing clear, principles-based guidance on the areas and types of learning, rather than continuing with highly prescriptive CPD requirements, and we broadly support this direction as part of the longer-term transition to an outcomes-focused CPD system described in the consultation.
The consultation clearly identifies that prescriptive requirements – particularly when combined with a points-based system – can drive compliance-led behaviours that are poorly aligned with registrants' individual scopes of practice, learning needs and service contexts. From both an employer and CPD provider perspective, well-articulated guidance will be essential to help registrants understand what is expected of them under a more flexible framework, what constitutes appropriate CPD, and how their learning will be assessed through declarations and record review.
We therefore support the development of high-level guidance that assists registrants in selecting CPD that is relevant to:

- their current scope of practice and role;
- their working environment and responsibilities; and

• their future development and career aspirations, including scope expansion. In particular, it would be helpful for the GOC to issue guidance on:
• areas of learning, building on or refining the existing domains linked to the GOC Standards of Practice; and
• types of learning activity, recognising the value of a wide range of formats, including formal education, structured workplace learning, peer and case-based discussion, reflective learning, reading and self-directed activity.
Such an approach would support consistency and public assurance while allowing registrants flexibility to tailor CPD to diverse roles and career pathways, which the consultation recognises is increasingly important.
However, we have some reservations about issuing guidance on the "amount" of CPD, particularly where this risks becoming a proxy for prescriptive volume-based requirements. The consultation sets out a clear rationale for moving away from a points-driven approach that mandates quantity rather than quality. Introducing indicative amounts, even if framed as guidance, risks creating a default minimum that registrants feel compelled to meet. This could re-establish a compliance culture and undermine the intended shift towards professional judgement, reflection and learning impact.
We therefore believe that guidance on amount should remain limited to encouraging regular engagement with CPD across the registration cycle, rather than concentrated activity at the end of a period, and to explaining how registrants can demonstrate that they have undertaken "sufficient CPD" through planning, reflection and application to practice.
That said, from an employer and provider perspective, we believe that some limited structural expectations remain necessary to ensure robustness and public confidence during the transition to a less prescriptive system. In particular, we support:
• continued alignment of CPD with the GOC Standards of Practice, even if the current domains are reviewed or simplified; and
• retention of requirements for registrants to plan, record and reflect on learning through a Personal Development Plan (PDP). We also recognise the evidence supporting learning with others, including peer learning, as an effective tool for reflection and behaviour change. While we support retaining peer learning as a core expectation, we note that mandatory elements can themselves become tokenistic if not clearly linked to learning need. Any ongoing requirements should therefore be supported by guidance and assessment criteria that emphasise relevance to scope of practice and PDP objectives.
In summary, we support a guidance-led approach to areas and types of learning, caution strongly against guidance on amount becoming a de-facto prescription, and believe that a small number of well-evidenced structural expectations are necessary to ensure a CPD framework that is proportionate, effective and trusted as reform progresses.

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?

Sufficient CPD

Please provide comments.

From the perspective of an optical employer and GOC-approved CPD provider, we

support guidance that specifies registrants must undertake “sufficient CPD”, rather than introducing a notional minimum amount of activity across all CPD.
We agree with the consultation’s analysis that volume-based benchmarks are a weak proxy for competence and risk reinforcing the limitations of the current points-based system. An outcomes-focused approach is better served by defining “sufficient CPD” as learning that is relevant to a registrant’s current and/or future scope of practice, supports them to remain up to date, demonstrably maintains and develops professional competence, and is clearly linked to an individual’s Personal Development Plan (PDP). This reflects the underlying ethos of the GOC’s reform proposals and aligns with the approaches adopted by other healthcare regulators that have moved away from minimum hours or points while maintaining confidence through planning, reflection and record review.
We recognise the importance of clarity for registrants, employers and assessors as the system transitions away from prescribed quantities. In our view, clarity should be achieved not by numerical thresholds, but through guidance that explains how registrants can demonstrate that they have undertaken sufficient CPD. This should include expectations around effective planning, regular engagement with learning across the cycle, reflection on outcomes, and application to practice. Evidence referenced in the consultation indicates that clear expectations can be set within an outcomes-based framework without reverting to fixed quantitative measures.
We are concerned that introducing a notional minimum amount for all CPD activity, even if described as indicative, would be counterproductive. As highlighted in the consultation, such benchmarks are likely to be interpreted as a de facto minimum, recreating a compliance-driven culture and undermining the shift towards professional judgement and accountability that the GOC is seeking to promote. This risks registrants focusing once again on meeting a numerical target rather than undertaking learning that is most relevant to their role, scope and development needs.
That said, we believe an outcomes-based model still benefits from some structural expectations to support consistency, fairness and public assurance during the transition away from points. In particular, we support clear guidance that CPD should be undertaken regularly across the registration cycle, rather than concentrated at the end, and that registrants should maintain a PDP supported by appropriate reflection.
We also strongly support the continued expectation for learning with others, including peer learning, as part of demonstrating sufficient CPD. The consultation recognises strong evidence that interactive learning supports reflection, behaviour change and safe practice. Retaining peer learning, potentially through a peer review activity, provides a meaningful safeguard without reverting to volume-based regulation.
However, to avoid peer learning becoming a box-ticking exercise, its relevance to an individual registrant’s PDP and scope of practice should be clearly emphasised within guidance and record-review criteria. In summary, we support guidance that requires registrants to undertake sufficient, relevant and outcomes-focused CPD, supported by expectations around planning, regular engagement and reflection. We do not support introducing a notional minimum amount of activity for all CPD, as this risks undermining the intended cultural shift. However, we do believe that learning with others – appropriately framed and aligned to individual learning needs – should remain a core element of the CPD framework.

Q5. Should registrants be required to make a personal development plan and reflect on progress as part of appraisals and similar mechanisms?

Yes

Please provide comments.

We agree in principle that registrants should identify their learning needs, plan how these will be addressed, and periodically reflect on their progress through a Personal Development Plan (PDP) or an equivalent mechanism, and we support a CPD framework that promotes structured planning, reflection and accountability, consistent with the outcomes-focused approach to lifelong learning outlined in the consultation. However, we have significant concerns about requiring PDPs and reflection to be undertaken specifically as part of employer-led appraisals or similar mechanisms. In our view, and as reflected in the consultation's broader discussion of professional autonomy, this proposal risks conflating two distinct but complementary responsibilities:

- the individual responsibility of registrants to maintain competence and undertake CPD relevant to their professional registration; and
- the employer's role in performance management, workforce development and service planning, typically supported through appraisal processes.

As noted in the consultation, not all registrants work in traditional employed clinical settings. A significant proportion of the workforce includes locums, sole practitioners, business owners and registrants with portfolio careers, many of whom do not have access to a formal appraisal system. In addition, registrants working in education, research, academia, manufacturing or industry may participate in appraisals that focus on non-clinical or non-optical objectives rather than fitness to practise as a GOC registrant. A requirement to link PDPs formally to appraisals would therefore be inequitable and inconsistently applied across the register.

There are also wider structural considerations. As acknowledged in the consultation, not all optical businesses are currently regulated by the GOC, and there is no confirmed timetable for extending business regulation. Even if legislative reform were achieved, some registrants would still not have access to employer oversight mechanisms. Introducing a requirement that assumes employer involvement risks disadvantaging these groups and creating gaps in regulatory assurance.

We are concerned that formalising employer oversight of PDPs through integration with appraisal processes could shift regulatory responsibility from the GOC to employers. Whilst we already discuss PDPs and CPD requirements during employee appraisals this is a relatively informal process. Any formalisation of this process or a move towards making this a regulatory measure must be avoided as it would place an unworkable burden on employers and businesses, particularly in smaller practices.

From a cultural perspective, the consultation highlight the importance of strengthening professional accountability and reflective practice. We believe it is essential that responsibility for PDP ownership and CPD planning remains clearly with the individual registrant. The move from the former CET scheme to the current CPD framework has already helped build registrant confidence in reflection and ownership of learning. Transferring formal responsibility for PDP oversight to employers risks slowing this positive culture change and undermining the development of professional self-regulation skills that are central to outcomes-based CPD systems used elsewhere in healthcare.

That said, we do see value in professional development discussions taking place within appraisals, where these exist. As previously mentioned, such discussions are already routine within our organisation and help align individual aspirations with service needs, support workforce planning and identify opportunities for development. However, this should remain encouraged good practice, rather than a mandated

regulatory requirement or a replacement for registrant accountability.
We are additionally concerned that formalising employer oversight of PDPs could introduce unintended conflicts of interest. The consultation recognises the commercial realities and pressures present within optical practice. Expanding employer control over CPD planning, which should be focused on professional competence, patient safety and public confidence, risks introducing or being perceived to introduce commercial influence into learning priorities.
In summary, we support requiring registrants to maintain a PDP and reflect on progress as a core element of an outcomes-focused CPD system. We do not support making alignment with employer appraisals or similar mechanisms a mandatory requirement of the CPD scheme. Any reformed framework must remain inclusive of all registrants, preserve registrant autonomy, avoid introducing structural or commercial bias into professional development planning, and avoid shifting additional regulatory or administrative burden onto employers.

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

Please provide comments.

We agree that registrants should be required to make an annual declaration at registration renewal confirming that they have undertaken sufficient CPD to maintain

and develop their competence and that they have retained appropriate records for review purposes.
We support this proposal because it reinforces the principle of personal accountability, a key theme of the outcomes-focused CPD model described in the consultation. An annual declaration places clear responsibility with individual registrants, as regulated healthcare professionals, to ensure that their learning is relevant to their scope of practice and professional responsibilities. This approach is consistent with the direction of travel outlined in the consultation and with the arrangements adopted by many other healthcare regulators, where declarations are combined with proportionate systems of record review to provide assurance.
We recognise the concern, noted in the consultation, that a small number of registrants may declare compliance without having met CPD expectations. However, we do not believe that this risk justifies maintaining or introducing highly prescriptive CPD requirements that limit professional autonomy for the majority of registrants who engage responsibly with lifelong learning. A system that is based on trust, underpinned by random and targeted record review is a proportionate and effective way to support compliance while avoiding unnecessary regulatory burden.
For the small minority of registrants who may choose to make a dishonest declaration, this would represent a serious breach of the GOC's Standards of Practice, including requirements relating to honesty, integrity and professional accountability. To strengthen the effectiveness of the declaration, we would support the GOC making explicit within the declaration that it must be an accurate reflection of CPD activity, with clear reference to relevant standards and the potential consequences of false or misleading declarations.
From an employer and provider perspective, it is important that the declaration is clearly linked to the core expectations of the CPD scheme. In particular, the declaration should confirm that the registrant has:
• undertaken sufficient and regular CPD relevant to their current and/or future scope of practice;
• met expectations relating to learning with others or interactive learning, where applicable;
• created and maintained a current Personal Development Plan (PDP) or equivalent planning mechanism; and
• retained appropriate CPD records, with a clear understanding that these may be selected for random or risk-based review. Clear framing of these elements would help registrants understand their responsibilities, support consistent record review, and provide reassurance to employers and the public that standards are being maintained.
Provided it is supported by clear guidance, proportionate record review processes and appropriate remediation pathways, we believe an annual declaration is an appropriate, efficient and regulatorily consistent mechanism to support a more flexible, outcomes-focused CPD system. It offers a pragmatic way to reinforce professional accountability, encourage regular engagement with CPD, and maintain public confidence without reverting to volume-based or overly prescriptive regulation.

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 or own records

Please provide comments.

We support an approach that allows registrants to keep their own CPD records, rather than requiring all activity to be recorded exclusively on GOC IT systems. This position is consistent with the move towards a more outcomes-focused CPD framework described in the consultation, which places responsibility for learning, reflection and record-keeping firmly with the individual registrant as a regulated healthcare professional.

We consider it appropriate that registrants should be able to choose how they record their CPD, whether through GOC systems, employer or professional-body platforms, third-party tools or their own records, provided they are able to produce suitable evidence if selected for record review. Many registrants already use established learning management or CPD platforms within their workplaces or through professional organisations, and enabling this flexibility would avoid unnecessary duplication of effort while supporting usability and innovation.

As the consultation highlights, record review will remain a central assurance mechanism within a less prescriptive CPD system. If registrants are selected for review, it will therefore be essential that the GOC provides clear and unambiguous guidance on what information is required to demonstrate compliance with CPD expectations and how evidence should be submitted. From an employer and provider perspective, we would support the use of a secure digital portal or upload process at the point of review, rather than mandating continuous or routine use of a centralised GOC recording system.

We also note the potential cost implications associated with developing, maintaining and updating bespoke GOC IT systems to support ongoing CPD record-keeping. From a value-for-money perspective, and in line with the consultation's objective to remove unnecessary regulatory cost and burden, it may be more proportionate for registrants to retain their own records and submit them only when required. This is particularly relevant given the availability of high-quality learning and record-keeping platforms already in use across the optical sector, many of which are supported or funded by employers.

However, increased flexibility must be supported by robust guidance and support. Registrants will need clear expectations from the GOC on what constitutes adequate record-keeping, including:

- the level of detail required;
- the types of evidence that may be appropriate; and
- how records should demonstrate planning, reflection and outcomes in line with the CPD framework.

We believe there is an important role for employers, CPD providers and sector bodies in supporting registrants with this transition, for example through the provision of templates, exemplars and practical tools to help maintain high-quality records. In summary, we support allowing registrants to keep their own CPD records, with optional use of GOC systems, underpinned by clear guidance and proportionate mechanisms for record submission and review. This approach aligns with the principles of professional accountability, flexibility and value for money set out in the consultation, while maintaining appropriate regulatory assurance and avoiding unnecessary administrative burden for registrants, employers and the regulator.

Q8. Should GOC review a sample of CPD records following annual registration renewal?

Yes

Please provide comments.

We agree that the review of a sample of CPD records following annual registration renewal should form a core part of a more outcomes-focused CPD system.
As set out in the consultation, proportionate record review is a key mechanism for providing assurance in a system that gives registrants greater freedom over the amount, areas and types of learning they undertake. From an employer and provider perspective, record review plays an important role in maintaining public confidence, supporting professional accountability and reinforcing the expectation that CPD is relevant, reflective and aligned to registrants' scopes of practice.
We support a balanced approach that combines random sampling with targeted review, where there are known risks or previous concerns. This approach mirrors the direction taken by other outcomes-based CPD systems and helps to ensure that review remains proportionate, fair and educational rather than punitive. Record review should primarily function as a quality-assurance and learning tool, supporting the vast majority of registrants who are committed to maintaining and developing their competence for the benefit of patients.
To build confidence in the system among registrants and employers, we believe the GOC should be transparent at a high level about its approach to CPD record review. This should include clarity on the purpose of review, the broad basis on which registrants may be selected, and how outcomes will be used to support improvement. While we recognise that some operational detail may need to remain confidential to avoid gaming of the system, transparency is important to support consistency, trust and perceptions of fairness.
It is also essential that registrants clearly understand what is expected of them if selected for review. As the consultation recognises, clarity of guidance will be increasingly important as prescription is reduced. The GOC should therefore provide clear and accessible guidance on:

- the information and evidence required for review;
- acceptable forms of evidence for different types of CPD, including self-directed learning;
- how records should demonstrate relevance to scope of practice, planning through a PDP, reflection and learning outcomes; and
- how records should be submitted for review, particularly if registrants are permitted to keep their own records outside GOC systems.

From an employer perspective, this clarity is essential to enable us to support registrants effectively and ensure consistency across the workforce.
We note that the consultation references that some regulators operate with smaller sample sizes for CPD record review. As the GOC moves towards a more outcomes-focused and intelligence-led approach, we encourage consideration of whether the current scale of review remains proportionate, particularly where the majority of registrants demonstrate satisfactory compliance. Any future changes should be evidence-based and risk-focused.
Finally, we strongly support the active dissemination of learning arising from CPD record reviews. Aggregated findings, examples of good practice and common areas for improvement should be shared with the profession in a clear and accessible way. At present, such learning is not always easy for registrants or employers to locate or use

for reflection. Publishing practical feedback would reinforce the educational purpose of record review and support continuous improvement across the sector.
In summary, we support the review of a sample of CPD records as a necessary and proportionate safeguard within a reformed CPD system, provided it is transparent, clearly communicated, focused on learning and improvement, and supported by accessible feedback to the wider profession.

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

Please provide comments.

We agree that the Registrar should retain the power to remove a registrant from the Register where their CPD records have been assessed as inadequate and they have failed to remediate, subject to a clear and fair right of appeal.
We consider the completion of appropriate and sufficient CPD to be a fundamental requirement of remaining on the Register as a competent eye care professional capable of delivering safe patient care. As such, removal from the Register is a necessary regulatory safeguard of last resort where a registrant has persistently failed to meet CPD expectations, as outlined in the consultation's discussion of non-compliance and public protection.
However, consistent with national and international regulatory practice, we strongly support an approach that is supportive, proportionate and improvement-focused. As the consultation makes clear, CPD record review is intended to be educational rather than punitive, and removal should occur only after registrants have been provided with:
- clear feedback on identified deficiencies;
- accessible and unambiguous guidance on what remediation is required;
- reasonable timeframes to address concerns; and
- appropriate consideration of individual circumstances, supported by a robust exceptional-circumstances policy.

We therefore support a framework in which removal from the Register occurs only following failure to remediate, rather than automatically as a consequence of an initial adverse review outcome. This approach reinforces the developmental purpose of CPD, encourages engagement with the remediation process, and maintains a clear and fair escalation pathway for non-compliance, while still protecting the public where standards are not met.
We also agree with the consultation's implicit distinction between inadequate CPD engagement and dishonest or fraudulent behaviour. Where falsification or deliberate misrepresentation of CPD activity is identified, this should continue to be addressed through the GOC's existing misconduct or fitness-to-practise processes rather than treated solely as a CPD issue.
From an employer perspective, we are also supportive of separate amendments to the registration framework that would allow registrants to request voluntary removal from the Register outside the annual renewal process, provided they are not subject to fitness-to-practise proceedings. This would align the GOC more closely with other professional regulators and avoid unnecessary regulatory burden, workforce disruption and last-minute service impacts on employers and patients.

In summary, we support the Registrar retaining the power to remove registrants from the Register for persistent CPD non-compliance following failed remediation, subject to appeal. This power should sit within a framework that is transparent, proportionate and clearly focused on learning and improvement, while maintaining appropriate regulatory consequences where standards are not met. This approach balances professional accountability, public protection and fairness, and supports confidence in a more outcomes-focused CPD system.

Q10. Should we change the competencies (the four domains) which CPD events must relate to?

Yes

Please provide comments.

We support the principle of reviewing and, where appropriate, amending the current CPD competencies (the four learning domains), provided that any changes retain clear alignment with the GOC Standards of Practice and support the transition to a more flexible, outcomes-focused CPD system, as described in the consultation.
The consultation sets out a clear rationale for reducing prescription where it does not add regulatory value and for enabling registrants to undertake CPD that is relevant to their individual scope of practice and career pathway. While no specific alternative domain model is proposed, we support greater flexibility within the constraints of the CPD Rules 2021, allowing registrants to justify learning that is relevant to their current and/or future roles. This flexibility is particularly important given the wide range of clinical, leadership, educational, research and industry roles undertaken by GOC registrants.
However, from an employer and provider perspective, we believe it is essential that any revised domain structure continues to ensure CPD addresses not only clinical competence, but also communication, professional behaviours, leadership and accountability. The consultation emphasises that CPD is a key regulatory lever for addressing not only technical skills, but also wider professional conduct, behaviour and decision-making. Without appropriate structure, there is a risk that CPD activity becomes overly concentrated within clinical practice, with learning relating to professionalism, communication and leadership deprioritised.
This risk is particularly significant given the consultation's acknowledgement that fitness-to-practise concerns frequently arise from issues relating to conduct and professional behaviour, not solely from clinical competence. The CPD framework should therefore continue to reinforce learning and reflection in these areas to support safe practice, professional accountability and public confidence.
If the GOC wishes to revise the current domains to improve clarity and coherence, we would support an approach that simplifies the structure while maintaining balanced coverage of the Standards of Practice. For example, a revised domain model might group learning into fewer, broader categories, such as:

1. Clinical Practice and Patient Care
2. Communication and Professional Behaviour
3. Leadership, Governance and Accountability

Such a model could reduce artificial distinctions found in the current four-domain structure, while still ensuring that CPD reflects the full breadth of professional expectations placed on registrants. However, we note that increasing granularity also

risks reintroducing complexity for registrants whose roles span multiple areas, and any revised structure should therefore remain proportionate and intuitive.
In summary, we support revisiting the CPD competencies where this improves clarity, flexibility and alignment with an outcomes-focused approach. However, we believe any revised domain structure must remain firmly grounded in the GOC Standards of Practice and designed to ensure balanced engagement with clinical skills, communication, professionalism and leadership. This balance is essential to maintaining public protection while supporting diverse career pathways and meaningful professional development.

Q11. Should we adjust the points allocated to different activities to make it easier to reach the total points required under the CPD rules 2021?

Yes

Please provide comments.

We support adjusting the allocation of CPD points within the existing CPD Rules 2021 as a pragmatic short-term measure, pending the implementation of wider reforms that would require legislative change. Given the consultation's clear analysis of the limitations of a points-based system, rebalancing points to reduce the overall volume of discrete activities required represents a proportionate way to ease the compliance burden in the interim, while continuing to maintain standards.
The consultation recognises that the current points system can incentivise compliance-driven behaviour, encouraging registrants to prioritise ease and point value over relevance and learning impact. From our experience as both employer and CPD provider, the current guidance on point allocation for different CPD formats can unintentionally reinforce this behaviour. For example, a one-hour lecture worth a single point – despite being highly relevant to a registrant's scope of practice or Personal Development Plan (PDP) – may be perceived as less attractive than an alternative activity of similar duration awarded a higher number of points but with marginal relevance to the individual's learning needs. This dynamic risks undermining the intended purpose of CPD and weakens alignment with outcomes-focused learning, a concern also highlighted in the consultation.
We therefore support rebalancing points to reduce unnecessary volume and distortion, provided this is done in a way that maintains parity between different forms of high-quality CPD and avoids creating new incentives that simply shift registrant behaviour towards another form of point-maximisation.
We also recognise the important and expanding role of self-directed learning within the current framework, including learning undertaken as part of post-registration qualifications that are not delivered by GOC-approved providers. We would support greater flexibility within the existing Rules to allow self-directed learning – beyond registrant-led peer review alone – to attract a higher points weighting where it demonstrably involves meaningful engagement with others or sustained learning activity. This would help address the current imbalance whereby time-intensive and high-value learning can be undervalued within the points system.
However, any such change must be accompanied by clear and unambiguous guidance from the GOC to build registrant confidence in using self-directed routes appropriately. Registrants need clarity on what constitutes acceptable self-directed CPD, how interactivity or engagement with others is evidenced, and how such learning should be

recorded to meet review expectations.
From an employer and provider perspective, we strongly support registrants using their PDPs to plan and undertake post-registration qualifications and other structured development activities that enable enhanced clinical skills, role extension and service innovation. These forms of learning are central to modern eyecare practice and to wider ambitions to deliver more eye health services in community settings. We therefore support the continued recognition of such learning within the CPD system, whether as provider-led or self-directed CPD, and believe this principle should be retained in any future redevelopment of the scheme.
In summary, we support adjusting point allocations in the short term to reduce unnecessary volume and mitigate perverse incentives, provided changes are clearly guided, favour meaningful interactive learning, and maintain coherence across CPD formats. Such an approach would deliver immediate benefit within the constraints of the CPD Rules 2021, while remaining aligned with the longer-term transition towards a more outcomes-focused CPD system.

