# Impact Assessment Screening Tool

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| **Name of policy or process:** | *CET review* |
| **Purpose of policy or process:** | To free up the current CET system and allow registrants more control over their own learning and development |
| **Team/Department:** | Education (project led by Policy & Standards staff) |
| **Date:** | 26 October 2020 |
| **Screen undertaken by:** | *Natalie Michaux (Standards Manager)* |
| **Approved by:** | *Tba* |
| **Date approved:** | *Tba* |
| **Instructions:** | <ul><li>Circle or colour in the current status of the project or policy for each row.</li><li>**Do not miss out any rows**. If it is not applicable – put N/A, if you do not know put a question mark in that column.</li><li>This is a live tool, you will be able to update it further as you have completed more actions.</li><li>Make sure your selections are accurate at the time of completion.</li><li>Decide whether you think a full impact assessment is required to list the risks and the mitigating/strengthening actions.</li><li>If you think that a full impact assessment is **<u>not</u>** required, put you reasoning in the blank spaces under each section.</li><li>You can include comments in the boxes or in the space below.</li><li>Submit the completed form to the Compliance Manager for approval.</li></ul> |

| A) Impacts | High Risk | Medium Risk | | Low Risk | ? or N/A |
|---|---|---|---|---|---|
| 1. Reserves | It is likely that reserves may be required | It is possible that reserves may be required | | No impact on the reserves / not used | |
| 2. Budget | No budget has been allocated or agreed, but will be required. | Budget has not been allocated, but is agreed to be transferred shortly | Budget has been allocated, but more may be required (including in future years) | Budget has been allocated and it is unlikely more will be required | |
| 3. Legislation, Guidelines or Regulations | Not sure of the relevant legislation | Aware of all the legislation but not yet included within project/process | Aware of the legislation, it is included in the process/project, but we are not yet compliant | Aware of all the legislation, it is included in the project/process, and we are compliant | |
| 4. Future legislation changes | Legislation is due to be changed within the next 12 months | Legislation is due to be changed within the next 24 months | Legislation may be changed at some point in the near future | There are no plans for legislation to be changed | |
| 5. Reputation & Media | This topic has high media focus at present or in last 12 months | This topic has growing focus in the media in the last 12 months | This topic has little focus in the media in the last 12 months | This topic has very little or no focus in the media in the last 12 months | |
| 6. Resources (people & equipment) | Requires new resource | Likely to complete with current resource, or by sharing resource | Likely to complete with current resource | Able to complete with current resource | |
| 7. Sustainability | Less than 5 people are aware of the process/project, and it is not recorded centrally nor fully | Less than 5 people are aware of the project/process, but it is recorded centrally and fully | More than 5 people are aware of the process/project, but it is not fully recorded and/or centrally | More than 5 people are aware of the process/ project and it is clearly recorded centrally | |
| | No plans are in place for training, and/or no date set for completion of training | Training material not created, but training plan and owner identified and completion dates set | Training material and plan created, owner identified and completion dates set | Training completed and recorded with HR | |
| 8. Communication (Comms) / Raising Awareness | No comms plan is in place, and no owner or timeline identified | External comms plan is in place (including all relevant stakeholders) but not completed, an owner and completion dates are identified | Internal comms plan is in place (for all relevant levels and departments) but not completed, and owner and completion dates are identified | Both internal and external comms plan is in place and completed, owner and completion dates are identified | |
| | Not sure if needs to be published in