Q12. Should we remove the limit on the minimum number of CPD points that must be obtained from provider-led activity?

Yes

Please provide comments.

We support the removal of the minimum requirement for CPD points to be obtained from provider-led activity as a short-term reform within the existing CPD Rules 2021. This proposal aligns with the direction of travel set out in the consultation, which seeks to reduce unnecessary prescription, support greater professional autonomy, and prepare the sector for a more outcomes-focused CPD system. Removing the minimum provider-led requirement would represent a proportionate transitional step, allowing greater flexibility while legislative reform is not yet possible.
From both our perspective, removing this requirement reinforces the principle that individual registrants are responsible for identifying, undertaking and evidencing CPD that is relevant to their scope of practice, current role and professional development needs. Under the current framework, the requirement to accrue a minimum number of provider-led points can unintentionally constrain choice and encourage format-driven decision-making, rather than learning that is genuinely aligned with a registrant's PDP. We believe removal of this limit would enable registrants to take greater ownership of their professional development planning, make more informed choices about the most appropriate learning activities, and pursue a wider range of development opportunities – including scope of practice expansion – without being constrained by how learning is delivered. This is particularly relevant for registrants undertaking substantial post-registration qualifications, workplace-based learning or other structured development that may not always be delivered through traditional provider-led formats.
We see particular value in implementing this change as a transitional measure. As the consultation recognises, moving away from prescriptive requirements is as much a cultural change as a regulatory one. Removing the minimum provider-led requirement now would allow registrants to build confidence and capability in autonomous learning, reflection and record-keeping over the coming CPD cycles, better preparing the profession for the potential removal of points-based requirements altogether in the longer term.
However, we recognise that increased flexibility must be supported by clear guidance

and appropriate sector support. Many registrants will require help to identify meaningful CPD activities, evaluate their relevance, reflect effectively on outcomes, and maintain appropriate records that demonstrate sufficient CPD. We believe professional bodies, employers and CPD providers are well placed to play a complementary role in supporting this transition through guidance, exemplars, learning resources and practical tools.
In summary, we support removing the minimum requirement for provider-led CPD points as a constructive and proportionate interim step within the current Rules. Implemented alongside clear expectations, robust guidance and sector-wide support, this change would strengthen professional autonomy, encourage more meaningful engagement with CPD, and support the GOC's longer-term ambition for a flexible, outcomes-focused CPD framework.

Q13. Should we remove the need for a reflection statement to be provided for each self-directed CPD activity?

Yes

Please provide comments.

We support the GOC's objective of increasing flexibility within the CPD scheme and encouraging greater uptake of self-directed learning, as part of the broader move toward an outcomes-focused framework described in the consultation.
We recognise that the current requirement for a separate reflection statement for every self-directed CPD activity may act as a practical deterrent for some registrants, particularly when compared with provider-led CPD where learning outcomes, domains and point allocations are predetermined. In that context, reviewing how reflection is required and evidenced for self-directed CPD is consistent with the GOC's intention to remove unnecessary barriers and support more meaningful engagement with learning.
However, we have significant reservations about removing reflective practice altogether from self-directed CPD. As the consultation acknowledges, reflection is a central component of effective lifelong learning and a key mechanism through which registrants demonstrate insight into what they have learned, how it applies to their practice, and what further development may be required. From an employer perspective, removing reflection at the level of individual learning activities risks weakening this essential professional skill and moving away from best practice across healthcare CPD systems.
We do not consider there to be sufficient evidence that reflection itself is the primary barrier to uptake of self-directed CPD. Rather, our experience suggests that lower engagement is more likely driven by lack of confidence and clarity: uncertainty about what constitutes acceptable self-directed learning, what level of reflection is expected, and how such activity will be judged at record review. This uncertainty is compounded by the wide availability of provider-led CPD, which is familiar, structured and perceived as lower risk from a compliance perspective.

Rather than removing reflection entirely, we believe the GOC should focus on redesigning how reflection on self-directed learning is captured and evidenced, in line with the outcomes-focused intent of the reformed system. A more proportionate and flexible approach could include:

- allowing consolidated or thematic reflection across multiple related learning activities;
- capturing reflection within a PDP or periodic learning review, rather than requiring a

standalone statement for each activity; and
• using reflective prompts aligned to record-review criteria, rather than mandating a uniform reflective statement for every instance of learning.
Such approaches would retain the educational value of reflection while reducing administrative burden, supporting professional judgement and improving registrant confidence.
From an employer perspective, continued reflection is critical to ensuring that self-directed learning is meaningfully integrated into practice, that gaps or barriers are identified, and that PDPs remain dynamic and responsive to learning outcomes. Reflection should therefore remain a core expectation of the CPD scheme, clearly embedded within guidance and assessment criteria, even if the current per-activity requirement is amended.
In summary, while we support simplifying and modernising the way reflection is required for self-directed CPD, we do not support removing reflection as a requirement. Instead, the GOC should provide clearer guidance, practical examples and more flexible mechanisms for evidencing reflection, ensuring reflective practice remains central to CPD while better supporting registrant confidence and engagement with self-directed learning.

Q14. How can we best leverage the role of businesses within the CPD system to support a less prescriptive system for individual registrants?

As an optical employer, we recognise and support the important role that businesses already play in enabling learning and development, and we agree that this contribution can continue to support a less prescriptive CPD system for individual registrants. However, we have concerns about the consultation's framing of this role in terms of "leveraging" businesses, which may imply the introduction of additional regulatory obligations. We believe strongly that any reduction in prescription for individual registrants must not be achieved by shifting greater administrative, compliance or oversight responsibilities onto employers.
As set out in the consultation, optical businesses are already highly motivated to invest in the competence and development of their workforce, as this directly underpins safe patient care, service quality, workforce retention and business sustainability. In practice, employers already support CPD by enabling access to learning opportunities, providing protected time where possible, supporting reflection through supervision and appraisal discussions, and ensuring registrants practise in accordance with the GOC's Standards of Practice. These existing responsibilities are appropriately captured within the current Standards for Optical Businesses, which were updated relatively recently. The consultation does not present a clear evidence-based case for imposing substantive additional requirements on businesses at this stage, particularly against the wider policy context of reducing unnecessary regulatory burden.
We are concerned that expanding the formal regulatory role of businesses within the CPD system could increase cost, complexity and prescription for employers without a clearly articulated public protection benefit. As acknowledged in the consultation, only around half of optical businesses are currently regulated by the GOC, there is a substantial locum workforce, and many registrants have portfolio careers or work outside traditional optical businesses altogether. These are fundamental structural realities that limit the GOC's ability to apply employer-based CPD oversight consistently and equitably across the register. Introducing additional business-led CPD responsibilities in this context risks creating an uneven system and undermining confidence in regulatory fairness and consistency.

We also note the consultation's assertion that, when viewed as a package, the proposals may reduce overall compliance costs for businesses. However this position is not supported by detailed modelling or analysis. From an employer perspective, we do not support implementing changes that may increase the burden on businesses without further consultation, a robust impact assessment and a level regulatory playing field – particularly in advance of any future extension of business regulation through legislative reform.
We believe the most effective way to involve businesses is through collaboration rather than additional regulation. This includes:
• clear and consistent communication from the GOC to employers about CPD expectations, principles and good practice;
• recognition of the significant role businesses already play in enabling CPD through time, resources and access to learning;
• encouraging – but not mandating – professional development discussions within appraisal or supervision processes where these exist; and
• working in partnership with employers, professional bodies and CPD providers to share guidance, exemplars and learning arising from CPD record review.
In summary, businesses can best support a less prescriptive CPD system by continuing to enable, encourage and invest in learning and development within an outcomes-focused framework. This should be supported by clear GOC guidance and partnership working, rather than by introducing new or more prescriptive regulatory obligations on employers. Such an approach is more likely to be proportionate, inclusive and effective in supporting both professional development and public confidence.

Q15. Should business registrants have specific responsibility to ensure individual registrants have an up-to-date personal development plan?

No

Please provide comments.

We do not believe that business registrants should be given a specific, formal responsibility within the CPD scheme to ensure that individual registrants have an up-to-date Personal Development Plan (PDP).
We consider that the existing GOC Standards for Optical Businesses are already sufficient and appropriate in this regard. As set out in the consultation, these standards already require businesses to support the learning and development of their staff, to have systems for monitoring staff objectives and training needs, and to support GOC registrants in meeting regulatory requirements. In practice, our registrant employees already meet these expectations through established arrangements such as appraisal processes, professional development discussions, access to learning opportunities and appropriate managerial support. The consultation does not present a clear evidence-based rationale for imposing additional prescriptive obligations on businesses, particularly in the context of the GOC's stated objective of reducing unnecessary regulatory burden.
Fundamentally, the ethos of the CPD reforms outlined in the consultation is to promote greater flexibility and autonomy for individual registrants. Optometrists and dispensing opticians are autonomous, accountable healthcare professionals, and responsibility for identifying learning needs, maintaining a PDP and meeting CPD requirements should sit firmly with the individual registrant. The CPD framework must continue to allow

registrants to go beyond any PDP agreed with an employer, recognising that some learning will support future career aspirations or roles outside their current employment. Transferring formal responsibility for PDP ownership to businesses risks undermining this professional accountability.
While we strongly support professional development planning being encouraged and discussed within appraisal or supervision processes where these exist, we do not consider it appropriate for business registrants to be held regulatorily responsible for ensuring PDP completion. Making this a mandatory business obligation risks blurring the distinction between employer workforce development and professional self-regulation, and could inadvertently weaken registrant ownership of CPD.
There are also important practical and equity considerations, highlighted by the consultation. Not all optical businesses are currently registered with the GOC, and a significant proportion of registrants work as locums, are business owners themselves, or have portfolio careers or roles outside traditional practice settings. Introducing a requirement that assumes employer oversight of PDPs would therefore be inherently inconsistent and inequitable across the register.
In summary, we believe the most effective and proportionate approach is for the GOC to:
• retain clear responsibility for PDP ownership with individual registrants;
• continue to expect businesses to support, but not oversee or guarantee, professional development through the existing Standards for Optical Businesses; and
• encourage good practice through guidance, communication and partnership, rather than introducing additional prescriptive regulatory duties for business registrants.
This approach best supports an outcomes-focused CPD system that preserves professional autonomy, avoids unnecessary burden on businesses, and remains inclusive of all registrants regardless of employment model.

Q16. How can the standards for optical businesses be strengthened to help achieve this outcome?

We do not believe the Standards for Optical Businesses need to be strengthened in order to achieve this outcome. The existing standards already appropriately require businesses to support the learning and development of their staff, including having systems to monitor training needs and support compliance with GOC standards. Introducing additional or more prescriptive requirements would risk increasing regulatory burden on businesses without clear evidence of public protection benefit and would be inconsistent with the GOC's stated objective of moving towards a less prescriptive, outcomes-focused CPD system. It could also undermine the principle that responsibility for CPD planning and maintenance of a personal development plan sits with the individual registrant as an autonomous, accountable healthcare professional.

We therefore consider that no further changes to the Standards for Optical Businesses are necessary, and that effective support for CPD is best achieved through guidance, communication and partnership working rather than additional regulatory prescription.

Q17. How should patient feedback be incorporated within the CPD system?

We agree that patient (or service-user) feedback can play a valuable role within a more outcomes-focused CPD system, particularly in supporting registrants to reflect on and improve elements of practice such as communication, professionalism and the patient experience.
Within our organisations, patient feedback is already routinely collected and used to

inform service improvement, policy development and workplace training. Where appropriate, this feedback can also be a meaningful source of learning for individual registrants. In the context of a more flexible CPD framework, gathering and reflecting on patient feedback has the potential to represent a legitimate and valuable form of CPD activity, particularly where it results in clear learning outcomes or demonstrable changes to practice.

We therefore support the incorporation of patient feedback into the CPD system as an optional form of self-directed CPD, where registrants are encouraged to reflect on feedback received, identify learning needs or areas for improvement, and consider actions taken or changes made. This reflective process could be recorded either as a discrete CPD activity or as a consolidated reflection on feedback received over a defined period, consistent with the outcomes-focused approach described in the consultation.

We welcome the GOC's indication that it does not intend to be prescriptive in this area and instead proposes to use guidance to encourage engagement with patient feedback as one of a number of tools to support continuous improvement. However, from an employer and provider perspective, we believe such guidance should be directed not only at businesses, but also clearly at individual registrants, recognising their personal responsibility for identifying learning opportunities that are relevant to their practice. As the consultation notes, other regulators already encourage registrants to seek and reflect on patient feedback themselves, and this approach aligns well with the principle of professional accountability.

It is also important to recognise, as in the consultation, that patient feedback will not be relevant, appropriate or accessible for all registrants. Not all GOC registrants work in patient-facing roles, and even among those who do, registrants such as locums may have limited opportunity to gather meaningful feedback. For registrants working in academia, education, manufacturing, research or other non-clinical roles, patient feedback may not be relevant at all. For these reasons, while patient feedback should be encouraged where appropriate, we do not support making it a mandatory component of the CPD scheme.

In summary, we believe patient feedback should be incorporated into the CPD system as an encouraged, optional and outcomes-focused learning tool, supported by clear guidance for both registrants and businesses. Used in this way, patient feedback can enhance reflection, support professional development and contribute to service improvement, without introducing inequity, undue burden or unnecessary prescription within the CPD framework.

Q18. Should we seek to end CPD provider approval?

No

Please provide comments.

As an optical employer and GOC-approved CPD provider, we recognise the GOC's rationale for considering an end to CPD provider approval, as set out in the consultation. We acknowledge that this proposal could align the GOC with aspects of modern, outcomes-based regulatory practice and may, in principle, support greater emphasis on self-directed learning, professional development planning and registrant autonomy.

However, we believe that the risks and potential unintended consequences of ending CPD provider approval are significant and require careful consideration before such a change is implemented.

The current CPD provider approval framework offers an important baseline level of quality assurance for registrants, employers and the public. Approved provider status gives confidence that CPD provision meets defined standards relating to educational quality, relevance to professional practice, appropriate learning design, balance and management of commercial influence. As employers, we see clear value in a system that provides upfront assurance and reduces the burden on individual registrants to judge the quality and independence of CPD provision without support.
We are particularly concerned that removing provider approval may make it more difficult for registrants to distinguish between high-quality educational content and material that is promotional, narrowly focused or misaligned with the GOC Standards of Practice. This risk is heightened in an optical sector where a significant proportion of CPD is delivered by commercial organisations, including manufacturers, and where registrants may already experience commercial pressures within retail environments. Without an approval framework, registrants – particularly those earlier in their careers or less confident in self-directed CPD planning – may struggle to consistently identify learning that meets regulatory expectations.
Ending provider approval would also shift a substantial proportion of regulatory risk downstream, placing greater reliance on individual registrant judgement at the point of learning selection and on the GOC at the point of CPD record review. Without robust alternative safeguards, this could lead to increased inconsistency in CPD quality, greater uncertainty for registrants about what will be accepted at review, and a potential rise in disputes, remediation or enforcement activity.
We therefore consider that any move to end CPD provider approval would need to be accompanied by clear, unambiguous and robust guidance from the GOC specifying what constitutes acceptable CPD in an unapproved environment. This guidance would need to address expected educational quality, relevance, evidence-base, balance and management of commercial bias, to avoid registrants inadvertently including inappropriate learning within their CPD portfolios.
While we accept that an outcomes-focused CPD model can reduce reliance on prescriptive controls, this does not remove the regulator's responsibility to ensure public protection. The current provider approval system plays an important preventive role by setting quality expectations upstream. Removing it without well-developed replacement mechanisms risks weakening confidence in the CPD system during a period of significant change.
In summary, while we understand the strategic rationale for reviewing CPD provider approval, we believe that ending it at this stage carries material risks to consistency, educational quality and public assurance. Any decision to do so should be phased carefully, supported by strong transitional arrangements, comprehensive guidance for registrants, and clear consideration of how the loss of an established quality-assurance mechanism will be mitigated within a reformed CPD framework.

Q19. Should we reduce the number of CPD events requiring approval before CPD providers can convert from provisionally approved to fully approved status?

No

Please provide comments.

As an employer, we have some concerns about proposals to reduce the number of CPD events requiring approval before a provisional CPD provider can progress to

fullyapproved status.
While we recognise and broadly support the GOC's stated long-term direction towards an outcomes-focused CPD model with greater emphasis on registrant autonomy and self-directed learning, the evidence presented in the consultation indicates that quality assurance at the provisional provider stage remains necessary and relevant at this point in the system's evolution.
Reducing the number of events required for progression risks weakening an important quality-control gateway before alternative safeguards are fully established.
The current requirement for provisional providers to demonstrate capability across multiple approved events serves an important purpose. It allows the GOC to assess whether a provider can consistently meet expectations relating to educational quality, learning design, relevance to scope of practice, balance and the appropriate management of commercial influence. Reducing the number of required approved events would reduce the opportunity to test this consistency and increases the risk that providers achieve full approval status before they have demonstrated reliability across a sufficient range of activity.
We are also mindful of the consultation's acknowledgement that there is presently a disconnect between the GOC's expectations of acceptable CPD provision and some of the material being submitted by provisional providers. In our view, this points to underlying issues around clarity of expectations, guidance and feedback within the existing framework, rather than an approval threshold that is overly onerous.
Addressing these structural issues – through clearer standards, more detailed guidance and constructive feedback for provisional providers – would be a more effective response than simply lowering the threshold for progression to full approval.
Without resolving these underlying concerns, reducing the number of approved events required may inadvertently increase the volume of poor-quality, inconsistent or insufficiently robust CPD entering the system. This would again shift the burden of quality judgement downstream, onto individual registrants and employers at the point of learning selection, and onto the GOC at the CPD record review stage. Such an outcome risks greater inconsistency in review outcomes, increased remediation activity, and reduced confidence in the CPD framework overall.
As employers, we rely on the current approval framework as one indicator – though not the only one – of baseline educational quality. Any weakening of that assurance, without equivalent alternative safeguards in place, is likely to increase uncertainty for registrants and employers alike, particularly for those less confident in assessing CPD quality independently.
In summary, we believe it would be premature to reduce the number of CPD events required for provisional providers to achieve full approval without first:
• addressing the reasons for high rejection rates and misalignment with GOC expectations;
• strengthening the clarity, guidance and feedback provided to provisional providers; and
• ensuring that alternative mechanisms for assuring educational quality are robust and well understood.
Maintaining an appropriately robust approval threshold remains important to protect CPD quality, support registrant confidence and uphold public assurance while the CPD system continues its transition towards a more outcomes-focused model.

Q20. Should we phase out CPD provider audits over the 2028-30 cycle?

No

Please provide comments.

As an employer, we have some concerns about the proposal to phase out CPD provider audits over the 2028–30 cycle, particularly in the absence of clearer evidence, greater transparency and well-defined alternative safeguards to maintain CPD quality and public confidence.

We believe the evidence set out in the consultation suggests that provider audits continue to play an important quality-assurance role at this stage of the system's development. Removing audits prematurely risks weakening assurance at a time when other elements of the CPD framework are also being liberalised.

As approved CPD providers, we are concerned that the consultation and supporting evaluation material do not provide sufficient detail on the nature, prevalence or severity of issues identified through provider audits. Without transparency about common shortcomings, risks or areas for improvement, it is difficult for providers to learn from audit outcomes, strengthen governance and educational design proactively, or understand how regulatory expectations are being applied in practice. This lack of shared learning significantly reduces the wider value of audits and weakens the case for their removal without robust replacement mechanisms.

We also note that, even if provider approval and audit are phased out in future, many existing providers will continue to deliver post-registration education to GOC registrants beyond 2030. Under the proposed reforms, this learning would increasingly contribute to self-directed CPD portfolios. In this context, phasing out provider audits risks creating a gap in upstream quality assurance at precisely the point when registrants are expected to exercise greater judgement and autonomy in selecting CPD. From an employer perspective, this increases the likelihood that poor-quality, inconsistent or overly commercialised education may enter the system.

We therefore question whether phasing out provider audits at this stage is premature. Rather than removing audits entirely, a more proportionate and constructive approach would be to retain a streamlined or transitional audit function during the move towards a fully outcomes-based system, while significantly improving transparency and sector engagement. This could include publishing anonymised, aggregated audit findings that highlight common areas for improvement, examples of good practice, and clear expectations around educational quality, governance and independence. Such an approach would support continuous improvement across the CPD provider market and better prepare both providers and registrants for longer-term reforms.

As employers, we also recognise that confidence in CPD quality underpins workforce development, investment in training and public trust. Although audits are resource-intensive, they provide a level of assurance that reduces reliance solely on individual registrant judgement or retrospective regulatory intervention through CPD record review.

In summary, while we acknowledge the GOC's long-term ambition to reduce provider regulation, we do not support the wholesale phasing out of CPD provider audits at this stage without:

- clearer evidence that audits no longer add regulatory or educational value;
- substantially greater transparency about audit findings and learning for the sector; and
- assurance that equivalent quality safeguards will be fully established within a reformed CPD system.

Retaining provider audits – at least in a reduced or transitional form – would help safeguard educational quality, support market improvement and maintain confidence

as the CPD system continues to evolve.

Q21. Should we withdraw GOC's standards for CPD providers?

No

Please provide comments.

As an employer, we have significant concerns about the proposal to withdraw the GOC's Standards for CPD Providers while an approved CPD provider framework remains in place.
The consultation makes clear that the GOC continues to identify issues relating to the quality, governance and appropriateness of CPD provision from some organisations. In that context, removing the Standards for CPD Providers risks weakening an established quality-assurance framework at a point when the regulator itself acknowledges variability in CPD provision. The current standards set clear expectations around educational quality, relevance to professional practice, balance of content, governance arrangements and the management of commercial influence. They therefore provide an important and transparent reference point not only for providers, but also for registrants and employers when assessing the credibility and suitability of CPD.
Withdrawing these standards without simultaneously ending approved CPD provider status would, in our view, create a regulatory gap. It would reduce clarity about what is expected of providers who retain approved status and increase the risk of inconsistent, poor-quality or inadequately governed CPD entering the system. From an employer perspective, this would undermine confidence in the CPD market and place greater responsibility on registrants and businesses to judge the appropriateness, balance and integrity of CPD content without sufficient regulatory benchmarks to support those decisions.
While we recognise the GOC's longer-term ambition to move away from CPD provider regulation altogether as part of a more outcomes-focused CPD system, we believe that any withdrawal of provider standards must be explicitly aligned with that wider structural reform. Removing standards in isolation, without the concurrent removal of provider approval and audit or the introduction of clearly defined alternative safeguards, risks destabilising the current CPD system during a period of significant transition.
If provider standards are withdrawn at this stage, it also becomes even more critical that registrants are supported by clear, unambiguous and robust guidance on what the GOC considers acceptable CPD in terms of quality, relevance, evidence base and management of commercial influence. Without such guidance, there is a real risk that registrants may inadvertently include learning within their CPD portfolios that does not meet regulatory expectations, leading to greater inconsistency at record-review stage and increased remediation or enforcement activity.
In summary, we do not support withdrawing the GOC's Standards for CPD Providers while an approved CPD provider framework continues to operate. Retaining these standards remains important to maintaining clarity, consistency and confidence across the sector. Any future decision to remove them should form part of a clearly defined, fully resourced and well-communicated transition to a different CPD regulatory model, with equivalent mechanisms in place to safeguard educational quality and public trust.

Q22. When should we aim to introduce changes requiring amendment to the CPD rules 2021?

January 2031

Please provide comments.

Given the acknowledged uncertainty and lack of direct control around the availability of parliamentary time, and the need for sufficient lead-in to design, test, and communicate any substantive new system, it is realistic to assume that reforms requiring legislative change cannot be implemented until after the 2028–30 CPD cycle. In the interim, we support the GOC's proposed short-term approach of maximising flexibility within the current rules to:
1. Adjust allocation of points for different activities to reduce the overall volume of CPD activities needed to achieve the required points total.
2. Review the competencies (domains) which CPD events must relate to.
3. Use the points system to better incentivise the pursuit of post-registration qualifications.
4. Remove requirements that may hold back use of self-directed CPD including no longer requiring a minimum amount of provider-led CPD and the ending the need to write a reflective statement for each self-directed CPD event.
However, any such changes in the short term (introduced at the start of the 2028-2030 cycle) must be accompanied by comprehensive guidance for providers, registrants and employers.

Q23. Will the proposed changes have effects, whether positive or negative, on:

(a) opportunities for persons to use the Welsh language?

Not Sure

(b) treating the Welsh language no less favourably than the English language?

Not Sure

If yes, please explain your reasoning.

(No answer)

Q24. Could the proposed changes be revised so that they would have positive effects, or increased positive effects, on:

(a) opportunities for persons to use the Welsh language?

Not Sure

(b) treating the Welsh language no less favourably than the English language?

Not Sure

If yes, please explain your reasoning.

(No answer)

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?

Not Sure

(b) treating the Welsh language no less favourably than the English language?

Not Sure

If yes, please explain your reasoning.

(No answer)

Q26. Are there any aspects of our proposals that could discriminate against stakeholders with specific characteristics?

a) Yes

If yes, please explain your reasoning.

Potentially, if certain proposals are implemented without adequate safeguards, clarity and support.
In particular, proposals that seek to strengthen the role of businesses – for example through appraisals, monitoring or PDP oversight – risk creating inequity for registrants who are locums, sole practitioners, business owners, or portfolio workers, or those whose employers are not GOC-registered. These groups may not have access to consistent workplace systems or support, potentially leading to uneven application of requirements and perceptions of unfairness.
The proposed removal of familiar mechanisms, such as points and provider approval, may also disproportionately affect registrants who rely on structured frameworks for reassurance or clarity, including newly qualified registrants, internationally trained professionals, or those from under-represented backgrounds, unless accompanied by clear guidance and exemplars. There is also a risk that increased emphasis on self-reflection and narrative evidence could disadvantage registrants for whom written reflection is more challenging due to neurodiversity – including people with autism, ADHD, dyslexia and other developmental or cognitive conditions, those with language barriers or otherwise disadvantaged educational backgrounds, unless alternative formats or supports are made explicit.
In summary, while the proposals aim to increase flexibility and proportionality, they could unintentionally disadvantage certain groups if implemented without clear guidance, inclusive design, proportionate assurance mechanisms and appropriate transitional support.

Q27. Are there any aspects of our proposals that could have a positive impact on stakeholders with specific characteristics?

a) Yes

If yes, please explain your reasoning.

Several aspects of the GOC's proposals have the potential to deliver positive impacts for registrants with protected or specific characteristics, particularly where they reduce prescription, increase flexibility and support a more individualised approach to professional development.

The proposed move towards a more flexible, outcomes-focused CPD framework, including the removal or relaxation of rigid points requirements, has the potential to benefit registrants with caring responsibilities, those on parental leave, and individuals managing long-term health conditions or disabilities. A system that emphasises "sufficient CPD" rather than fixed quantities enables registrants to engage with learning in a way that better accommodates variable working patterns, fluctuating capacity, or periods of absence, without compromising standards.

Similarly, reduced reliance on provider-led CPD and greater recognition of self-directed and workplace-based learning may positively impact registrants working part-time, those returning to practice after extended breaks, and older registrants who may prefer more tailored or reflective learning approaches. Flexibility in how, when and where CPD is undertaken can reduce barriers linked to travel, cost, or accessibility.

The proposals also have the potential to support registrants from under-represented ethnic or socioeconomic backgrounds, for whom traditional CPD models – often involving travel, time away from work, and upfront costs – can present disproportionate barriers. Greater acceptance of self-directed learning, reflective practice, and employer-supported CPD may improve equity of access to professional development opportunities across the register.

For registrants with portfolio careers, including those working in academia, industry, research or leadership roles, the proposed shift away from prescriptive learning domains and formats may increase inclusivity and relevance. This approach supports registrants whose professional contribution does not sit wholly within a traditional clinical model, reducing the risk that CPD requirements unintentionally disadvantage those working in non-standard roles.

More generally, increased emphasis on professional judgement, reflective practice and personal development planning may benefit registrants whose learning styles or cultural backgrounds align less well with formalised, classroom-based education. Supporting multiple pathways to competence encourages diversity in learning approaches and recognises different strengths and experiences.

However, the extent to which these positive impacts are realised will depend on clear guidance, proportionate assurance mechanisms and appropriate support, particularly for registrants who may require additional confidence or structure when navigating a less prescriptive system.

In summary, the proposals – if implemented carefully – have significant potential to enhance equity, accessibility and inclusivity across the CPD framework, benefiting registrants with a wide range of protected and personal characteristics while maintaining public protection and professional standards.

Can we publish your response?

Yes, but please keep my name and/or my organisation's name private

RESPONDENT 149

Are you responding on behalf of an organisation?

Yes

What is the name of the organisation you are responding on behalf of?

Which category best describes the organisation you are responding on behalf of?

GOC business registrant

Q1. Do you agree with our objectives for the review?

Yes

Please provide comments.

Current system has created tick box approach to learning, need to provide more flexibility on one hand so individuals can personalise their CPD depending on need but at same time there needs to be a reminder if a registrant hasn't done certain competency for long time Eg. Paediatric eye care

Q2. Do you agree that we should move away from a points system?

Not sure

Please provide comments.

Unsure, no points is more flexible but need to ensure registrants are periodically doing main competencies

Q3. Do you agree that we should issue guidance on the amount, areas and types of learning rather than set specific requirements?

Yes

Please provide comments.

I think that is the right approach for a healthcare professional

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

Please provide comments.

Both useful as long as hours are for guidance only

Q5. Should registrants be required to make a personal development plan and reflect on progress as part of appraisals and similar mechanisms?

Yes

Please provide comments.

While this isn't a natural process for most, it really is the only way you can honestly evaluate yourself

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

Please provide comments.

(No answer)

Q7. Should registrants be required to maintain records of CPD activity on GOC IT systems or be able to keep their own records?

GOC systems

Please provide comments.

(No answer)

Q8. Should GOC review a sample of CPD records following annual registration renewal?

Not sure

Please provide comments.

(No answer)

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?

Not sure

Please provide comments.

There needs to be fair process that doesn't include immediate removal as first option. Enquiry needs to be made regarding circumstances and check history then giving registrant opportunity to rectify within time period. Last option is removal

Q10. Should we change the competencies (the four domains) which CPD events must relate to?

Not sure

Please provide comments.

(No answer)

Q11. Should we adjust the points allocated to different activities to make it easier to reach the total points required under the CPD rules 2021?

Yes

Please provide comments.

(No answer)

Q12. Should we remove the limit on the minimum number of CPD points that must be obtained from provider-led activity?

Yes

Please provide comments.

(No answer)

Q13. Should we remove the need for a reflection statement to be provided for each self-directed CPD activity?

Yes

Please provide comments.

(No answer)

Q14. How can we best leverage the role of businesses within the CPD system to support a less prescriptive system for individual registrants?

(No answer)

Q15. Should business registrants have specific responsibility to ensure individual registrants have an up-to-date personal development plan?

Yes

Please provide comments.

At the end of the day, responsibility is registrants but business should ensure plan in place

Q16. How can the standards for optical businesses be strengthened to help achieve this outcome?

Issue guidance

Q17. How should patient feedback be incorporated within the CPD system?

Most enhanced services have patient feedback requirements so this could be utilised with permissions

Q18. Should we seek to end CPD provider approval?

Yes

Please provide comments.

(No answer)

Q19. Should we reduce the number of CPD events requiring approval before CPD providers can convert from provisionally approved to fully approved status?

Yes

Please provide comments.

(No answer)

Q20. Should we phase out CPD provider audits over the 2028-30 cycle?

Yes

Please provide comments.

(No answer)

Q21. Should we withdraw GOC's standards for CPD providers?

No

Please provide comments.

But need to ensure flexibility

Q22. When should we aim to introduce changes requiring amendment to the CPD rules 2021?

January 2028

Please provide comments.

(No answer)

Q23. Will the proposed changes have effects, whether positive or negative, on:

(a) opportunities for persons to use the Welsh language?

Not Sure

(b) treating the Welsh language no less favourably than the English language?

Not Sure

If yes, please explain your reasoning.

(No answer)

Q24. Could the proposed changes be revised so that they would have positive effects, or increased positive effects, on:

(a) opportunities for persons to use the Welsh language?

Not Sure

(b) treating the Welsh language no less favourably than the English language?

Not Sure

If yes, please explain your reasoning.

(No answer)

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?

Not Sure

(b) treating the Welsh language no less favourably than the English language?

Not Sure

If yes, please explain your reasoning.

(No answer)

Q26. Are there any aspects of our proposals that could discriminate against stakeholders with specific characteristics?

b) No

If yes, please explain your reasoning.

(No answer)

Q27. Are there any aspects of our proposals that could have a positive impact on stakeholders with specific characteristics?

a) Yes

If yes, please explain your reasoning.

(No answer)

Can we publish your response?

Yes, but please keep my name and/or my organisation’s name private

RESPONDENT 150

Are you responding on behalf of an organisation?

No

Which category of respondent best describes you?

Contact lens optician

Type your answer

(No answer)

Q1. Do you agree with our objectives for the review?

Yes

Please provide comments.

(No answer)

Q2. Do you agree that we should move away from a points system?

Yes

Please provide comments.

(No answer)

Q3. Do you agree that we should issue guidance on the amount, areas and types of learning rather than set specific requirements?

Yes

Please provide comments.

(No answer)

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?

Sufficient CPD

Please provide comments.

(No answer)

Q5. Should registrants be required to make a personal development plan and reflect on progress as part of appraisals and similar mechanisms?

No

Please provide comments.

(No answer)

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

Please provide comments.

(No answer)

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 or own records

Please provide comments.

(No answer)

Q8. Should GOC review a sample of CPD records following annual registration renewal?

Yes

Please provide comments.

(No answer)

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?

Not sure

Please provide comments.

(No answer)

Q10. Should we change the competencies (the four domains) which CPD events must relate to?

Yes

Please provide comments.

(No answer)

Q11. Should we adjust the points allocated to different activities to make it easier to reach the total points required under the CPD rules 2021?

Yes

Please provide comments.

(No answer)

Q12. Should we remove the limit on the minimum number of CPD points that must be obtained from provider-led activity?

Yes

Please provide comments.

(No answer)

Q13. Should we remove the need for a reflection statement to be provided for each self-directed CPD activity?

Yes

Please provide comments.

(No answer)

Q14. How can we best leverage the role of businesses within the CPD system to support a less prescriptive system for individual registrants?

(No answer)

Q15. Should business registrants have specific responsibility to ensure individual registrants have an up-to-date personal development plan?

No

Please provide comments.

(No answer)

Q16. How can the standards for optical businesses be strengthened to help achieve this outcome?

(No answer)

Q17. How should patient feedback be incorporated within the CPD system?

(No answer)

Q18. Should we seek to end CPD provider approval?

Yes

Please provide comments.

(No answer)

Q19. Should we reduce the number of CPD events requiring approval before CPD providers can convert from provisionally approved to fully approved status?

Yes

Please provide comments.

(No answer)

Q20. Should we phase out CPD provider audits over the 2028-30 cycle?

Not sure

Please provide comments.

(No answer)

Q21. Should we withdraw GOC's standards for CPD providers?

No

Please provide comments.

(No answer)

Q22. When should we aim to introduce changes requiring amendment to the CPD rules 2021?

January 2028

Please provide comments.

(No answer)

Q23. Will the proposed changes have effects, whether positive or negative, on:

(a) opportunities for persons to use the Welsh language?

Not Sure

(b) treating the Welsh language no less favourably than the English language?

Not Sure

If yes, please explain your reasoning.

(No answer)

Q24. Could the proposed changes be revised so that they would have positive effects, or increased positive effects, on:

(a) opportunities for persons to use the Welsh language?

Not Sure

(b) treating the Welsh language no less favourably than the English language?

Not Sure

If yes, please explain your reasoning.

(No answer)

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?

Not Sure

(b) treating the Welsh language no less favourably than the English language?

Not Sure

If yes, please explain your reasoning.

(No answer)

Q26. Are there any aspects of our proposals that could discriminate against stakeholders with specific characteristics?

b) No

If yes, please explain your reasoning.

(No answer)

Q27. Are there any aspects of our proposals that could have a positive impact on stakeholders with specific characteristics?

c) Not sure

If yes, please explain your reasoning.

(No answer)

Can we publish your response?

Yes, but please keep my name and/or my organisation’s name private

RESPONDENT 151

Are you responding on behalf of an organisation?

No

Which category of respondent best describes you?

Therapeutic prescribing optometrist

Type your answer

(No answer)

Q1. Do you agree with our objectives for the review?

No

Please provide comments.

not QA CPD providers will lead to poor CPD delivered to registrants which is just a sales pitch

Q2. Do you agree that we should move away from a points system?

No

Please provide comments.

(No answer)

Q3. Do you agree that we should issue guidance on the amount, areas and types of learning rather than set specific requirements?

No

Please provide comments.

(No answer)

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?

Notional minimum amount

Please provide comments.

(No answer)

Q5. Should registrants be required to make a personal development plan and reflect on progress as part of appraisals and similar mechanisms?

Yes

Please provide comments.

(No answer)

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

Please provide comments.

(No answer)

Q7. Should registrants be required to maintain records of CPD activity on GOC IT systems or be able to keep their own records?

GOC systems

Please provide comments.

(No answer)

Q8. Should GOC review a sample of CPD records following annual registration renewal?

Yes

Please provide comments.

(No answer)

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

Please provide comments.

(No answer)

Q10. Should we change the competencies (the four domains) which CPD events must relate to?

No

Please provide comments.

(No answer)

Q11. Should we adjust the points allocated to different activities to make it easier to reach the total points required under the CPD rules 2021?

Yes

Please provide comments.

(No answer)

Q12. Should we remove the limit on the minimum number of CPD points that must be obtained from provider-led activity?

No

Please provide comments.

(No answer)

Q13. Should we remove the need for a reflection statement to be provided for each self-directed CPD activity?

Yes

Please provide comments.

completing the CPD and uploading evidence is enough

Q14. How can we best leverage the role of businesses within the CPD system to support a less prescriptive system for individual registrants?

(No answer)

Q15. Should business registrants have specific responsibility to ensure individual registrants have an up-to-date personal development plan?

Yes

Please provide comments.

(No answer)

Q16. How can the standards for optical businesses be strengthened to help achieve this outcome?

(No answer)

Q17. How should patient feedback be incorporated within the CPD system?

(No answer)

Q18. Should we seek to end CPD provider approval?

No

Please provide comments.

this will result in a race to the bottom for education

Q19. Should we reduce the number of CPD events requiring approval before CPD providers can convert from provisionally approved to fully approved status?

No

Please provide comments.

(No answer)

Q20. Should we phase out CPD provider audits over the 2028-30 cycle?

No

Please provide comments.

(No answer)

Q21. Should we withdraw GOC's standards for CPD providers?

No

Please provide comments.

(No answer)

Q22. When should we aim to introduce changes requiring amendment to the CPD rules 2021?

January 2034

Please provide comments.

This needs to be properly thought through

Q23. Will the proposed changes have effects, whether positive or negative, on:

(a) opportunities for persons to use the Welsh language?

Yes

(b) treating the Welsh language no less favourably than the English language?

Yes

If yes, please explain your reasoning.

(No answer)

Q24. Could the proposed changes be revised so that they would have positive effects, or increased positive effects, on:

(a) opportunities for persons to use the Welsh language?

(No answer)

(b) treating the Welsh language no less favourably than the English language?

(No answer)

If yes, please explain your reasoning.

(No answer)

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?

(No answer)

(b) treating the Welsh language no less favourably than the English language?

(No answer)

If yes, please explain your reasoning.

(No answer)

Q26. Are there any aspects of our proposals that could discriminate against stakeholders with specific characteristics?

c) Not sure

If yes, please explain your reasoning.

(No answer)

Q27. Are there any aspects of our proposals that could have a positive impact on

stakeholders with specific characteristics?

c) Not sure

If yes, please explain your reasoning.

(No answer)

Can we publish your response?

Yes, but please keep my name and/or my organisation’s name private

RESPONDENT 153

Are you responding on behalf of an organisation?

No

Which category of respondent best describes you?

Dispensing optician

Type your answer

(No answer)

Q1. Do you agree with our objectives for the review?

Not sure

Please provide comments.

(No answer)

Q2. Do you agree that we should move away from a points system?

No

Please provide comments.

Points make for easy tracking

Q3. Do you agree that we should issue guidance on the amount, areas and types of learning rather than set specific requirements?

Yes

Please provide comments.

(No answer)

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?

Notional minimum amount

Please provide comments.

(No answer)

Q5. Should registrants be required to make a personal development plan and reflect on progress as part of appraisals and similar mechanisms?

No

Please provide comments.

(No answer)

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

Please provide comments.

(No answer)

Q7. Should registrants be required to maintain records of CPD activity on GOC IT systems or be able to keep their own records?

GOC systems

Please provide comments.

(No answer)

Q8. Should GOC review a sample of CPD records following annual registration renewal?

Yes

Please provide comments.

(No answer)

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

Please provide comments.

But with reasonable time scsles to meet the requirements first

Q10. Should we change the competencies (the four domains) which CPD events must relate to?

Not sure

Please provide comments.

(No answer)

Q11. Should we adjust the points allocated to different activities to make it easier to reach the total points required under the CPD rules 2021?

Yes

Please provide comments.

(No answer)

Q12. Should we remove the limit on the minimum number of CPD points that must be obtained from provider-led activity?

No

Please provide comments.

(No answer)

Q13. Should we remove the need for a reflection statement to be provided for each self-directed CPD activity?

Yes

Please provide comments.

(No answer)

Q14. How can we best leverage the role of businesses within the CPD system to support a less prescriptive system for individual registrants?

Make it simple to create and have registered their content

Q15. Should business registrants have specific responsibility to ensure individual registrants have an up-to-date personal development plan?

Yes

Please provide comments.

(No answer)

Q16. How can the standards for optical businesses be strengthened to help achieve this outcome?

Funding for DO training.

Q17. How should patient feedback be incorporated within the CPD system?

No idea

Q18. Should we seek to end CPD provider approval?

Not sure

Please provide comments.

(No answer)

Q19. Should we reduce the number of CPD events requiring approval before CPD providers can convert from provisionally approved to fully approved status?

Not sure

Please provide comments.

(No answer)

Q20. Should we phase out CPD provider audits over the 2028-30 cycle?

No

Please provide comments.

(No answer)

Q21. Should we withdraw GOC's standards for CPD providers?

No

Please provide comments.

(No answer)

Q22. When should we aim to introduce changes requiring amendment to the CPD rules 2021?

January 2028

Please provide comments.

(No answer)

Q23. Will the proposed changes have effects, whether positive or negative, on:

(a) opportunities for persons to use the Welsh language?

(No answer)

(b) treating the Welsh language no less favourably than the English language?

(No answer)

If yes, please explain your reasoning.

(No answer)

Q24. Could the proposed changes be revised so that they would have positive effects, or increased positive effects, on:

(a) opportunities for persons to use the Welsh language?

(No answer)

(b) treating the Welsh language no less favourably than the English language?

(No answer)

If yes, please explain your reasoning.

(No answer)

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?

(No answer)

(b) treating the Welsh language no less favourably than the English language?

(No answer)

If yes, please explain your reasoning.

(No answer)

Q26. Are there any aspects of our proposals that could discriminate against stakeholders with specific characteristics?

c) Not sure

If yes, please explain your reasoning.

(No answer)

Q27. Are there any aspects of our proposals that could have a positive impact on stakeholders with specific characteristics?

c) Not sure

If yes, please explain your reasoning.

(No answer)

Can we publish your response?

Yes, but please keep my name and/or my organisation’s name private

RESPONDENT 156

Are you responding on behalf of an organisation?

No

Which category of respondent best describes you?

Contact lens optician

Type your answer

(No answer)

Q1. Do you agree with our objectives for the review?

Yes

Please provide comments.

(No answer)

Q2. Do you agree that we should move away from a points system?

No

Please provide comments.

(No answer)

Q3. Do you agree that we should issue guidance on the amount, areas and types of learning rather than set specific requirements?

No

Please provide comments.

(No answer)

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?

Notional minimum amount

Please provide comments.

PEOPLE WORRY THAT THEY ARE DOING WRONG TYPE OF CPD, NO ENOUGH CPD. YOU MUST RULES THAT THEY CAN FOLLOW. IF NOT YOUR PEOLE WHO

CHECK ARE INCONSISTANT AND PRODUCE MORE WORRY FOR PEOPLE

Q5. Should registrants be required to make a personal development plan and reflect on progress as part of appraisals and similar mechanisms?

No

Please provide comments.

(No answer)

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

Please provide comments.

DECLARE THEY HAVE COMPLETED THE MINIMUM 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 or own records

Please provide comments.

(No answer)

Q8. Should GOC review a sample of CPD records following annual registration renewal?

Yes

Please provide comments.

COONSISTANT REVIEW, IN PAST PEOPLE WHO REVIEW ARE INCONSISTANT SIGNING OFF ONE AND NOT THE OTHER WITH NO LOGIC

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?

No

Please provide comments.

DEPENDS ON THE INDIVIDUAL SITUATION

Q10. Should we change the competencies (the four domains) which CPD events must relate to?

No

Please provide comments.

(No answer)

Q11. Should we adjust the points allocated to different activities to make it easier to reach the total points required under the CPD rules 2021?

Yes

Please provide comments.

SELF DIRECTED LEARNING, ONLY 1 POINT THIS IS UNFAIR AND WE SOULD BE ABLE TO APPLY SAME POINTS AS IF DIRECTED LEARNING

Q12. Should we remove the limit on the minimum number of CPD points that must be obtained from provider-led activity?

Yes

Please provide comments.

(No answer)

Q13. Should we remove the need for a reflection statement to be provided for each self-directed CPD activity?

Yes

Please provide comments.

PUTS ME OFF DOING CPD

Q14. How can we best leverage the role of businesses within the CPD system to support a less prescriptive system for individual registrants?

DONT KNOW

Q15. Should business registrants have specific responsibility to ensure individual registrants have an up-to-date personal development plan?

Not sure

Please provide comments.

YES, BUT ONLY IF THE BUSINESS/EMPLOYER CAN IDENTIFY TRAINING NEEDS OF INDIVIDUAL, HENCE THE EMPLOYER IS ABLE TO ENFORCE TRAINING

WHERE IT SEES FIT. BUT THE BUSINESS SOULD NOT BE RESPONSABLE TO ENSURE EMPLOYEES ARE DOING CPD AND ARE ON TRACK ETC

Q16. How can the standards for optical businesses be strengthened to help achieve this outcome?

JOINT DEVELOPMENT PLAN BETWEEN EMPLYER AND EMPLOYEE

Q17. How should patient feedback be incorporated within the CPD system?

INCLUDE ANY PATIENT COMPLAINTS TO THE GOC AND THE OUTCOME

Q18. Should we seek to end CPD provider approval?

Yes

Please provide comments.

CURRENT SYSTEM IS INCONSISTANT, GOC PEOPLE ARE SO DIFFICULT TO WORK WITH, STANDARD OF APPROVAL IS INCONSISTENT, IMPORVE OR END APPROVAL

Q19. Should we reduce the number of CPD events requiring approval before CPD providers can convert from provisionally approved to fully approved status?

Yes

Please provide comments.

(No answer)

Q20. Should we phase out CPD provider audits over the 2028-30 cycle?

Yes

Please provide comments.

(No answer)

Q21. Should we withdraw GOC's standards for CPD providers?

Yes

Please provide comments.

(No answer)

Q22. When should we aim to introduce changes requiring amendment to the CPD rules 2021?

January 2031

Please provide comments.

YOU HAVE LITTLE TIME TO MAKE CHANGES BEFORE START OF NEW CYCLE, LAST TIME YOU CHANGED FROM CET TO CPD ALL WAS ON HOLD FOR MONTHS AND NO CPD WAS AVALABLE BECAUSE THE GOC WAS TOO LATE INTRODUCING NEW SYSTEM

Q23. Will the proposed changes have effects, whether positive or negative, on:

(a) opportunities for persons to use the Welsh language?

Not Sure

(b) treating the Welsh language no less favourably than the English language?

Not Sure

If yes, please explain your reasoning.

(No answer)

Q24. Could the proposed changes be revised so that they would have positive effects, or increased positive effects, on:

(a) opportunities for persons to use the Welsh language?

Not Sure

(b) treating the Welsh language no less favourably than the English language?

Not Sure

If yes, please explain your reasoning.

(No answer)

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?

Not Sure

(b) treating the Welsh language no less favourably than the English language?

Not Sure

If yes, please explain your reasoning.

(No answer)

Q26. Are there any aspects of our proposals that could discriminate against stakeholders with specific characteristics?

b) No

If yes, please explain your reasoning.

GET A LIFE

Q27. Are there any aspects of our proposals that could have a positive impact on stakeholders with specific characteristics?

b) No

If yes, please explain your reasoning.

(No answer)

Can we publish your response?

Yes, but please keep my name and/or my organisation’s name private

RESPONDENT 157

Are you responding on behalf of an organisation?

No

Which category of respondent best describes you?

Contact lens optician

Type your answer

(No answer)

Q1. Do you agree with our objectives for the review?

No

Please provide comments.

Incentivise registrants to develop enhanced clinical skills supporting the shift in eye care delivery from hospitals to communities in all four nations
- this is technically a short term goal. Additionally, 100% of registrants will not be required to develop enhanced clinical skills as other aspects of practice will remain requirments. Therefore by undertaking this objective there is the chance to a) amend the scheme to only suit short term requirements and b) bring inequity in the system.
Ensure our requirements fit with registrants' diverse career pathways, including in roles not involving delivering eye care to patients
The current information provided in the consultation documents does not indicate that this objective if fully thought through. There is a need to strictly define what exactly the requirement of the GOC as a regulator is in terms of the CPD scheme - one would have thought this is public protection in relation to the professional roles registered i.e. the practice of an optometrist and a dispensing optician. Where registrants are undertaking other roles that fall outside of this e.g. lecturers, unless their CPD ALSO relates to their practice as a GOC registrant and the regulated profession, then it should not be considered relevant for submission to the GOC. I.e. a lecturer should also be undertaking education to develop their pedagogy.

Remove unnecessary costs of regulation for registrants and CPD providers, including financial costs and time burdens. This should not overide public protection.

Q2. Do you agree that we should move away from a points system?

Yes

Please provide comments.

An outcomes-focused system is a more desirable CPD approach for healthcare professionals and, when done correctly, should be a more effective approach to

lifelong learning. However, this can only be achieved with appropriate systems in place to support registrants to undertake appropriate and effective learning through focus on patient needs, delivery systems and identification of areas of learning need and clear, attainable outcomes.

Q3. Do you agree that we should issue guidance on the amount, areas and types of learning rather than set specific requirements?

No

Please provide comments.

The consultation documents indicate a complete change in the structure of the CPD system and the majority of current registrants are in no way ready to move to a completely unstructured system. There is a need for clear expectations on what would be deemed an appropriate approach to completeing the scheme, be it expectations on regular learning, how to evidence learning and development, providing effective reflection, learning with others, evidenced identification of gaps in knowledge and skills and how these intent to be completed - and how they then have been e.t.c

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?

Notional minimum amount

Please provide comments.

Having working in professional education in our sector for 15 years alongside achieving post-graduate quailifactions in healthcare professional life-long learning, I can assure you that the average GOC registrant is not in a position to successfuly and autonomously identify their learning needs, produce a meaningful plan to complete these needs and then successfully undertake relevant learning. GOC regsitrants have come along way with the introduction of the CPD scheme, with the new requirement to reflect with a peer. However, this has only had one single cycle and far more experience is necessary to become confident, autonomous life-long learners.

Q5. Should registrants be required to make a personal development plan and reflect on progress as part of appraisals and similar mechanisms?

No

Please provide comments.

Absolutely not.
Firstly, not all GOC registrants will have appraisal systems or work in situations where this could be put into place, e.g. locums and business owners. Secondly, employers are not necessarily trained to undertake any planning or oversight of an clinicians life-long learning requirements where public protection and clinical exellence should be central. The underlying purpose of virtually all optical business is to make money, with the provision of patient care second. If they don't make money, they will close. My

experience of working in both independent and multiple pracitce as well as visiting both of these practice types as an assessor and a professional services representative, is that GOC registrants have a constant fight with their employers to be heard and to be allowed to provide the clinical care they feel is necessary. This fight is usually in not having enough time to provide appropriate care of patients and supervision of others, not having appropriate equipment and encourgement to provide products based on profit rather than patient need. Enabling business to have a greater level of control over their employees CPD would only make this situation worse and drive poorer patient care.

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?

No

Please provide comments.

I think moving to an annual declaration would be sensible. However, there is a need to provide some structure on requirements rather than only 'sufficient learning'.

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 or own records

Please provide comments.

(No answer)

Q8. Should GOC review a sample of CPD records following annual registration renewal?

Yes

Please provide comments.

(No answer)

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

Please provide comments.

Providing that clear guidance is produced by the GOC as to what the expectations are to produce adequate CPD records.

Q10. Should we change the competencies (the four domains) which CPD events must relate to?

Not sure

Please provide comments.

I think there is room to amend the domains. However, I think the alignment of CPD to the Standards of Practice is sensible and should remain. My concern is a general lack of awareness of GOC registrants of the need to complete CPD that supports professional behaviours rather than just clinical learning.

Q11. Should we adjust the points allocated to different activities to make it easier to reach the total points required under the CPD rules 2021?

No

Please provide comments.

The suggested changes within the consultation documents are limited to short term requirements that would be conducted by a limited number of registrants. Making changes to enable a greater number of points for activities that are proven to be effective methods for healthcare professionals to learn would be a better approach. E.g. learning with others.

Q12. Should we remove the limit on the minimum number of CPD points that must be obtained from provider-led activity?

Yes

Please provide comments.

(No answer)

Q13. Should we remove the need for a reflection statement to be provided for each self-directed CPD activity?

No

Please provide comments.

Absolutely not. This suggestion goes against all known effective approaches to professional learning. Reflection is the underpinning basis for learning and development and the GOC should be providing greater encouragement rather than considering removing this.

Q14. How can we best leverage the role of businesses within the CPD system to support a less prescriptive system for individual registrants?

Just don't even think about doing this.

Q15. Should business registrants have specific responsibility to ensure individual registrants have an up-to-date personal development plan?

No

Please provide comments.

(No answer)

Q16. How can the standards for optical businesses be strengthened to help achieve this outcome?

There is no need to consider this approach

Q17. How should patient feedback be incorporated within the CPD system?

As a voluntary option using personal reflection or reflection with others - not as a mandatory requirement as this would not be possible for all registrants.

Q18. Should we seek to end CPD provider approval?

Yes

Please provide comments.

This would enable an outcomes focused approach to be achieved

Q19. Should we reduce the number of CPD events requiring approval before CPD providers can convert from provisionally approved to fully approved status?

Not sure

Please provide comments.

(No answer)

Q20. Should we phase out CPD provider audits over the 2028-30 cycle?

Not sure

Please provide comments.

(No answer)

Q21. Should we withdraw GOC's standards for CPD providers?

Not sure

Please provide comments.

(No answer)

Q22. When should we aim to introduce changes requiring amendment to the CPD rules 2021?

January 2031

Please provide comments.

(No answer)

Q23. Will the proposed changes have effects, whether positive or negative, on:

(a) opportunities for persons to use the Welsh language?

Not Sure

(b) treating the Welsh language no less favourably than the English language?

Not Sure

If yes, please explain your reasoning.

(No answer)

Q24. Could the proposed changes be revised so that they would have positive effects, or increased positive effects, on:

(a) opportunities for persons to use the Welsh language?

(No answer)

(b) treating the Welsh language no less favourably than the English language?

(No answer)

If yes, please explain your reasoning.

(No answer)

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?

(No answer)

(b) treating the Welsh language no less favourably than the English language?

(No answer)

If yes, please explain your reasoning.

(No answer)

Q26. Are there any aspects of our proposals that could discriminate against stakeholders with specific characteristics?

(No answer)

If yes, please explain your reasoning.

(No answer)

Q27. Are there any aspects of our proposals that could have a positive impact on stakeholders with specific characteristics?

(No answer)

If yes, please explain your reasoning.

(No answer)

Can we publish your response?

Yes

RESPONDENT 158

Are you responding on behalf of an organisation?

No

Which category of respondent best describes you?

Therapeutic prescribing optometrist

Type your answer

(No answer)

Q1. Do you agree with our objectives for the review?

Yes

Please provide comments.

(No answer)

Q2. Do you agree that we should move away from a points system?

Yes

Please provide comments.

(No answer)

Q3. Do you agree that we should issue guidance on the amount, areas and types of learning rather than set specific requirements?

Yes

Please provide comments.

(No answer)

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?

Sufficient CPD

Please provide comments.

(No answer)

Q5. Should registrants be required to make a personal development plan and reflect on progress as part of appraisals and similar mechanisms?

Yes

Please provide comments.

This seems reasonable and proportionate, and in line with CPD for other professions.

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

Please provide comments.

(No answer)

Q7. Should registrants be required to maintain records of CPD activity on GOC IT systems or be able to keep their own records?

Own records only

Please provide comments.

The GOC has outlined a clear rationale for reducing its use of resources to administer CPD requirements, therefore enabling registrants to keep their own records rather than maintaining a dedicated IT system for the purpose, seems proportionate.

Q8. Should GOC review a sample of CPD records following annual registration renewal?

Yes

Please provide comments.

There should be a mechanism of monitoring, to ensure that registrants know there are checks and balances in place and that the system does not solely run on the assumption of registrants' good intentions.

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?

Not sure

Please provide comments.

It seems that to do this solely on the basis of CPD without taking into account any

other evidence of risk, such as service user concerns or whistleblower complaint to be a disproportionate action.

Q10. Should we change the competencies (the four domains) which CPD events must relate to?

Yes

Please provide comments.

The current requirements don't seem to fulfil any meaningful purpose as they stand

Q11. Should we adjust the points allocated to different activities to make it easier to reach the total points required under the CPD rules 2021?

Not sure

Please provide comments.

(No answer)

Q12. Should we remove the limit on the minimum number of CPD points that must be obtained from provider-led activity?

Not sure

Please provide comments.

(No answer)

Q13. Should we remove the need for a reflection statement to be provided for each self-directed CPD activity?

Yes

Please provide comments.

This is one of many reasons why self directed learning not currently logged even though many of us are undertaking plenty of relevant learning that would count as self directed.

Q14. How can we best leverage the role of businesses within the CPD system to support a less prescriptive system for individual registrants?

Many larger businesses have learning management system records that would be effective for record keeping and the current requiremet of logging on a GOC online logging platform more than duplicates the administrative load.

Q15. Should business registrants have specific responsibility to ensure individual registrants have an up-to-date personal development plan?

Yes

Please provide comments.

(No answer)

Q16. How can the standards for optical businesses be strengthened to help achieve this outcome?

Not sure but a good start would be to ensure all businesses involved the the optical industry were subject to regulation.

Q17. How should patient feedback be incorporated within the CPD system?

(No answer)

Q18. Should we seek to end CPD provider approval?

Yes

Please provide comments.

The GOC has already provided a narrative to say that this activity goes beyond the function of the regulator and the current process has no evidence to suggest it is effective.

Q19. Should we reduce the number of CPD events requiring approval before CPD providers can convert from provisionally approved to fully approved status?

Yes

Please provide comments.

See previous comment

Q20. Should we phase out CPD provider audits over the 2028-30 cycle?

Yes

Please provide comments.

As above

Q21. Should we withdraw GOC's standards for CPD providers?

Yes

Please provide comments.

As above

Q22. When should we aim to introduce changes requiring amendment to the CPD rules 2021?

January 2028

Please provide comments.

(No answer)

Q23. Will the proposed changes have effects, whether positive or negative, on:

(a) opportunities for persons to use the Welsh language?

Not sure

(b) treating the Welsh language no less favourably than the English language?

Yes

If yes, please explain your reasoning.

(No answer)

Q24. Could the proposed changes be revised so that they would have positive effects, or increased positive effects, on:

(a) opportunities for persons to use the Welsh language?

Not Sure

(b) treating the Welsh language no less favourably than the English language?

Not Sure

If yes, please explain your reasoning.

(No answer)

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?

Not Sure

(b) treating the Welsh language no less favourably than the English language?

Not Sure

If yes, please explain your reasoning.

(No answer)

Q26. Are there any aspects of our proposals that could discriminate against stakeholders with specific characteristics?

b) No

If yes, please explain your reasoning.

(No answer)

Q27. Are there any aspects of our proposals that could have a positive impact on stakeholders with specific characteristics?

a) Yes

If yes, please explain your reasoning.

The proposals would have a positive impact on those who are pregnant, taking maternity leave and have caring responsibilities.

Can we publish your response?

Yes, but please keep my name and/or my organisation’s name private

RESPONDENT 159

Are you responding on behalf of an organisation?

Yes

What is the name of the organisation you are responding on behalf of?

Which category best describes the organisation you are responding on behalf of?

CPD provider

Q1. Do you agree with our objectives for the review?

Yes

Please provide comments.

The focus on maximising registrants' freedom to pursue learning that is relevant to their scope of practice, is very welcome. We support the move to encourage enhanced clinical skills, particularly as care delivery increasingly shifts from hospitals to community settings across the UK.
Ensuring that CPD requirements accommodate diverse career pathways, including non-clinical roles, is vital for sustaining engagement and supporting professional growth.
The commitment to aligning with best practice across other professional regulatory systems, alongside efforts to reduce financial and time burdens for both registrants and CPD providers, resonates with our own experiences and priorities as an ophthalmology provider with responsibilities for multidisciplinary teams.
These objectives suggest a shift in the CPD system that is more flexible, responsive, and efficient with potential benefits for practitioners, providers of CPD and patients. We believe these aims are well considered and reflect the current needs within the sector.

Q2. Do you agree that we should move away from a points system?

Yes

Please provide comments.

We welcome the proposed shift away from a points-based system, as this may encourage registrants to focus on the quality and relevance of their learning rather than simply meeting a numerical target.
As an ophthalmology provider we are passionate about high-quality CPD and reflective practice, and we recognise that points can inadvertently drive a 'tick-box' approach. However, we believe the removal of points should be replaced with an alternative, clear measure of expected CPD engagement to help safeguard standards and

maintain public confidence.
In our view, a minimum based on hours of learning (or time spent on learning activities), aligned to approaches used in other specialties and regulators, would be a sensible and proportionate shift. This would retain a clear benchmark while still supporting flexibility and outcomes-focused CPD.
Without any measure of volume, there is a risk that overall CPD activity could reduce for some registrants, which could in turn impact consistency and standards.

Q3. Do you agree that we should issue guidance on the amount, areas and types of learning rather than set specific requirements?

Yes

Please provide comments.

We support the proposal to issue guidance on the amount, areas, and types of learning, rather than setting rigid, specific requirements. Having a clear framework or guidance ensures that registrants understand what is expected of them, while still allowing for flexibility to tailor their CPD to their needs and professional circumstances. Guidance can help maintain consistency in standards across the profession and avoid the pitfalls of a 'tick-box' approach, as seen with points-based systems. Furthermore, a framework provides reassurance to both registrants and the public that CPD activity remains purposeful, relevant, and sufficient to maintain professional competence. It also encourages reflective practice and supports outcomes-focused learning, which are vital for the ongoing development of high-quality care.
In summary, we agree that guidance provides both structure and freedom, ensuring standards are maintained while still supporting professional independence.

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?

Not sure

Please provide comments.

We will be able to provide a better answer after an opportunity to look over some example guidance.

Q5. Should registrants be required to make a personal development plan and reflect on progress as part of appraisals and similar mechanisms?

Not sure

Please provide comments.

We recognise the value of a formal appraisal process and make full use of it within our organisation. However, we appreciate that implementing such a requirement may present difficulties for those working independently or in smaller organisations, where access to appraisal mechanisms may be limited. Consequently, achieving a consistent approach across all registrants could prove challenging. Consideration should be given to providing flexible options or alternative methods for registrants in these

circumstances, to ensure fairness and accessibility.

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

Please provide comments.

We support the requirement for registrants to make an annual declaration stating they have undertaken sufficient learning to maintain their competencies aligned to their scope of practice and have kept adequate records for review purposes. This approach is consistent with the practices of other health regulators and helps to uphold professional standards and public trust.
Annual declarations encourage ongoing professional development and provide a clear framework for accountability, which is vital for ensuring high-quality care and safeguarding patient safety. Adopting this measure would also promote consistency across the sector and align with wider regulatory expectations.
To ensure the process is straightforward and accessible for all registrants, it would be important to provide clear guidance and templates. These resources would assist registrants in understanding what is required, help standardise submissions, and reduce the administrative burden, particularly for those who may be unfamiliar with such requirements.

Q7. Should registrants be required to maintain records of CPD activity on GOC IT systems or be able to keep their own records?

Own records only

Please provide comments.

We feel registrants should maintain their own CPD records rather than being required to record their CPD activity on GOC systems. This sits better with the move towards encouraging registrants to plan, reflect and evidence their CPD as a regulated healthcare professional.
Some registrants already use employer learning systems, an in particular those who hold additional qualifications will be accustomed to maintaining their own records. Requiring parallel or duplicate record-keeping solely for GOC purposes would add unnecessary complexity and increase the burden on registrants.
Allowing flexibility in how CPD is recorded would reduce duplication, support usability and avoid disrupting systems that are already embedded across the sector. Provided registrants can supply appropriate evidence if selected for review, the choice of record-keeping method should remain with the individual.
Clear guidance will be essential to support this approach, including expectations on the level of detail required, acceptable forms of evidence, and how records should demonstrate planning, reflection and learning outcomes. Employers and CPD providers can support this transition by offering templates, examples and practical tools.
Overall, we support a flexible approach that allows registrants to keep their own CPD records, with optional use of GOC systems and proportionate arrangements for

submission and review. This reflects how CPD is already managed across healthcare, supports value for money, and maintains appropriate regulatory assurance without unnecessary administrative burden.

Q8. Should GOC review a sample of CPD records following annual registration renewal?

Not sure

Please provide comments.

I'm not sure this change is necessary. Moving from sample audits to requiring all registrants to upload CPD feels like added administrative burden. If sample audits haven't shown CPD record issues, we would appreciate data supporting the need for this approach. Implementing a process that seems cumbersome without clear benefits for standards improvement appears unjustified.

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?

Not sure

Please provide comments.

While it is essential that registrants meet CPD requirements to maintain safe and up-to-date practice, it is unclear whether direct removal from the register by the Registrar solely on the basis of inadequate CPD, would be the most proportionate or appropriate action.
Under the current CPD process, registrants who fail to meet requirements are typically supported through:
- identification of shortfalls,
- opportunities to remediate,
- and guidance on how to return to compliance.

This approach recognises that CPD non-compliance does not always equate to impaired fitness to practise, and may reflect other factors e.g., misunderstanding of requirements, administrative difficulties, or temporary personal or professional circumstances. Where a registrant repeatedly fails to engage with CPD requirements or remediation, this may indicate a broader concern around professionalism, insight, or commitment to maintaining competence. In such cases, it could be argued that the matter may be more appropriately considered within an established fitness to practise (FtP) process, which:
- allows for investigation of underlying causes,
- provides registrants with procedural safeguards,
- sets proportionate outcomes by assessing public risk instead of relying solely on administrative criteria.

There is a risk that granting the Registrar a direct power of removal for CPD inadequacy could be perceived as disproportionate where public safety has not been seen to be compromised.
If introduced, it would be important that:
- remediation options are clearly set out and are consistent.

- registrants understand any escalation.
- there is strong alignment with existing FtP principles of fairness, proportionality, and protection of the public.

Overall, further clarity would be helpful on how this proposed power would interact with existing FtP processes, and whether strengthening escalation routes into FtP, rather than direct administrative removal may be a better way to achieve the intended outcome

Q10. Should we change the competencies (the four domains) which CPD events must relate to?

Yes

Please provide comments.

Evidence shared at the CPD Providers' Webinar in July 2025 suggests that the current four-domain model is not being engaged with evenly across the profession. Data shared then, showed the following distribution of CPD activity mapped to domains:
- Clinical Practice: 9,016
- Specialty: 6,594
- Professionalism: 3,225
- Leadership and Accountability: 1,674

This indicates a significant disparity with most CPD activities focused within the Clinical Practice and Specialty domains, while involvement in Leadership and Accountability remains relatively limited.

This uneven distribution may reflect issues within the current framework relying on domains:
- Relevance to role: Leadership and Accountability is less directly relevant for a large proportion of registrants, particularly those in front-line clinical roles without managerial or organisational responsibilities.
- Accessibility for providers: Leadership-focused CPD may be more difficult to design, evidence, and deliver in a way that is proportionate and meaningful for highly clinically focused registrants.
- Diversity of optometric practice: Registrants work across a wide range of settings (community practice, hospital services, enhanced services, independent prescribing, academia, industry). A single fixed set of domains does not always map well to this diversity and may be indicating a difference in how this domain is perceived in terms of relevance and value.

There is a risk that the current domain structure encourages "domain-driven compliance" rather than meaningful learning, disadvantages registrants in certain scopes of practice, and places unnecessary constraints on providers when designing CPD. Suggested reforms to CPD domains:
- Move away from fixed domains towards broader, outcome focused CPD categories.
- Align CPD with scope of practice, recognising that optometrists work in very different roles and settings.
- Introduce core CPD themes for all registrants (e.g. 3 broad themes of clinical competence, patient safety, professionalism).
- Make leadership type CPD optional or role dependent, rather than mandatory for all.
- Allow CPD to map to multiple relevant outcomes, rather than forcing activity into a single domain.
- Align more closely with other wider healthcare CPD models, which focus on

reflection, impact on practice, and proportionality rather than rigid competency categories

Q11. Should we adjust the points allocated to different activities to make it easier to reach the total points required under the CPD rules 2021?

Not sure

Please provide comments.

It is unclear what problem this proposal is seeking to address, and no clear evidence has been presented to demonstrate that registrants are unable to meet the current CPD points requirement under the existing Rules.
The current CPD framework was introduced to shift focus away from points towards reflective learning. Adjusting point allocations specifically to make it “easier” to reach the total risks re-introducing a compliance-driven, point-chasing culture, which appears to contradict the stated aims of CPD reforms.
Before any adjustment is considered, it would be helpful to see:
- clear data showing widespread difficulty in meeting CPD requirements,
- analysis of whether any challenges relate to access, clarity, engagement, or relevance, rather than point values themselves,
- and evidence that changing point weightings would improve learning quality or public protection.

Q12. Should we remove the limit on the minimum number of CPD points that must be obtained from provider-led activity?

No

Please provide comments.

As a GOC approved CPD provider, we have invested significant time, expertise, and resource over a number of years to meet and maintain the high standards set by the GOC. This has included:
- designing learning aligned to GOC requirements
- maintaining robust governance and quality assurance processes
- undergoing audits and reviews
- building a reputation associated with high-quality, evidence-based CPD.

Data shared at the CPD Providers’ Webinar in 2025 demonstrated a significant imbalance in how CPD points are currently claimed:
- Provider-led CPD: 96% of points claimed
- Self-directed CPD: 4% of points claimed

This suggests that self-directed CPD is used far less frequently than provider-led activity. This may reflect registrants’ preference for structured and assured learning. Removing the minimum requirement for provider-led CPD risks undermining this investment and devaluing the assurance that provider-led activity offers to registrants, the regulator, and the public.
Provider-led CPD plays a critical role in:
- ensuring consistent, accurate, and educational content
- providing structured learning with clear outcomes

While self-directed and reflective learning is an important component of professional

development, removing the minimum provider-led requirement altogether could:
- reduce incentives for providers to maintain high standards,
- weaken quality assurance across the CPD system
- create variability in the reliability and robustness of CPD evidence.

There is a risk that this change creates an uneven playing field, brings a disadvantage to established providers who have complied fully with regulatory expectations, while encouraging a shift towards less resource-intensive, unassured activity. Suggested alternative approach:

Rather than removing the minimum requirement entirely, the GOC could consider:
- keeping the core minimum level of provider-led CPD to ensure there is a baseline of quality and assurance
- continue allowing greater flexibility above this minimum, enabling registrants to tailor CPD to their scope of practice
- clearly articulating the distinct purpose and value of provider-led vs self-directed learning, rather than treating them as interchangeable
- exploring ways to increase uptake of self-directed CPD.

In summary, removing the minimum requirement risks undermining the standards the GOC has worked hard to establish, and the significant investment made by providers to meet those standards. Any reform should build on, rather than weaken this foundation.

Q13. Should we remove the need for a reflection statement to be provided for each self-directed CPD activity?

Not sure

Please provide comments.

Data shared at the CPD Providers' Webinar in 2025 showed a significant imbalance in how CPD points are currently claimed:
- Provider-led CPD: 96% of points claimed
- Self-directed CPD: 4% of points claimed

This suggests that self-directed CPD is used far less frequently than provider-led activity. While this may reflect registrants' preference for structured, assured learning, it also raises the question of whether aspects of the self-directed CPD process act as barriers to engaging with this learning.

As a CPD provider, we strongly support reflection as an essential component of effective learning and routinely encourage reflective practice within provider-led activities. Reflection supports insight, consolidation of learning, and translation into improved patient care.

However, the requirement to submit a formal reflection statement for every self-directed activity may contribute to:
- perceptions of administrative burden
- confusion about content of the reflective exercise
- reduced willingness to use self-directed CPD, particularly for smaller or informal learning activities.

Completely removing the reflection requirement may reduce the educational value of self-directed CPD and weaken assurance that learning has been meaningful. Equally, retaining the current approach may inadvertently suppress engagement with a type of learning the framework aims to encourage.

Possible alternative approaches:

Rather than complete removal, the GOC could consider:

- simplifying reflection requirements for self-directed CPD (e.g. shorter prompts or tick-box reflective themes)
- requiring a summary reflection across a set of self-directed activities, rather than one per activity.
- aligning expectations more closely with reflective models used in wider healthcare CPD, focusing on learning impact rather than narrative length

Q14. How can we best leverage the role of businesses within the CPD system to support a less prescriptive system for individual registrants?

Optical businesses already play a significant role in supporting CPD through funding, time allocation, hosting learning events, and encouraging professional development aligned to service delivery and patient need. This contribution varies widely across the sector, particularly between larger organisations and small independent practices.
There is a perception within the sector that businesses, particularly small and independent practices, are already under significant operational and regulatory pressure. Any proposal that formally extends or mandates a greater role for businesses within the CPD system risks being perceived as:
- an additional administrative burden
- another layer of regulatory oversight
- potentially cumbersome or unworkable for smaller employers who may not have dedicated governance or education infrastructure.

Experience from other UK health regulators suggests that placing formal CPD responsibility on businesses is neither necessary nor proportionate. In both pharmacy (General Pharmaceutical Council) and dentistry (General Dental Council), CPD is treated as a personal statutory obligation of the registrant, with accountability resting firmly with the individual professional. Employers and practices may support CPD through access, time, funding, or internal encouragement, but they are not required to validate, monitor, or report CPD activity to the regulator. This avoids transferring regulatory accountability to businesses and recognises the wide variation in business size, infrastructure, and capacity, particularly among smaller independent practices.
Introducing a more formalised role for optical businesses would therefore appear a contradiction to the objectives of the reforms.
Rather than formalising or mandating a greater regulatory role for businesses, the GOC could consider:
- recognising and supporting the enabling role businesses already play, without transferring regulatory responsibility onto them.
- maintaining individual registrant accountability for CPD, which is simpler, clearer, and more equitable.
- allowing flexibility for businesses to support CPD in ways that align with their size, structure, and patient demographics.
- continuing to rely on quality assured provider-led CPD as the primary mechanism for quality and consistency, rather than employer oversight.

Efforts to ease requirements for registrants should not increase complexity for employers, especially if it harms independent practice owners or makes compliance more difficult.

Q15. Should business registrants have specific responsibility to ensure individual registrants have an up-to-date personal development plan?

No

Please provide comments.

Responsibility for maintaining an up-to-date PDP should remain with the individual registrant. Requiring businesses to assure or monitor PDPs risks:
- shifting regulatory accountability away from individuals
- introducing additional administrative burden for businesses
- and creating inequity between large organisations and small independent practices with limited capacity

Businesses can and do support CPD informally through access, time, and encouragement, but formal responsibility for PDP compliance would be disproportionate and out of step with approaches taken by other healthcare regulators.

Q16. How can the standards for optical businesses be strengthened to help achieve this outcome?

No comment
As a CPD provider and independent ophthalmology provider, rather than an optical business registrant required to comply with the Standards for Optical Businesses, we are not best placed to comment on how those standards should be strengthened.

Q17. How should patient feedback be incorporated within the CPD system?

Patient feedback can be a valuable input into professional development. It could be included in a way that aligns with other healthcare regulators.

In healthcare, patient feedback is typically used to:
- inform reflection and learning needs, rather than be a formal CPD requirement.
- support insight and quality improvement at an individual or service level.
- complement, rather than replace, other sources of feedback such as peer review, audit, and clinical outcomes. Mandating patient feedback as a separate CPD requirement could result in:
- variable quality and representativeness of feedback
- disadvantage to registrants in roles with limited direct patient contact
- add administrative burden without clear evidence of improved learning or public protection. A better approach may be to include:
- allow patient feedback to be used optionally as supporting evidence for reflection or PDP development
- this in existing reflective and governance processes.
- avoid prescriptive requirements around collection or documentation. This would align better with other health regulators.

Q18. Should we seek to end CPD provider approval?

No

Please provide comments.

As a GOC-approved CPD provider, we do not support ending CPD provider approval. The current approval framework underpins quality, consistency, and assurance within the CPD system and provides confidence to registrants, employers, and the public. Most CPD points are currently obtained through provider-led activity, indicating that

approved providers remain the main route through which registrants undertake CPD. Approved CPD providers invest significant time and resource in:
- meeting defined GOC standards
- developing robust governance and quality assurance processes
- undergoing audits and ongoing scrutiny
- delivering structured, outcomes-focused learning. Removing provider approval risks:
- devaluing this investment
- reducing incentives to maintain high educational standards
- increasing variability in CPD quality
- and shifting responsibility for judging CPD quality onto individual registrants without appropriate support or assurance. Although we are supportive of CPD being more flexible and innovative, reforms should look to improve and reinforce provider approval rather than remove this. Without clear evidence that these changes are beneficial, moving away from approval could threaten both the quality of CPD and registrant/public trust

Q19. Should we reduce the number of CPD events requiring approval before CPD providers can convert from provisionally approved to fully approved status?

No

Please provide comments.

As a CPD provider, we do not support reducing the number of events required to move from provisional to full approval.
The current requirement plays an important role in demonstrating that a provider can deliver high-quality CPD consistently over time, rather than in isolated instances. While the process does require investment and commitment, it helps ensure that governance, learning design, and quality assurance processes are embedded and operating effectively in practice. Reducing this threshold risks weakening early assurance and diminishing the distinction between provisional and fully approved status, particularly for providers who have already invested significant time and effort to meet existing expectations.
If there are concerns about burden or pace of progression, these would be better addressed through clearer guidance or supportive oversight, rather than lowering the approval standard itself.

Q20. Should we phase out CPD provider audits over the 2028-30 cycle?

No

Please provide comments.

As a CPD provider, we do not support phasing out CPD provider audits.
Audits play a key role in maintaining confidence in the quality, consistency, and governance of provider-led CPD, and they help ensure that standards are applied in practice rather than only at the point of initial approval. While audits can be time- and resource-intensive, they provide an important mechanism for assurance, learning, and continuous improvement, both for providers and for the regulator.
Rather than removing audits altogether, we would welcome a more proportionate and supportive approach, including greater flexibility and additional time to prepare for and

complete audit requirements, recognising the operational pressures providers face alongside delivery of CPD.

Q21. Should we withdraw GOC's standards for CPD providers?

No

Please provide comments.

As a CPD provider, we do not support withdrawing the GOC's Standards for CPD Providers. The Standards provide clarity on expectations, support consistency across providers, and underpin quality assurance within provider-led CPD. They have guided significant investment by providers in governance, learning design, evaluation, and audit readiness, and form a key part of the assurance that registrants and the public place in provider-led activity.
Removing the Standards without a clear and robust alternative risks increasing variability in quality and undermining the confidence built into the current system. If reform is needed, this would be better achieved through reviewing and refining the Standards to ensure they remain proportionate, clear, and fit for purpose, rather than withdrawing them altogether.

Q22. When should we aim to introduce changes requiring amendment to the CPD rules 2021?

(No answer)

Please provide comments.

The appropriate timing for introducing changes should depend on the scale and complexity of the proposed reforms.
If the changes represent a significant overhaul of the current CPD framework, then a phased approach with a clear transition period will be essential to allow registrants, CPD providers, and other stakeholders time to adapt, update systems, and embed new processes safely and effectively.
If assuming there will be limited changes, introducing reforms in January 2028 would be logical, as this aligns with the start of a new CPD cycle, helping to minimise confusion, avoid mid-cycle disruption, and support clarity for registrants. This would also provide sufficient lead-in time for guidance, communication, and implementation planning should substantial changes be agreed.

Q23. Will the proposed changes have effects, whether positive or negative, on:

(a) opportunities for persons to use the Welsh language?

Not Sure

(b) treating the Welsh language no less favourably than the English language?

Not Sure

If yes, please explain your reasoning.

(No answer)

Q24. Could the proposed changes be revised so that they would have positive effects, or increased positive effects, on:

(a) opportunities for persons to use the Welsh language?

Not Sure

(b) treating the Welsh language no less favourably than the English language?

Not Sure

If yes, please explain your reasoning.

(No answer)

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?

Not Sure

(b) treating the Welsh language no less favourably than the English language?

Not Sure

If yes, please explain your reasoning.

(No answer)

Q26. Are there any aspects of our proposals that could discriminate against stakeholders with specific characteristics?

b) No

If yes, please explain your reasoning.

(No answer)

Q27. Are there any aspects of our proposals that could have a positive impact on stakeholders with specific characteristics?

c) Not sure

If yes, please explain your reasoning.
(No answer)

Can we publish your response?

Yes, but please keep my name and/or my organisation’s name private

RESPONDENT 160

Are you responding on behalf of an organisation?

Yes

What is the name of the organisation you are responding on behalf of?

(No answer)

Which category best describes the organisation you are responding on behalf of?

CPD provider

Q1. Do you agree with our objectives for the review?

Yes

Please provide comments.

(No answer)

Q2. Do you agree that we should move away from a points system?

Yes

Please provide comments.

(No answer)

Q3. Do you agree that we should issue guidance on the amount, areas and types of learning rather than set specific requirements?

Yes

Please provide comments.
(No answer)

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?

Sufficient CPD

Please provide comments.

(No answer)

Q5. Should registrants be required to make a personal development plan and reflect on progress as part of appraisals and similar mechanisms?

Not sure

Please provide comments.

(No answer)

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

Please provide comments.

(No answer)

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 or own records

Please provide comments.

(No answer)

Q8. Should GOC review a sample of CPD records following annual registration renewal?

Yes

Please provide comments.

(No answer)

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

Please provide comments.

(No answer)

Q10. Should we change the competencies (the four domains) which CPD events must relate to?

Not sure

Please provide comments.

(No answer)

Q11. Should we adjust the points allocated to different activities to make it easier to reach the total points required under the CPD rules 2021?

Yes

Please provide comments.

(No answer)

Q12. Should we remove the limit on the minimum number of CPD points that must be obtained from provider-led activity?

Yes

Please provide comments.

(No answer)

Q13. Should we remove the need for a reflection statement to be provided for each self-directed CPD activity?

No

Please provide comments.

(No answer)

Q14. How can we best leverage the role of businesses within the CPD system to support a less prescriptive system for individual registrants?

(No answer)

Q15. Should business registrants have specific responsibility to ensure individual registrants have an up-to-date personal development plan?

Not sure

Please provide comments.

(No answer)

Q16. How can the standards for optical businesses be strengthened to help achieve this outcome?

(No answer)

Q17. How should patient feedback be incorporated within the CPD system?

(No answer)

Q18. Should we seek to end CPD provider approval?

Not sure

Please provide comments.

(No answer)

Q19. Should we reduce the number of CPD events requiring approval before CPD providers can convert from provisionally approved to fully approved status?

Yes

Please provide comments.

(No answer)

Q20. Should we phase out CPD provider audits over the 2028-30 cycle?

Not sure

Please provide comments.

(No answer)

Q21. Should we withdraw GOC's standards for CPD providers?

Yes

Please provide comments.
(No answer)

Q22. When should we aim to introduce changes requiring amendment to the CPD rules 2021?

January 2028

Please provide comments.

(No answer)

Q23. Will the proposed changes have effects, whether positive or negative, on:

(a) opportunities for persons to use the Welsh language?

Not Sure

(b) treating the Welsh language no less favourably than the English language?

Not Sure

If yes, please explain your reasoning.

(No answer)

Q24. Could the proposed changes be revised so that they would have positive effects, or increased positive effects, on:

(a) opportunities for persons to use the Welsh language?

Not Sure

(b) treating the Welsh language no less favourably than the English language?

Not Sure

If yes, please explain your reasoning.

(No answer)

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?

Not Sure

(b) treating the Welsh language no less favourably than the English language?

Not Sure

If yes, please explain your reasoning.

(No answer)

Q26. Are there any aspects of our proposals that could discriminate against stakeholders with specific characteristics?

b) No

If yes, please explain your reasoning.

(No answer)

Q27. Are there any aspects of our proposals that could have a positive impact on stakeholders with specific characteristics?

a) Yes

If yes, please explain your reasoning.

more flexibility for people who have time constraints

Can we publish your response?

Yes, but please keep my name and/or my organisation’s name private

RESPONDENT 161

Are you responding on behalf of an organisation?

Yes

What is the name of the organisation you are responding on behalf of?

Optometry Scotland

Which category best describes the organisation you are responding on behalf of?

Optical professional/representative body

Q1. Do you agree with our objectives for the review?

Yes

Please provide comments.

Yes, partially agree. Optometry Scotland supports the overall direction of the review and recognises the rationale for modernising the CPD system. In particular, we agree that CPD should support registrants to develop skills in line with evolving models of care and expanded clinical roles.
Community optometry is already delivering a significant proportion of primary eye care in Scotland and is expected to take on further responsibility as part of wider health service redesign. It is therefore appropriate that the CPD framework enables registrants to maintain competence while also developing the skills required for enhanced and more complex clinical roles, including Independent Prescribing.
However, we consider that the stated objectives would benefit from a clearer and more explicit emphasis on public protection. As registrants take on increasingly complex clinical responsibilities, CPD remains a core regulatory mechanism to ensure that professionals are safe to practise. Any reforms must therefore be grounded in maintaining consistent standards of care and public confidence in the profession.
We also consider that the objective to reduce regulatory burden should be balanced carefully against the need for clarity and consistency. A less prescriptive system may reduce administrative requirements, but if not designed carefully it risks introducing variability in expectations and outcomes across the profession.
Finally, the objectives should more clearly acknowledge the practical context in which CPD takes place. Registrants work across a wide range of settings, including hospitals, independent practices, multiple groups, locum roles and rural and remote environments. The success of any revised system will depend on its ability to operate effectively across these varied models without introducing unintended burden or inequity.

Q2. Do you agree that we should move away from a points system?

Yes

Please provide comments.

Yes, in principle. Optometry Scotland supports moving away from a points-based CPD system in principle.
We recognise the limitations of the current model. A points-based system can encourage a compliance-led approach to CPD, where the focus is on meeting numerical requirements rather than undertaking learning that is genuinely relevant to a registrant's scope of practice. Greater flexibility has the potential to support more meaningful professional development and better align learning with individual roles and career progression.
However, we do not consider that removal of the points system should result in a reduction in clarity or consistency. A key strength of the current system is that it provides a clear baseline expectation for all registrants. Without an appropriate alternative, there is a risk that expectations become unclear or are interpreted inconsistently, which could undermine both professional confidence and public assurance.
As registrants take on increasingly complex clinical responsibilities, including enhanced primary care services and Independent Prescribing, it is essential that any revised CPD framework continues to provide assurance that professionals are maintaining and developing appropriate competencies. A system that relies too heavily on individual interpretation may not operate equitably across a diverse workforce or consistently support safe clinical practice.
We also note that the points system currently provides a degree of structure that supports workforce planning and service delivery. Any move away from this approach should therefore be accompanied by clear guidance on expectations, supported by proportionate assurance mechanisms, to ensure that registrants continue to engage in sufficient and appropriate learning.
In summary, while we support the direction of travel, removal of the points system must be accompanied by:
• clear and practical guidance on expectations
• proportionate mechanisms for oversight and assurance
• a strong focus on maintaining public protection and professional standards
Without these elements, there is a risk that the benefits of increased flexibility are offset by reduced clarity and consistency across the profession.

Q3. Do you agree that we should issue guidance on the amount, areas and types of learning rather than set specific requirements?

Yes

Please provide comments.

Yes, with reservations. Optometry Scotland supports a move towards guidance rather than fully prescriptive requirements, as this has the potential to allow registrants to tailor CPD more effectively to their individual scope of practice and professional development needs.
A more flexible framework can better accommodate the diversity of roles within the profession, including those working in clinical practice, enhanced service delivery, leadership, education and other non-clinical settings. This is particularly relevant as the role of community optometry continues to evolve and expand.
However, we do not consider that guidance alone, if framed too broadly, will provide sufficient clarity or consistency. Moving away from defined requirements risks

significant variation in how CPD is interpreted and undertaken, which may create uncertainty for registrants and make it more difficult to ensure a consistent standard of practice.
Guidance should strike a careful balance allowing flexibility while still providing:
• clear expectations of what constitutes appropriate CPD
• sufficient structure to support consistent interpretation
• a framework that can be applied fairly across different working models, including locum and portfolio careers
It is also important that guidance is practical and accessible. It should support registrants in making informed decisions about their learning without introducing unnecessary complexity or administrative burden.
In addition, guidance must support the safe development of enhanced clinical skills. This includes progression towards Independent Prescribing and the delivery of more complex care within community settings. The CPD framework should therefore remain clearly aligned to evolving service delivery expectations.
In summary, while we support a shift towards guidance, this must be:
• sufficiently detailed to provide clarity and consistency for registrants
• grounded in maintaining public protection and professional standards
• capable of operating effectively across the full range of practice settings
A purely high-level or non-specific approach would risk undermining the effectiveness of the CPD system.

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

Please provide comments.

Optometry Scotland supports an approach that combines an expectation to undertake sufficient CPD with a notional minimum amount of activity.
We do not consider that relying solely on the concept of “sufficient CPD” would provide adequate clarity. While professional judgement is important, an entirely open-ended expectation risks variation in interpretation across the profession and may make it more difficult for registrants to understand what is expected of them in practice.
Conversely, a purely minimum-based approach risks replicating some of the limitations of the current system, where the focus can shift towards meeting a numerical requirement rather than engaging in meaningful professional development. A combined model offers a more balanced and proportionate approach. An overarching expectation that registrants undertake sufficient, relevant CPD linked to their scope of practice should be supported by a notional benchmark.
This would:
• provide a clear reference point for registrants
• support consistent interpretation across different practice settings
• assist with audit and regulatory assurance
As clinical responsibilities continue to expand, including delivery of enhanced services and more complex care, it is important that the framework supports registrants to maintain and develop appropriate competencies in a consistent and transparent way.
In summary, combining a principle-based expectation with an indicative benchmark provides the best balance between flexibility, clarity and public assurance.

Q5. Should registrants be required to make a personal development plan and reflect on progress as part of appraisals and similar mechanisms?

Yes

Please provide comments.

Yes, with flexibility in how this is achieved. Optometry Scotland supports the continued requirement for registrants to undertake personal development planning and reflection on their progress.
Personal Development Plans and reflective practice are established components of effective professional development. They support registrants to identify learning needs, align CPD with their scope of practice, and demonstrate how learning has been applied in practice. This is particularly important as clinical roles continue to evolve and expand.
However, the mechanism for delivering this should not be overly dependent on formal appraisal structures. Not all registrants work within environments where structured appraisals are consistently available. This is particularly relevant for:
• locum practitioners
• those working across multiple practices
• registrants in smaller or independent practices
• those in rural and remote settings
A requirement that is too closely tied to employer-led appraisal systems risks creating inconsistency and may disadvantage parts of the workforce.
We therefore support an approach where:
• registrants are required to undertake development planning and reflection
• this can be achieved through a range of mechanisms, not limited to formal appraisals
• the emphasis is on meaningful engagement rather than a prescribed format
It is also important that expectations remain proportionate and do not introduce unnecessary administrative burden. Development planning and reflection should support professional practice rather than becoming a compliance exercise.

In summary, we support the principle, but flexibility in how this is implemented will be essential to ensure it is workable and equitable across 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

Please provide comments.

Optometry Scotland supports the introduction of an annual declaration as part of registration renewal.
An annual declaration is a proportionate mechanism to reinforce professional responsibility and supports a shift towards a more outcomes-based CPD system. It places appropriate emphasis on registrants taking ownership of their ongoing competence, while providing the regulator with a clear point of assurance.
We consider that an annual declaration is particularly important if the system moves away from defined numerical requirements. In this context, it acts as a key safeguard,

helping to maintain a consistent expectation that registrants are actively engaging in relevant learning and maintaining appropriate records.
However, the effectiveness of an annual declaration will depend on it being supported by a credible and proportionate system of review. Without this, there is a risk that the declaration becomes an administrative exercise rather than a meaningful assurance mechanism.
It will also be important that:
• expectations are clearly defined so registrants understand what they are declaring
• the process is straightforward and does not introduce unnecessary administrative burden
• there is alignment between the declaration, CPD guidance and record review processes
As clinical responsibilities continue to expand, maintaining clear and consistent assurance of ongoing competence is essential. An annual declaration, supported by appropriate oversight, provides a reasonable and proportionate approach to achieving this.

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 or own records

Please provide comments.

Optometry Scotland supports a flexible approach whereby registrants can choose to maintain CPD records either on GOC systems or through their own record-keeping methods.
Requiring all registrants to use a single GOC system risks introducing unnecessary administrative burden and may not reflect how professionals currently manage their learning and development. Many registrants already use a range of systems, including employer platforms, professional body tools and personal records, which are integrated into their day-to-day practice.
Allowing flexibility in how records are maintained would:
• reduce duplication
• support different working models, including locum and portfolio careers
• align with a more outcome-based approach to CPD
However, this flexibility must be underpinned by clear guidance on what constitutes adequate record-keeping. Registrants should understand what evidence is required to demonstrate that CPD is relevant, sufficient and appropriately reflected upon.
It will also be important to ensure that any system of record review can operate effectively across different formats. This may require:
• clear standards for documentation
• consistency in the information that must be captured
• a straightforward process for submitting records when requested
Provided that expectations are clear and assurance mechanisms remain robust, allowing registrants to choose how they maintain records represents a practical and proportionate solution.

Q8. Should GOC review a sample of CPD records following annual registration renewal?

Yes

Please provide comments.

Optometry Scotland supports the continued review of a sample of CPD records following annual registration renewal.
In a more flexible, outcomes-based CPD system, proportionate assurance mechanisms become increasingly important. Sampling and reviewing CPD records provides a practical way for the regulator to maintain oversight, support public protection and ensure that registrants are engaging in appropriate and relevant learning.
We consider that a sample-based approach is proportionate, provided it:
• Is risk-based as well as including an element of random selection
• Is focused on supporting improvement rather than being purely compliance driven
• Is applied consistently and transparently
• involves a minimal administrative burden to registrants
The review process should also be clearly aligned with published guidance, so that registrants understand how their CPD will be assessed. This is particularly important if there is greater flexibility in how CPD is undertaken and recorded.
It will be important to ensure that the process is not unnecessarily burdensome. Requirements for submitting records should be straightforward, and reasonable time should be allowed for registrants to respond.
In the Scottish context, where registrants work across a wide range of practice settings, including locum work, smaller practices and rural or remote areas, the process must remain proportionate and accessible. A supportive, well-designed review system will help reinforce professional standards while maintaining confidence in a less prescriptive CPD framework.

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

Please provide comments.

Optometry Scotland agrees that the Registrar should retain the ability to remove registrants from the register where CPD records are found to be inadequate and the registrant has failed to engage with appropriate remediation, subject to a clear right of appeal.
This is an important safeguard to maintain public protection and uphold confidence in the regulatory system. CPD is a core requirement for remaining fit to practise, and there must be a credible consequence where registrants do not meet the expected standards despite being given the opportunity to address deficiencies.
However, removal from the register should remain a measure of last resort. The emphasis of the system should be on:
• early identification of concerns
• supportive and structured remediation processes
• clear communication of what is required to meet expectations
It is essential that registrants are given a fair and reasonable opportunity to address any deficiencies, supported by guidance that is clear and proportionate.

We also consider it important that:
• the criteria for assessing CPD records are transparent and consistently applied
• the remediation process is structured and supportive
• decisions are subject to an accessible and robust appeals process
In a more flexible CPD framework, these safeguards become increasingly important to ensure that professional standards are maintained alongside greater autonomy for registrants.

Q10. Should we change the competencies (the four domains) which CPD events must relate to?

Yes

Please provide comments.

Optometry Scotland supports reviewing and updating the current CPD domains to ensure they remain relevant to modern professional practice.
The existing domains provide a useful structure, but they should evolve to reflect the changing role of optometrists and dispensing opticians, particularly the increasing emphasis on enhanced clinical care, multidisciplinary working and greater responsibility within primary care settings.
Any changes should be guided by the following principles:
• Relevance to current and future practice:
The domains should reflect the skills and competencies required for contemporary practice, including clinical decision-making, risk management and delivery of enhanced services. This includes the management of more complex patient presentations within community settings.
• Clarity and simplicity:
The framework should remain straightforward and easy to understand. Overly complex or numerous domains risk creating confusion and increasing administrative burden.
• Flexibility across different roles:
The domains must be applicable to the full range of registrants, including those working in clinical, non-clinical, academic and leadership roles.
• Alignment with standards of practice:
Any revised domains should continue to align clearly with the GOC Standards of Practice, ensuring consistency across the wider regulatory framework.
In terms of implementation, we would support:
• a review of the existing domains with input from across the profession
• consideration of whether domains should be broadened or simplified rather than expanded
• ensuring that enhanced clinical practice and patient-centred care are clearly reflected
It will also be important to avoid frequent or significant changes that could be confusing to registrants and CPD providers.
In summary, a targeted and proportionate update to the domains is appropriate, provided it improves relevance and usability without adding unnecessary complexity.

Q11. Should we adjust the points allocated to different activities to make it easier to reach the total points required under the CPD rules 2021?

Yes

Please provide comments.

Optometry Scotland supports adjusting the allocation of points to different activities as a pragmatic short-term measure within the current CPD Rules.
We recognise that the existing points framework can create unintended incentives, where shorter or less in-depth activities may attract a similar or greater number of points than more substantive learning, including post-registration qualifications. This does not always reflect the time commitment or value of the learning undertaken.
Rebalancing the allocation of points would help to:
• better reflect the depth, complexity and relevance of different types of CPD
• reduce the need for registrants to undertake multiple smaller activities to meet requirements
• support engagement with more meaningful and developmental learning
In particular, greater recognition should be given to structured and longer-term learning, such as post-registration qualifications. This is especially important as registrants develop advanced clinical skills, including progression towards Independent Prescribing and delivery of enhanced services. The CPD system should actively support, rather than inadvertently discourage, this type of professional development.
However, any changes should be carefully designed to avoid introducing further complexity or inconsistency. The approach should remain transparent and easy for registrants to understand.
We would also emphasise that this should be viewed as an interim adjustment. If the longer-term direction is to move away from a points-based system, changes made at this stage should support that transition and avoid creating additional disruption.

In summary, a more proportionate and balanced allocation of points is appropriate in the short term, particularly where it supports meaningful learning and development aligned to evolving clinical roles.

Q12. Should we remove the limit on the minimum number of CPD points that must be obtained from provider-led activity?

Yes

Please provide comments.

Yes, with safeguards. Optometry Scotland supports removing the requirement for a minimum proportion of CPD to be obtained through provider-led activity, as this would allow greater flexibility for registrants to tailor learning to their individual needs and scope of practice.
We recognise that self-directed CPD can be a valuable and relevant form of learning, particularly where it is closely aligned to day-to-day practice. Removing the minimum requirement may help to reduce administrative burden and enable registrants to engage more meaningfully with a broader range of learning activities.
However, this should not lead to an unstructured approach. Provider-led and interactive CPD can offer important benefits, including:
• exposure to peer discussion and challenge
• providing access to new or emerging clinical theories or areas of practice that registrants may not have been able to discover through self-directed learning
• access to structured and quality-assured learning
• opportunities to engage with developments across the profession

There is therefore a risk that removing the requirement without appropriate guidance could reduce engagement with these forms of learning.
We would support removal of the requirement provided it is accompanied by:
• clear guidance encouraging a balanced approach to CPD, including a mix of learning types
• continued emphasis on the value of interactive and peer-based learning
• appropriate oversight through record review to ensure that CPD remains relevant and sufficient
We would also support a baseline expectation for engagement with provider-led or externally delivered CPD, to ensure registrants remain exposed to structured, peer reviewed learning and emerging practice.
As clinical roles continue to develop and become more complex, access to high quality and structured learning remains important. A flexible approach should not inadvertently reduce engagement with this type of CPD.
In summary, removing the limit is appropriate, but this should be supported by clear guidance to ensure that the overall quality and breadth of CPD is maintained.

Q13. Should we remove the need for a reflection statement to be provided for each self-directed CPD activity?

Yes

Please provide comments.

Optometry Scotland supports removing the requirement for a reflection statement to be provided for each individual self-directed CPD activity.
We recognise that the current requirement can be administratively burdensome and may discourage registrants from engaging with self-directed learning. In practice, this level of documentation does not always add proportionate value, particularly where learning is ongoing or integrated into day-to-day professional activity.
However, reflection remains a fundamental component of effective CPD and should continue to form part of the overall framework. The focus should shift from documenting reflection for each individual activity to demonstrating meaningful reflection over time.
We would therefore support an approach where:
• registrants are expected to reflect on their learning in a more holistic way
• reflection is linked to Personal Development Plans and overall progression
• evidence of reflection can be demonstrated through a range of formats rather than a prescribed template
This would reduce administrative burden while maintaining the principle that registrants should be able to demonstrate how their learning has informed their practice.
It will also be important that guidance clearly sets out expectations for reflective practice, particularly in a more flexible system, to ensure consistency in how reflection is understood and assessed during record review.
As clinical roles continue to develop, meaningful reflection remains important in supporting safe clinical decision-making and continuous improvement but demonstrating that reflection should not be burdensome.

Q14. How can we best leverage the role of businesses within the CPD system to support a less prescriptive system for individual registrants?

Optometry Scotland recognises that some businesses currently play a role in

supporting registrants' professional development. Many employers provide access to CPD, fund training, offer protected time and support reflective practice through internal processes. This existing contribution should be acknowledged and encouraged. However, we do not support a model that relies on businesses to deliver core regulatory functions or assumes a consistent level of infrastructure across all settings.
The optical sector includes:
• independent practices with limited capacity
• larger organisations with established training structures
• a significant locum workforce
• registrants working across multiple employers
Given this variation, a system that depends on business-led oversight cannot be applied consistently or equitably across the profession.
We therefore support a balanced approach where businesses are encouraged to support CPD, but responsibility remains clearly with the individual registrant.
This could be achieved by:
• encouraging good practice in areas such as informal appraisal, peer discussion and use of patient feedback
• recognising that businesses can support identification of learning needs, without mandating specific processes
Any expectations placed on businesses should be:
• proportionate
• flexible
• applicable across a range of organisational models
It is also important to avoid introducing additional regulatory burden without clear evidence of benefit. Smaller practices and those with more limited capacity may not be able to implement formalised systems, and new requirements could have unintended consequences for service delivery.
In summary, businesses should be recognised and supported as important contributors to professional development, but the CPD system should not be designed in a way that transfers regulatory responsibility or creates obligations that cannot be applied consistently across the sector.

Q15. Should business registrants have specific responsibility to ensure individual registrants have an up-to-date personal development plan?

No

Please provide comments.

Optometry Scotland does not support placing a specific regulatory responsibility on business registrants to ensure that individual registrants have an up-to-date Personal Development Plan.
Responsibility for CPD, including development planning, should remain with the individual registrant as part of their professional obligations. Introducing a formal requirement on businesses risks blurring accountability and creating inconsistency in how responsibilities are applied and enforced.
The structure of the optical workforce means that many registrants:
• work across multiple employers
• operate as locums
• work in settings where formal appraisal systems are not in place
In these circumstances, it would not be practical or equitable to place responsibility on

a business to ensure that a PDP is in place and maintained.
While many businesses already support staff development through internal processes, this varies significantly depending on the size, structure and resources of the organisation. A mandatory requirement could therefore introduce unintended burden, particularly for smaller practices, without delivering consistent benefit.
We would instead support an approach where:
• registrants retain responsibility for maintaining a PDP
• businesses are encouraged, through guidance, to support professional development where appropriate
• flexibility is retained to reflect different working arrangements
In summary, while businesses have an important supportive role, responsibility for maintaining a Personal Development Plan should remain clearly with the individual registrant.

Q16. How can the standards for optical businesses be strengthened to help achieve this outcome?

Optometry Scotland considers that any changes to the Standards for Optical Businesses should focus on reinforcing good practice in supporting professional development, rather than introducing prescriptive or enforceable requirements linked to individual registrants' CPD compliance.

The current standards already recognise the importance of creating an environment in which staff are supported to learn and develop. We would support building on this by providing greater clarity and emphasis within guidance, rather than through additional regulatory obligations.
In particular, standards could be strengthened by:
• reinforcing expectations that businesses support a culture of continuous learning and professional development
• recognising the role of informal appraisal, peer discussion and clinical governance processes in supporting development
• promoting the use of patient feedback, where available, as one source of insight to inform learning
However, any strengthening of standards should:
• remain principles-based rather than prescriptive
• be proportionate to the size and capacity of the business
• avoid assuming the presence of formal appraisal or governance systems in all settings
It is important that changes do not result in regulatory responsibilities for CPD compliance being transferred from the individual registrant to the business, particularly given the diversity of working arrangements across the profession.
In summary, the Standards for Optical Businesses can play a valuable role in reinforcing a supportive learning environment, but they should not be used to impose new operational or regulatory requirements that cannot be applied consistently across the sector.

Q17. How should patient feedback be incorporated within the CPD system?

Optometry Scotland supports the inclusion of patient feedback as one potential component of CPD, recognising the value it can provide in informing professional development, particularly in areas such as communication, patient experience and service delivery.

Patient feedback can offer useful insight into how care is perceived and experienced, and where appropriate it can support reflection and continuous improvement. This is consistent with wider healthcare practice and can contribute positively to maintaining public confidence.
However, we do not support a prescriptive or mandatory approach to incorporating patient feedback within the CPD system.
The methods by which feedback is collected and used vary significantly across the sector. Larger organisations may have established systems for gathering and analysing feedback, while smaller practices and independent providers may rely on more
informal mechanisms. In addition, locum practitioners and those working across multiple settings may have limited or inconsistent access to structured feedback.
A mandatory requirement could therefore:
• create inconsistency in how the requirement is met
• introduce additional administrative burden
• disadvantage certain groups of registrants
We would instead support an approach where:
• the use of patient feedback is encouraged through guidance
• registrants are able to draw on a range of feedback sources where available
• feedback is used as one element of reflective practice rather than a standalone requirement
It will also be important to ensure that any use of patient feedback is proportionate and meaningful, reflects the subjective nature of patient opinion and supports learning and improvement rather than becoming a compliance exercise.
In summary, patient feedback can play a valuable role in CPD, but it should be incorporated in a flexible and proportionate way, supported by guidance rather than mandated through prescriptive requirements.

Q18. Should we seek to end CPD provider approval?

Not sure

Please provide comments.

Optometry Scotland recognises the rationale for reviewing and potentially reducing the current CPD provider approval system, particularly in terms of reducing administrative burden and removing barriers to a wider range of CPD provision.
However, we are not persuaded that CPD provider approval should be ended without a clearly defined alternative approach to quality assurance.
The current system provides a level of assurance to registrants that CPD activity meets an expected standard. Removing this entirely risks creating variability in the quality and relevance of CPD provision, particularly in a more flexible system where registrants have greater autonomy in selecting learning activities.
We also note that provider approval acts as an important signal, helping registrants to identify appropriate and credible learning opportunities. In its absence, registrants may require additional guidance and support to navigate a more open market.
We are particularly concerned about the cumulative effect of reducing or removing multiple elements of the current assurance framework, including provider approval, audit and standards. These elements should not be considered in isolation.
If approval is to be removed, this must be accompanied by:
• clear guidance on what constitutes appropriate and high-quality CPD

• alternative mechanisms to support quality assurance
• a proportionate approach to monitoring and addressing poor-quality provision
In summary, while we support reviewing the current model, we would take a cautious approach to ending CPD provider approval without clear and credible alternative safeguards.

Q19. Should we reduce the number of CPD events requiring approval before CPD providers can convert from provisionally approved to fully approved status?

Yes

Please provide comments.

Optometry Scotland supports reducing the number of CPD events required for providers to move from provisional to full approval status, as a proportionate shortterm measure within the current framework.

The existing threshold may act as a barrier to entry, particularly for smaller or more specialised providers. Reducing this requirement could broaden the range of CPD provision available and improve accessibility.
However, it remains important that an appropriate level of quality assurance is maintained. Any reduction should still ensure that providers:
• demonstrate an understanding of GOC expectations
• are capable of delivering relevant and appropriate CPD
• meet a consistent standard before full approval is granted
We therefore support a calibrated approach that lowers barriers while retaining sufficient oversight to maintain confidence in the quality of provision.

Q20. Should we phase out CPD provider audits over the 2028-30 cycle?

Not sure

Please provide comments.

Optometry Scotland recognises the intention to reduce regulatory burden and streamline the CPD system. However, we are not persuaded that CPD provider audits should be fully phased out without a clearly defined alternative approach to quality assurance.
Provider audits currently play an important role in maintaining oversight of the quality and relevance of CPD provision. In a more flexible system, the need for proportionate assurance mechanisms becomes more important rather than less.
Fully phasing out audit risks:
• reduced visibility of CPD quality across the system
• increased variability in the standard of provision
• limited mechanisms to identify and address poor-quality CPD
This is particularly important where CPD is delivered at scale, where some level of proportionate oversight may still be required to maintain quality and consistency.
If audits are to be reduced or removed, this should be accompanied by:
• clear alternative safeguards to support quality and consistency
• defined expectations for CPD provision
• a mechanism for responding to concerns about the quality of learning

In summary, while a more proportionate approach to audit may be appropriate, we would require greater clarity on how quality assurance will be maintained before supporting its full phase-out.

Q21. Should we withdraw GOC's standards for CPD providers?

No

Please provide comments.

Optometry Scotland does not support the withdrawal of the GOC's Standards for CPD Providers at this stage.
While we recognise the intention to reduce regulatory burden and move towards a more flexible CPD system, provider standards play an important role in setting expectations for the quality and consistency of CPD provision.
The standards provide:

- a baseline for quality assurance
- clarity for CPD providers on expected levels of delivery
- confidence for registrants in the learning they undertake

Removing these standards without a clearly defined alternative risks creating variability in CPD quality and making it more difficult to identify and address poor provision.
We also note that, if other elements of oversight such as provider approval and audit are reduced or removed, the standards may represent one of the remaining mechanisms to support consistency. Their removal, in combination with other changes, could significantly weaken the overall assurance framework.
If the intention is to move away from formal standards, this should be replaced with:

- clear guidance on expectations for CPD provision
- a proportionate mechanism for identifying and addressing concerns
- support for registrants in assessing the quality and relevance of CPD activities

In summary, the Standards for CPD Providers should be retained unless and until a credible and effective alternative approach to quality assurance is established.

Q22. When should we aim to introduce changes requiring amendment to the CPD rules 2021?

January 2031

Please provide comments.

Optometry Scotland supports a later implementation date of January 2031 for changes requiring amendment to the CPD Rules 2021.
The proposed reforms represent a significant shift in the structure and operation of the CPD system. Moving from a points-based model to a more flexible, outcomes-based framework will require substantial cultural and behavioural change across the profession, as well as the development of clear guidance and supporting systems. This is particularly important to ensure that public protection is maintained throughout the transition to a less prescriptive system.
A later implementation date would allow sufficient time to:

- develop and consult on detailed guidance for registrants and businesses
- design and test proportionate record-keeping and review processes

• ensure alignment with wider regulatory changes, including potential developments in business regulation
• support registrants and CPD providers in understanding and adapting to the new expectations

We also consider that a phased approach to implementation will be important. Introducing shorter-term changes within the current framework ahead of more fundamental reform would allow the sector to adapt gradually and provide an opportunity to evaluate the impact of changes.

Introducing significant changes too early risks:
• confusion or inconsistency in expectations
• unintended impact on workforce capacity and service delivery
• insufficient time for stakeholders to prepare and adapt

In summary, a 2031 implementation date provides a realistic and proportionate timeframe to ensure that reforms are well-designed, clearly understood and effectively embedded across the profession.

Q23. Will the proposed changes have effects, whether positive or negative, on:

(a) opportunities for persons to use the Welsh language?

Not Sure

(b) treating the Welsh language no less favourably than the English language?

Not Sure

If yes, please explain your reasoning.

Optometry Scotland does not anticipate that the proposed changes will have a direct impact on opportunities to use the Welsh language or on the treatment of Welsh relative to English.

However, as a Scotland-based organisation, we recognise that we may not fully capture the specific considerations within the Welsh context. We would therefore defer to stakeholders operating within Wales on any detailed assessment of impact.

Q24. Could the proposed changes be revised so that they would have positive effects, or increased positive effects, on:

(a) opportunities for persons to use the Welsh language?

Not Sure

(b) treating the Welsh language no less favourably than the English language?

Not Sure

If yes, please explain your reasoning.

Optometry Scotland does not have specific proposals in relation to the Welsh language.

However, we would support the general principle that any future CPD framework, guidance or systems should continue to be accessible in Welsh where appropriate, in

line with existing regulatory expectations.

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?

Not Sure

(b) treating the Welsh language no less favourably than the English language?

Not Sure

If yes, please explain your reasoning.

Optometry Scotland does not identify any clear negative impacts based on the information available.
As above, we would expect that language accessibility continues to be considered in the development and implementation of any future CPD framework.

Q26. Are there any aspects of our proposals that could discriminate against stakeholders with specific characteristics?

a) Yes

If yes, please explain your reasoning.

Optometry Scotland considers that some aspects of the proposals could give rise to differential impacts on certain groups, even if this is not the intended effect.
In particular, a more flexible and less prescriptive CPD system may disadvantage registrants who have less access to support, structured development opportunities or consistent workplace infrastructure. This risk is closely linked to the structure of the workforce and variation in working arrangements.
Potential areas of concern include:
• Pregnancy and maternity, caring responsibilities and part-time working:
Registrants with caring responsibilities or periods away from work may find it more difficult to engage with a less structured system if expectations are not clear and proportionate. Increased reliance on self-direction, record-keeping and reflective documentation may create additional burden.
• Disability and neurodiversity:
While flexibility may benefit some, others may find a less clearly defined system harder to navigate. If expectations are too open- ended, this may increase uncertainty or administrative burden rather than reduce it.
• Age and career stage:
Newly qualified registrants, those returning to practice, and some longer established practitioners may require different levels of support to engage confidently with a more outcomes-based model. A system that assumes a uniform ability to self-direct CPD may not operate equitably.
• Workforce circumstances linked to protected characteristics:
Certain groups may be disproportionately represented in locum, part-time or less formally supported roles. If reforms rely too heavily on employer-led processes or

workplace infrastructure, this may result in unequal access to support and opportunities for development.
We do not suggest that the proposals are inherently discriminatory. However, without careful design and implementation, there is a risk of unintended unequal impact.
To mitigate this, Optometry Scotland would support:
• clear and accessible guidance
• flexibility to accommodate different working patterns and personal circumstances
• proportionate expectations that do not rely on consistent employer support
• ongoing equality impact monitoring as reforms are developed and implemented
In summary, while greater flexibility has the potential to benefit some groups, it also carries a risk of disadvantage if the framework is insufficiently clear, consistent or inclusive in practice.

Q27. Are there any aspects of our proposals that could have a positive impact on stakeholders with specific characteristics?

(No answer)

If yes, please explain your reasoning.

(No answer)

Can we publish your response?

Yes

RESPONDENT 162

Are you responding on behalf of an organisation?

Yes

What is the name of the organisation you are responding on behalf of?

Optometry Wales

Which category best describes the organisation you are responding on behalf of?

Optical professional/representative body

Q1. Do you agree with our objectives for the review?

Yes

Please provide comments.

Optometry Wales supports the intention to give registrants greater freedom and flexibility in shaping their own CPD approach.

Q2. Do you agree that we should move away from a points system?

Yes

Please provide comments.

Yes – but with guidance provided for registrants. The GOC's proposals to move away from a points-based system towards a more flexible approach are positive steps which will make it easier for professionals to tailor their learning and reflect the varied scopes of practice amongst registrants.
However, there is a need for guidance from the regulator to ensure that registrants understand expectations and the requirements for auditing.

Q3. Do you agree that we should issue guidance on the amount, areas and types of learning rather than set specific requirements?

Yes

Please provide comments.

Guidance for registrants on GOC expectations and audit evidence will become increasingly important if CPD is to become more flexible.

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

Please provide comments.

The term ‘sufficient’ or similar does not provide adequate assurance of the quality or variety of choice for registrants. A clearly defined minimum standard would constitute more appropriate terminology and will prevent inconsistency amongst registrants, across the home nations and where optometrists hold higher qualifications and work in enhanced clinical services.
An emphasis on quality over quantity and relevance to personal development plans would support consistency while preserving a degree of flexibility.
Clear guidance for registrants on CPD requirements is essential to support registrants and ensure compliance within audit processes. In addition, guidance for registrants on the appraisal and selection of high quality CPD will support compliance without losing flexibility.

Q5. Should registrants be required to make a personal development plan and reflect on progress as part of appraisals and similar mechanisms?

Yes

Please provide comments.

Yes – with caveats. A personal development plan provides registrants with the opportunity to consider their CPD and educational requirements for the forthcoming cycle, while allowing sufficient flexibility to accommodate changes during the cycle and in how those objectives are to be achieved.
While businesses should support staff in undertaking CPD activities and in progressing their training, qualifications, and career development, responsibility for personal development plans should rest solely with the individual registrant.
However, incorporating into business-led appraisal systems could create significant challenges for small and independent practices who may have limited administrative capacity and fewer resources compared to large corporate providers. Expanding business responsibilities risks placing disproportionate pressure on these smaller organisations, potentially creating a gap between independents and large corporate providers. Without funding support or guidance for businesses the proposed changes may unintentionally disadvantage small providers.

In addition, locums and registrants with portfolio careers would also be disadvantaged and it is not clear from the consultation if this would have any unintentional impact on employment status under HMRC guidance.
It is also unclear from the proposals what level of responsibility, if any, would fall on an optical business if a registrant fails to meet the standards required following a CPD review. While the consultation suggests amending the Standards for Optical Businesses to give employers a greater role in supporting registrants’ learning and development, it does not set out business accountability should a registrant’s CPD be deemed inadequate. Furthermore, although the proposals suggest an annual declaration model supported by sample audits, it does not clarify whether businesses would share any compliance obligations or consequences in such cases. This lack of clarity risks creating uncertainty for employers about their responsibilities and potential

liabilities under the proposed reforms.
Businesses have commercial interests which may not always align with a registrant's personal development plan. The regulator must retain oversight of CPD to ensure that registrants meet required standards.

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

Please provide comments.

The proposed requirement for registrants to maintain their own learning records which should be available for review upon request is a positive move to reduce administrative burden. Annual declaration at time of registration renewal maintains compliance whilst signalling trust.
Although the proposals suggest an annual declaration model supported by sample audits, it does not clarify whether businesses would share any compliance obligations or consequences in such cases. This lack of clarity risks creating uncertainty for employers about their responsibilities and potential liabilities under the proposed reforms.

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 or own records

Please provide comments.

As mentioned above, the proposed requirement for registrants to maintain their own learning records which should be available for review upon request is a positive move to reduce administrative burden.
Any GOC reforms to CPD should be supported by clear expectations for CPD requirements and recordkeeping so that standards remain consistent without transferring administrative burden to registrants or businesses and will help maintain regulator and compliance.

Allowing registrants to select their preferred system for recording CPD supports flexibility and, for some registrants, may reduce administrative burden. However, where registrants do not have access to alternative approved software or platforms, for example locums or those working within small businesses, the GOC IT system should be retained to ensure equitable access. This will help ensure that increased flexibility does not inadvertently disadvantage certain groups of registrants.

Q8. Should GOC review a sample of CPD records following annual registration renewal?

Yes

Please provide comments.

The GOC should retain responsibility for auditing and be able to evidence that any changes to the CPD framework are appropriate and justified.

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

Please provide comments.

Yes – with caveats. Clear procedures should be established, with appropriate allowances during the initial transition period, to ensure registrants understand their CPD requirements. Robust safeguards are essential for audit purposes.

Q10. Should we change the competencies (the four domains) which CPD events must relate to?

Yes

Please provide comments.

With increasing numbers of registrants obtaining higher qualifications registrants will be looking to direct their learning to their specialist areas. Embedding higher qualifications within a flexible CPD system, rather than retaining the current add-on approach, such as for Independent Prescribers, could encourage greater uptake of additional qualifications.
In addition, removing structured domains will allow registrants to adopt a more tailored approach to learning, particularly where studying for higher qualifications forms a significant part of their personal development plan.

Q11. Should we adjust the points allocated to different activities to make it easier to reach the total points required under the CPD rules 2021?

No

Please provide comments.

CPD point allocation should reflect the level and quality of learning. Offering greater flexibility should enable registrants to reach point requirements and direct learning towards personal development goals.

Q12. Should we remove the limit on the minimum number of CPD points that must be obtained from provider-led activity?

No

Please provide comments.

The complete removal of structured elements risks undermining the consistency and

value of CPD. We support the introduction of a minimum annual CPD requirement to provide clarity for registrants, maintain compliance, and support personal development planning. Establishing a defined minimum level would also support a robust governance framework and provide assurance to commissioners that optometrists are maintaining appropriate standards of practice.
We also recommend that the GOC engage with commissioners and governments across each of the home nations to ensure that any proposed changes to the CPD system do not give rise to unintended consequences.
In Wales, where a significant proportion of registrants hold higher qualifications and deliver enhanced WGOS services, the current CPD system provides assurance to the Welsh Government and Health Boards that competence is being maintained. An overly flexible approach to CPD may risk undermining this assurance and could result in Health Boards introducing their own, potentially variable, CPD requirements, thereby creating inconsistency within Wales and across the home nations.

Q13. Should we remove the need for a reflection statement to be provided for each self-directed CPD activity?

Yes

Please provide comments.

Yes – with caveats. The removal of some of the barriers to self-directed CPD, such as the need for reflective statements and the removal of the requirement for a minimum of provider-led sessions, is a positive move towards reducing unnecessary administrative burden whilst retaining the flexibility for registrants to choose CPD that fits their learning style and support those with portfolio careers and varied scope of practice.
However, if reflection is to be removed from self-directed learning, incorporating reflection during and/or at the end of a CPD cycle would enable registrants to review and monitor their personal development plans and support the use of reflection as a valuable learning tool.

Q14. How can we best leverage the role of businesses within the CPD system to support a less prescriptive system for individual registrants?

Registrants' personal development plans should remain the responsibility and choice of the individual and remain outside business responsibilities.
While businesses should support staff in undertaking CPD activities and in progressing their training, qualifications, and career development, responsibility for personal development plans and CPD should rest solely with the individual registrant.
As mentioned previously, any changes to the role of businesses within the CPD system could create significant challenges for small and independent practices who may have limited administrative capacity and fewer resources compared to large corporate providers. Expanding business responsibilities risks placing disproportionate pressure on these smaller organisations, potentially creating a gap between independents and large corporate providers.
Without funding support or guidance for businesses the proposed changes may unintentionally disadvantage small providers.
In addition, locums and registrants with portfolio careers would also be disadvantaged and it is not clear from the consultation if this would have any unintentional impact on employment status under HMRC guidance.

It is also unclear from the proposals what level of responsibility, if any, would fall on an optical business if a registrant fails to meet the standards required following a CPD review. While the consultation suggests amending the Standards for Optical Businesses to give employers a greater role in supporting registrants' learning and development, it does not set out business accountability should a registrant's CPD be deemed inadequate. Furthermore, the consultation does not clarify whether businesses would share any compliance obligations or consequences in such cases. This lack of clarity risks creating uncertainty for employers about their responsibilities and potential liabilities under the proposed reforms.

Q15. Should business registrants have specific responsibility to ensure individual registrants have an up-to-date personal development plan?

No

Please provide comments.

Registrants' personal development plans should remain the responsibility and choice of the individual and remain outside business responsibilities.
As mentioned above, such a change could create significant challenges for small and independent practices who may have limited administrative capacity and fewer resources compared to large corporate providers. Expanding business responsibilities in this area risks placing disproportionate pressure on these smaller organisations, potentially creating a gap between independents and large corporate providers. Without funding support or guidance for businesses the proposed changes may unintentionally disadvantage small providers.
In addition, locums and registrants with portfolio careers would also be disadvantaged and it is not clear from the consultation if this would have any unintentional impact on employment status under HMRC guidance.
It is also unclear from the proposals what level of responsibility, if any, would fall on an optical business if a registrant fails to meet the standards required following a CPD review. While the consultation suggests amending the Standards for Optical Businesses to give employers a greater role in supporting registrants' learning and development, it does not set out business accountability should a registrant's CPD be deemed inadequate. Furthermore, although the proposals suggest an annual declaration model supported by sample audits, it does not clarify whether businesses would share any compliance obligations or consequences in such cases. This lack of clarity risks creating uncertainty for employers about their responsibilities and potential liabilities under the proposed reforms.

Q16. How can the standards for optical businesses be strengthened to help achieve this outcome?

While businesses should support staff in undertaking CPD activities and in progressing their training, qualifications, and career development, responsibility for personal development plans should rest solely with the individual registrant.
The proposal to amend the Standards for Optical Businesses to give employers a greater role in supporting CPD acknowledges that businesses often work closely with registrants and can identify development needs.
However, as mentioned above, this change could create significant challenges for

small and independent practices who may have limited administrative capacity and fewer resources compared to large corporate providers.
Expanding business responsibilities in this area risks placing disproportionate pressure on these smaller organisations, potentially creating a gap between independents and large corporate providers. Without funding support or guidance for businesses the proposed changes may unintentionally disadvantage small providers.
It is unclear from the proposals what level of responsibility, if any, would fall on an optical business if a registrant fails to meet the standards required following a CPD review. While the consultation suggests amending the Standards for Optical Businesses to give employers a greater role in supporting registrants' learning and development, it does not set out business accountability should a registrant's CPD be deemed inadequate. Furthermore, although the proposals suggest an annual declaration model supported by sample audits, it does not clarify whether businesses would share any compliance obligations or consequences in such cases. This lack of clarity risks creating uncertainty for employers about their responsibilities and potential liabilities under the proposed reforms.
Businesses have commercial interests which may not always align with a registrant's personal development plan. The regulator must retain oversight of CPD to ensure that registrants meet required standards.

Q17. How should patient feedback be incorporated within the CPD system?

In the absence of clear guidance for registrants, there should be no expectation that patient feedback is incorporated into individual CPD, although it may be undertaken on a voluntary basis. Locums may find this more appropriate for their own development and employment needs, while some businesses may already collect patient feedback for employed registrants as part of their internal quality assurance and business development processes.

Q18. Should we seek to end CPD provider approval?

Yes

Please provide comments.

Yes – but with caveats. Optometry Wales declares an interest as a CPD provider.
The consultation notes that the GOC is currently the only UK health regulator undertaking CPD provider audits. This does not suggest any inadequacy, rather it reflects a higher level of regulatory oversight, with the GOC setting a potential benchmark for best practice among regulators. This is further reinforced by the GOC's own findings that there are high levels of registrant satisfaction with current CPD provision.
Removing provider approval could help reduce administrative requirements for both the GOC and CPD providers and may broaden learning opportunities and encourage innovation.
However, if audits and approval processes are discontinued, the system must still ensure that registrants engage with CPD that is relevant, high quality, and appropriate to scope of practice.
Any GOC reforms to CPD should be supported by clear expectations for CPD requirements and recordkeeping so that standards remain consistent without

transferring administrative burden to registrants. A balanced approach will help maintain public confidence while enabling registrants to benefit from a more flexible approach to CPD.

Q19. Should we reduce the number of CPD events requiring approval before CPD providers can convert from provisionally approved to fully approved status?

Yes

Please provide comments.

Yes – with safeguards. Optometry Wales declares an interest as a CPD provider.
Any reduction in CPD provider requirements should only be implemented on the condition that it does not compromise the standard of CPD provision. Appropriate safeguards would need to be in place to assure the regulator that CPD remains of high quality and is fit for purpose. Guidance for providers should be maintained irrespective of any changes to the approval framework.

Q20. Should we phase out CPD provider audits over the 2028-30 cycle?

Yes

Please provide comments.

Yes – only where safeguards are in place. Optometry Wales declares an interest as a CPD provider.
The removal of CPD provider audits should only be considered where appropriate safeguards are in place to ensure quality and consistency. Guidance for providers should be maintained irrespective of any changes to approval arrangements.

Q21. Should we withdraw GOC's standards for CPD providers?

No

Please provide comments.

Optometry Wales declares an interest as a CPD provider.
Robust safeguards and clear guidance for providers are essential to maintain high-quality and consistent CPD provision and to provide assurance to both registrants and the regulator.

Q22. When should we aim to introduce changes requiring amendment to the CPD rules 2021?

January 2031

Please provide comments.

A parallel implementation approach would allow sufficient time for registrants to

understand the proposed changes and their implications for personal development planning, while reducing the risk of compliance issues during transition.
The transition period should allow registrants to operate under both the existing and revised systems to support a smooth implementation.
It is also evident that significant development work is required prior to the introduction of any amendments to the CPD Rules. Adequate time should therefore be allowed both for system development and for registrants to adapt to the impact of the changes.

Q23. Will the proposed changes have effects, whether positive or negative, on:

(a) opportunities for persons to use the Welsh language?

Not Sure

(b) treating the Welsh language no less favourably than the English language?

Not Sure

If yes, please explain your reasoning.

In the absence of further detail regarding the proposed changes, this question cannot be answered with certainty.
The GOC has demonstrated a commitment to Welsh language accessibility by ensuring that Welsh is treated no less favourably than English. Registrants are currently able to submit personal development plans and reflective statements in Welsh, and guidance for registrants is also available in Welsh. The full consultation materials were likewise provided in both English and Welsh.
Increased flexibility and a greater emphasis on self-directed CPD may create additional opportunities for the use of the Welsh language. Self-directed learning enables registrants to access Welsh-language materials, engage with Welsh-speaking peer networks, and undertake locally delivered CPD relevant to Welsh-speaking communities.
However, any reforms should continue to maintain and, where possible, strengthen bilingual provision.

Q24. Could the proposed changes be revised so that they would have positive effects, or increased positive effects, on:

(a) opportunities for persons to use the Welsh language?

Not Sure

(b) treating the Welsh language no less favourably than the English language?

Not Sure

If yes, please explain your reasoning.

Without further information on the proposed changes this question cannot be answered with certainty.
Increased flexibility and a greater emphasis on self-directed CPD may create

additional opportunities for the use of the Welsh language. Self-directed learning enables registrants to access Welsh-language materials, engage with Welsh-speaking peer networks, and undertake locally delivered CPD relevant to Welsh-speaking communities.
However, any reforms should continue to maintain and, where possible, strengthen bilingual provision.

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?

Not Sure

(b) treating the Welsh language no less favourably than the English language?

Not Sure

If yes, please explain your reasoning.

Without further information on the proposed changes this question cannot be answered with certainty.

Q26. Are there any aspects of our proposals that could discriminate against stakeholders with specific characteristics?

c) Not sure

If yes, please explain your reasoning.

(No answer)

Q27. Are there any aspects of our proposals that could have a positive impact on stakeholders with specific characteristics?

c) Not sure

If yes, please explain your reasoning.

(No answer)

Can we publish your response?

Yes

RESPONDENT 163

Are you responding on behalf of an organisation?

Yes

What is the name of the organisation you are responding on behalf of?

Which category best describes the organisation you are responding on behalf of?

Education provider

Q1. Do you agree with our objectives for the review?

Yes

Please provide comments.

(No answer)

Q2. Do you agree that we should move away from a points system?

Not sure

Please provide comments.

Collecting a recommended number of points over the duration of 1 or 3 years is a simple way to quantify a level of engagement and learning, and facilitates comparison with peers, or inclusion in a PDR or PADR. By placing increased points on certain activities such as peer review and workshops, it encourages registrants to consider more interactive sessions when undertaking CPD.

Replacing points with recommended hours of CPD per year is another option but should be supported with documentation onhow best to select a wide range of CPD activates to create a varied portfolio of activities to support their continued engagement with the profession and advancing their knowledge and experience.

Q3. Do you agree that we should issue guidance on the amount, areas and types of learning rather than set specific requirements?

Yes

Please provide comments.

Registrants would benefit from GOC support and guidance on how to create and maintain their annual or 3-year portfolio of CPD activities. Although stating a requirement for the minimum level of activity over a specific timeline is justifiable.

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?

Notional minimum amount

Please provide comments.

Every practitioner has a different attitude to their CPD needs and from our CPD Provider perspective, we see many learners undertaking numerous educational activates, both CPD approved and self-directed, yet not necessarily submitting them to the GOC website due to the onerous and time-consuming nature of the process. By providing a minimum level of activity and not stating a 'sufficient' or 'normal' expected amount of CPD this may encourage the registrant to fully include their CPD activities and reflections in their portfolio.

Q5. Should registrants be required to make a personal development plan and reflect on progress as part of appraisals and similar mechanisms?

Yes

Please provide comments.

Personal development plans and reflective practices are proven to be strong learning activity in medicine and healthcare.

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

Please provide comments.

(No answer)

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 or own records

Please provide comments.

Some registrants may already use other IT systems such as Pebble Pad and therefore the GOC system would be a duplication work for them. However, if the GOC has a platform that can support the collection of CPD evidence, creation of PDP, and completion reflective statements, along with supportive advice and suggestions, then that will certainly make it easier for practitioners to proceed.

Q8. Should GOC review a sample of CPD records following annual registration renewal?

Yes

Please provide comments.

Other healthcare professions conduct audits of registrants CPD portfolios, review the content, and provide feedback. This ensure standards are advanced in the profession.

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?

Not sure

Please provide comments.

Inadequate CPD records and reflection should result in GOC discussion, advice, and support with the registrant and with the aim to resubmit an improved portfolio at a later date. Further action could be taken if the registrant fails to satisfy the GOC. However, appropriate guidance is fundamental. Without some form of quantitative guidance how could an underperforming registrant be identified? There needs to be a metric against which outcomes can be established.

Q10. Should we change the competencies (the four domains) which CPD events must relate to?

Yes

Please provide comments.

The GOC have 19 Standards of Practice and it would be quite difficult to achieve CPD activities in all of them within a set timeframe. By removal of the 4 Domains and the obsession with gaining one point in each allows the registrant to see beyond those titles and look in more detail at all 19 SoP and the sub-categories to guide their choice of learning activity.

Q11. Should we adjust the points allocated to different activities to make it easier to reach the total points required under the CPD rules 2021?

No

Please provide comments.

The current higher points for attended/virtually attended and interactive sessions, such as peer review, do suffice. The majority of registrants currently achieve sufficient points over a 3-year cycle to maintain standards in the profession. Consider simplifying the method of evidencing it via the GOC CPD platform. Postgraduate professional qualifications at educational establishments are usually credit bearing so this could be used as evidence when significant studies have been undertaken, e.g. Prof Cert Glaucoma.

Q12. Should we remove the limit on the minimum number of CPD points that must be obtained from provider-led activity?

No

Please provide comments.

Providers work hard to deliver high standards of CPD, the quality of which is often overseen by multiple stakeholders including professional body accreditation. To allow registrants to undertake a higher percentage of unregulated learning activity could undermine professional standards.

Q13. Should we remove the need for a reflection statement to be provided for each self-directed CPD activity?

Yes

Please provide comments.

An individual reflective statement should not be required for each self-directed CPD activity. Consider accepting a global reflective statement for a small collection of CPD activities that enable the same Learning Outcome or Standard of Practice/Competency.

Q14. How can we best leverage the role of businesses within the CPD system to support a less prescriptive system for individual registrants?

(No answer)

Q15. Should business registrants have specific responsibility to ensure individual registrants have an up-to-date personal development plan?

Not sure

Please provide comments.

What incentive is there for a business to challenge its own employees over the quality of CPD when it is the activity of those same employees which is needed to keep the business running. There is a danger of businesses not taking the time to review the CPD PDP in detail and accepting submissions to a lower quality that will consequently fail GOC CPD standards and risk registrant removal from the register.
There are a lot of professionals with more than one job and employer, and on the flip side, a lot of locums with no regular employer. Both would be problematic and complex.

Q16. How can the standards for optical businesses be strengthened to help achieve this outcome?

(No answer)

Q17. How should patient feedback be incorporated within the CPD system?

Patient feedback can be a valuable element of reflective learning. However, seeking patient feedback as part of the CPD system may not be possible for some registrants depending on their employment and job role. Ensuring there is no patient bias or incentivisation could be problematic.

Q18. Should we seek to end CPD provider approval?

No

Please provide comments.

Registered providers of CPD should still be asked to justify that they will maintain high standards of CPD delivery and endeavour to support their leaners by the provision detailed ‘certification of completion’ and prompt communication. As part of the provider annual registration and fee payment, consider collection of information regarding CPD delivery, issue of certification and feedback collection. A lot of the information provided in each CPD episode upload is repetition. Recognition should be given to providers who receive good feedback or ‘5 stars’ from learners, or deliver a higher volume of CPD. This will allow registrants to select a CPD provider for their learning and advancement based of the provider CPD history.

Q19. Should we reduce the number of CPD events requiring approval before CPD providers can convert from provisionally approved to fully approved status?

Yes

Please provide comments.

The advice given by the approvers is invaluable and does support good standards of CPD delivery. I very much appreciated the 10 session process. However, 10 events can seem like an eternity for some CPD providers. Consider less CPD events until fully approved, but with the option for all CPD providers to access support at any time from the GOC approvers.

Q20. Should we phase out CPD provider audits over the 2028-30 cycle?

Not sure

Please provide comments.

Underperforming CPD Providers with poor feedback should have some form of audit in order to gain GOC CPD support to improve.

Q21. Should we withdraw GOC’s standards for CPD providers?

No

Please provide comments.

Standards for Providers is useful to inform the creation of CPD activities. However, a re-write would be beneficial. It is too prescriptive in places and yet incredibly vague with other aspects.

Q22. When should we aim to introduce changes requiring amendment to the CPD rules 2021?

January 2031

Please provide comments.

Small changes can be made at the end of the current cycle. More significant changes and amendments to the 2021 Rule should have sufficient time allowed to ensure a smooth transition.

Q23. Will the proposed changes have effects, whether positive or negative, on:

(a) opportunities for persons to use the Welsh language?

No

(b) treating the Welsh language no less favourably than the English language?

No

If yes, please explain your reasoning.

(No answer)

Q24. Could the proposed changes be revised so that they would have positive effects, or increased positive effects, on:

(a) opportunities for persons to use the Welsh language?

Yes

(b) treating the Welsh language no less favourably than the English language?

Yes

If yes, please explain your reasoning.

GOC webpages and CPD platform must have high visibility showing/promoting the option of resources available in Welsh and English language.

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?

Yes

(b) treating the Welsh language no less favourably than the English language?

Yes

If yes, please explain your reasoning.

For the same reasons as Q24: GOC webpages and CPD platform must have high visibility showing/promoting the option of resources available in Welsh and English language.

Q26. Are there any aspects of our proposals that could discriminate against stakeholders with specific characteristics?

a) Yes

If yes, please explain your reasoning.

Individuals with disability involving anxiety and neurodivergence tend to prefer structured processes with firmly defined goals and achievements. Uncertainty as to whether their CPD activity is sufficient to meet GOC requirements if challenged could well lead to increased levels of anxiety.

Q27. Are there any aspects of our proposals that could have a positive impact on stakeholders with specific characteristics?

a) Yes

If yes, please explain your reasoning.

Ensure registrants with limited time and flexibility (pregnant, maternity, carer, disability, religion) are able to access sufficient CPD and can easily evidence achievement for CPD purposes.

Can we publish your response?

Yes, but please keep my name and/or my organisation’s name private

RESPONDENT 164

Are you responding on behalf of an organisation?

Yes

What is the name of the organisation you are responding on behalf of?

The College of Optometrists

Which category best describes the organisation you are responding on behalf of?

Optical professional/representative body

Q1. Do you agree with our objectives for the review?

No

Please provide comments.

1. Effective CPD should empower registrants to maintain and develop the competencies that directly protect patients and underpin safe and effective clinical practice. A structured, GOC-led framework provides the consistency, independence, and quality assurance that neither employers or the market alone can reliably deliver. The College supports a system that recognises the diverse careers of registrants while keeping patient safety at its core. We believe that evolving the current framework will achieve better outcomes than a wholesale restructure.
2. The objectives, taken in isolation, are worthy, but do not effectively consider the preparedness for change in the sector, and are not clearly connected to the principles presented in the introductory narrative.
3. The sector needs a framework that registrants can work to, to inform their CPD and career development activities. We are a procedural profession – removing too much of the framework without cultural change brought about with sustained support from the GOC will cause anxiety and will reduce the quality of CPD activity undertaken by a large proportion of registrants.
4. CPD activities in relation to enhanced practice, and additional qualifications are already recognised via provider CPD. This should not be promoted at the expense of maintaining oversight of core competence.
5. To move to an outcomes-based system registrants will need strong reflective skills. The GOC need to support registrants to develop reflective practice and make it easier for them to record this.
6. The College is concerned that the GOC will replace CPD points with CPD hours, or a less objective measure of activity, without addressing the variable quality of the CPD activities undertaken (or of the activities currently delivered by providers).
7. Equally, whilst recognition of the diverse career trajectory of registrants is important, development focused purely on enhancing non-protected activities should not replace development and maintenance of competences that are essential to patient safety. Registrant CPD should focus on maintaining and enhancing competence as a registrant.

8. It is not clear that current restrictions in freedom to undertake self-directed CPD are inhibitory.
9. As presented, the proposals could be interpreted as the GOC reducing costs by withdrawing from overseeing and assuring the quality of CPD and career development activities in favour of letting employers control it. Employers are not independent and will favour business and commercial needs and requirements when the focus should be on the individual and their development.
10. Employers are reluctant to take on this responsibility, and the College feels that this move will significantly adversely affect small businesses and locum optometrists.
11. We need to know what the costs of compliance are – there could be far better, more economical ways of doing this than restructuring the whole system. We believe that these current proposals will lead to an increase in fitness to practice cases and so would just transfer costs rather than save money. It will also risk the GOC missing non-compliance because random sampling cannot economically provide comprehensive coverage over a reasonable timescale. This might be rectified if a risk or judgment-based sampling approach could be developed.

Q2. Do you agree that we should move away from a points system?

No

Please provide comments.

1. The College does not support moving away from a points-based system at this time. Whilst the ambition to foster a more self- directed, intrinsically motivated approach to CPD is one the College shares, the preconditions for that shift do not yet exist across the profession (GOC report: only 3.9% of points in the last cycle were self-directed). Whilst many capable registrants would welcome the flexibility signalled by the proposals the registrants who need to be more closely managed to protect the public are not yet ready for the ownership of outcomes. To do so now could be a retrograde step.
2. The current evidence base tells a clear story: a significant proportion of registrants complete the majority of their CPD activity in the weeks immediately before the deadline. This is not a failure of the points system, it is a signal that the profession has not yet developed the self-assessment skills, professional confidence, or cultural relationship with CPD that a less structured framework would require. Removing the framework before that foundation is in place risks a measurable decline in CPD quality and engagement, with foreseeable consequences for patient safety and fitness to practise.
3. The College's position is that a structured, objective, and accountable CPD framework must remain in place until a profession- wide cultural shift has been achieved. A shift towards CPD as an integral and energising part of professional life rather than a compliance exercise, is achievable, but will require sustained investment, guidance, and coordination from the GOC and sector bodies over a realistic timeframe of five to seven years. To remove structural accountability before that groundwork is complete would be to prioritise administrative simplicity over professional standards.

Q3. Do you agree that we should issue guidance on the amount, areas and types of learning rather than set specific requirements?

No

Please provide comments.

Note: We have interpreted this question as an intention to improve flexibility and removing constraints by moving to guidance.
1. Guidance needs to be specific and measurable, itemising / describing fully clear criteria against which registrants will be assessed and what constitutes adequacy / inadequacy. This requires transparent piloting to enable the maximum number of registrants to engage in peer- and self-assessment in an environment providing safety to fail. Current barriers to self-directed learning stem not from GOC restrictions but from fear of "getting it wrong".
2. In order to be more flexible, as a stepping stone to removing specific requirements, the GOC should be far more creative, and inspirational, in their guidance on what are suitable activities and the amount of time needed to meet requirements.
a. Include formal education
b. Include Educating Others as a domain which would include teaching and preparing optical learning events which should attract recognition.
c. Include Research and Service Improvement as a domain to recognise everybody's role in improving the sector and the care of patients.
i. Writing and presenting scientific papers and posters should be recognised.
ii. Active participation in transformative committees and projects should be recognised.
iii. Peer auditing other registrants should be introduced and peer auditing another registrant mandatory. So, everybody gets audited by somebody they do not know – outcomes could inform judgement-sampling by the
GOC for audit purposes. This could be submitted as (part of) the peer review.
iv. Service improvement activities.
d. Include non-clinical leadership activities that may not be in the optical sector and may be gained from registrants' hobbies and interests outside work, but that can be demonstrated to enable increased clinical leadership capabilities.
3. Specific guidance should be in place for registrants who take breaks from practice due to maternity, childcare, sabbaticals or illness. This should embrace a flexible approach.
4. Specific guidance should be in place to advise new qualified optometrists who join the register mid-year / cycle and part time workers. This should embrace a flexible approach.

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?

Sufficient CPD

Please provide comments.

1. Registrants who dislike CPD will work to any minimum amount the GOC publish as a target. The worry is that more registrants see the minimum as the target so "sufficient" will need to be carefully worded to prevent this. Perhaps have "expected" as well as minimum amounts.
2. Emphasis should be on the quality and measurable impact of CPD activities, not how long they take to complete.

Q5. Should registrants be required to make a personal development plan and

reflect on progress as part of appraisals and similar mechanisms?

No

Please provide comments.

1. We feel that this will reduce equity as registrants working for large employers will have better access to support on this than independent practices and locums.
2. It must be a personal plan, written by the individual for the individual - as employers and registrants will have different priorities to the contents of a CPD plan and this action could lock registrants into working for an employer – it will reduce workforce mobility.
3. Employers should have goals for their employers, and development plans but these should not constitute the registrants' personal development plan, although they may overlap. There is a significant difference, given the current commercial cross- subsidy of healthcare provision, between being a more effective employee and being a safe and effective practitioner. The GOC's own registrant survey highlights this disparity.

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?

No

Please provide comments.

1. It is insufficient to make a declaration when optometrists are already saying they comply with the standards in making their application. Focus should be in keeping the system honest and robust – sampling audits is inadequate for this. We feel that focused audits should be implemented based on outcomes from (anonymous) peer reviews.

2. The GOC needs to be very clear of what constitutes "sufficient learning" to those registrants who say they meet the expectations and to define what those expectations are. A mechanism will also need to be in place for those who report that they comply and do not meet the requirements as they could be viewed as lying which is a very serious FtP situation.

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 or own records

Please provide comments.

1. Both – large practices and the multiples are likely to have their own systems which may be excellent and encourage CPD; but what about small practices, individual practitioners or locums? There needs to be a safety net system for these people. Also, in independent system without commercial pressures. Perhaps such systems could be subject to approval?
2. If the GOC system is not used, the registrants should use software approved and validated by the GOC and upload a statement each year. Such software must:

o Export records in a consistent format
o Meet specified criteria
o Meet security requirements
o Cannot shackle a registrant to an employer.

Q8. Should GOC review a sample of CPD records following annual registration renewal?

Yes

Please provide comments.

1. Yes – we think this should be mandatory for auditing any quality system. The GOC needs to evidence the quality of their systems so that targeted improvements can be made on solid data.
2. Whilst we recognise that audit can only ever be conducted on a sampling basis, accountability can be very variable as a consequence, with some overdoing through fear of lack of compliance and others hoping they will “get away with it”.
3. We suggest using targeted auditing as sample auditing needs to be large and detailed (and so, expensive) to be effective at raising standards.
4. Mechanisms such as universal, randomised, anonymous peer review of records should be used to manage and inform risk- based sampling for audit and provide a more comprehensive and equitable approach. This would also have the advantage of enabling cross-fertilisation of ideas and standards across the whole body of registrants.

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

Please provide comments.

1. Yes, unless there is a valid reason for that failure, such as prolonged illness or disability which could restrict access to resources - although this also might be considered as a lack of fitness-to-practise.
2. Mechanisms for development, akin to the “speed awareness course” could be used to develop registrants who fail compliance.
3. Maybe introduce “postponed renewal” registrations pending remedial CPD activity (that cannot be used in the current cycle).

Q10. Should we change the competencies (the four domains) which CPD events must relate to?

Yes

Please provide comments.

1. Educating Others needs to be added to the domains as an excellent learning strategy and to encourage peer-led learning and the effective training / education of

the next generation of optometrists.
2. Research and Service Improvement domain needs to be added as a domain to encourage audit and research.
3. The addition of these two domains will align optometrists with the four pillars used in other healthcare professions.
4. The GOC needs to significantly expand the types of activities that contribute to the (especially non-clinical) domains. This will increase the likelihood of registrant compliance by making development more enjoyable and easier to achieve. Forcing people to do a very limited list of activities does not make the process attractive for those who prefer to learn in different ways.
5. GOC must include studying for higher qualifications and teaching / developing others as acceptable activities for CPD.
6. Routine activities and those that do not cost registrants their own money must be prioritised – especially in self-directed learning.

Q11. Should we adjust the points allocated to different activities to make it easier to reach the total points required under the CPD rules 2021?

No

Please provide comments.

1. Optometrists need to be able to participate in a more varied and innovative range of points so we suggest an increase in the diversity of means of being able to achieve the points.

Q12. Should we remove the limit on the minimum number of CPD points that must be obtained from provider-led activity?

No

Please provide comments.

1. We support making it a much more level playing field for optometrists to gain provider led and self-directed CPD points.
2. Provider-led CPD is easier to maintain high-quality CPD activities. Some providers are far better than others so the registrant workforce does not have a clear idea of what constitutes “good CPD activity”. This could be phased out in the future but the GOC would need to identify the quality providers (and why) to demonstrate good activities. When this is firmly established we can then begin to phase out / reduce provider-led activity.
3. Making registrants and providers responsible for assessing the quality of activities needs careful management as some essential development may not be fun or easy to put on.
4. There is no evidence that the current limit represents a barrier, since the amount of self directed CPD undertaken is still very low.

Q13. Should we remove the need for a reflection statement to be provided for each self-directed CPD activity?

No

Please provide comments.

1. The College strongly opposes the removal of reflection statements from self-directed CPD activity. Reflective practice is not an administrative burden, it is a clinically validated learning technique that deepens self-awareness, supports the identification of
developmental needs, and drives meaningful improvement in practice.
2. The College's concern is not with reflection as a requirement, but with the inconsistent quality of reflective writing across the registrant population. More experienced registrants, in particular, often lack confidence and formal grounding in reflective methodology, not because they are less capable, but because structured reflection was not embedded in their early professional training. The GOC has a responsibility to address this through accessible, high-quality guidance and support, rather than removing a requirement that, properly undertaken, is one of the most valuable elements of the CPD framework.
3. To remove reflection statements would be to lower the standard of CPD at precisely the moment the profession should be raising it, and a move away from a robust pedagogical approach.
4. We would support, in the future, requiring reflection on all activities as reflective practice is a fundamental aspect of learning and development. This should not happen immediately as a well-supported change in culture is required.
5. The process of documenting reflective practice must be less bureaucratic.

Q14. How can we best leverage the role of businesses within the CPD system to support a less prescriptive system for individual registrants?

1. Make it an expectation that businesses support their staff with CPD activities and give them resources / protected time in which they can do CPD activities.

2. Registrants could report each year how they are supported by their employer to achieve their development / CPD.

Q15. Should business registrants have specific responsibility to ensure individual registrants have an up-to-date personal development plan?

No

Please provide comments.

1. The PDP is a personal development plan and so needs to be personal. If businesses gain too much responsibility for registrants' PDPs then they will influence them to align with the business requirements, not the individual optometrist (who might be developing their skills to leave that employer). This will tie registrants into particular businesses and will reduce workforce mobility, which drives down the quality of patient care. This is one reason the NHS is improving the workforce mobility of its scientific staff.*
* Note: The GOC's Workforce & Perceptions Survey highlights high levels of bullying (36%) and commercial pressure (33%) within the optical sector. Increasing employer control over CPD and PDPs risks exacerbating existing power imbalances, particularly for locums, part-time workers, and those in precarious employment.
2. Aligning registrants' PDPs to the requirements of their employer's business plans (officially) is a retrogressive move that will tie registrants to their employers and reduce

the opportunities for self-development.
3. It is more important that businesses should support their employees' CPD activities and give them protected time to do CPD rather than monitoring it.

Q16. How can the standards for optical businesses be strengthened to help achieve this outcome?

1. The College does not support strengthening the Standards for Optical Businesses as a mechanism for delivering this outcome. CPD is fundamentally a matter of individual professional responsibility and development, it sits with the registrant, not the employer.
2. Businesses have an important role to play in creating conditions that support CPD: providing protected time, facilitating access to relevant activities, and fostering a workplace culture in which professional development is valued. The College would welcome guidance that encourages employers to fulfil that enabling role more consistently.
3. However, there is a meaningful and important distinction between an employer supporting a registrant's development and an employer directing or controlling it. Extending business standards into the governance of individual CPD risks conflating those two things. Employers are not independent arbiters of professional competence; they have commercial interests that may not always align with the registrant's broader developmental needs or with the public interest. Oversight of CPD must remain with the GOC and the profession, not be delegated to the business environment.

Q17. How should patient feedback be incorporated within the CPD system?

1. Good clinical governance should involve patient feedback and all good clinicians should be involved in governance and audit.
2. Perhaps encourage it by providing patient feedback forms which ensures anonymity in paperwork and asks well-designed questions that could drive CPD and development.
3. Patient feedback should not stand alone but be supported by a new Research and Service Improvement domain.

Q18. Should we seek to end CPD provider approval?

No

Please provide comments.

1. Do not deregulate it – make it less bureaucratic. Strengthen it and do more to assess the quality of the CPD provided by approved providers.
2. The GOC should maintain a register of approved providers and strike people off after investigation. This will require a process for whistleblowing for registrants to highlight poor quality.

Q19. Should we reduce the number of CPD events requiring approval before CPD providers can convert from provisionally approved to fully approved status?

Yes

Please provide comments.

1. Yes. The pre-approval paperwork appears as a rather tick-box exercise. Focus more on the quality of CPD events when they are delivered to drive up the overall quality of events.
2. Make the process less onerous by providing clear guidance and feedback when applying for approval.
3. Provide objective criteria for quality that providers will be held to.

Q20. Should we phase out CPD provider audits over the 2028-30 cycle?

No

Please provide comments.

1. No. Less provider audits and more event audits – “secret shoppers” with consequences for approved providers who deliver low-quality CPD events.
2. To do this the GOC will need to publish clear objective criteria for quality against which providers / events can be audited.

Q21. Should we withdraw GOC’s standards for CPD providers?

No

Please provide comments.

1. Strengthen these standards to make them more objective and less open to interpretation.

Q22. When should we aim to introduce changes requiring amendment to the CPD rules 2021?

January 2034

Please provide comments.

1. The sector needs long run-in times for changes that require a change in the culture as this is always a slow process which will require sustained support.
2. Procedural changes can be implemented quickly with sufficient training.
3. There needs to be clarity and transparency from the GOC regarding the status and milestones of the change project.

Q23. Will the proposed changes have effects, whether positive or negative, on:

(a) opportunities for persons to use the Welsh language?

Not Sure

(b) treating the Welsh language no less favourably than the English language?

Not Sure

If yes, please explain your reasoning.

(No answer)

Q24. Could the proposed changes be revised so that they would have positive effects, or increased positive effects, on:

(a) opportunities for persons to use the Welsh language?

Not Sure

(b) treating the Welsh language no less favourably than the English language?

If yes, please explain your reasoning.

(No answer)

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?

Not Sure

(b) treating the Welsh language no less favourably than the English language?

Not Sure

If yes, please explain your reasoning.

(No answer)

Q26. Are there any aspects of our proposals that could discriminate against stakeholders with specific characteristics?

c) Not sure

If yes, please explain your reasoning.

1. The changes themselves do not put registrants at a greater risk but they could put registrants at risk because of their workplace situation as they put more power into the hands of those employers.
2. Some of the proposed changes could disadvantage registrants on maternity leave, career breaks, part-time registrants and locums we have detailed these in the respective sections.

Q27. Are there any aspects of our proposals that could have a positive impact on stakeholders with specific characteristics?

c) Not sure

If yes, please explain your reasoning.

1. It could be a fantastic opportunity to develop the optical workforce and encourage self-directed development and registrants taking far more responsibility for their own development.
2. The GOC needs to significantly expand its guidance and resources to registrants surrounding CPD – to inspire and encourage more activity and reduce narrow prescription of suitable activities, whilst maintaining focus on professional development that increases the safety and effectiveness of protected activities of self or others.

Can we publish your response?

Yes

165 responses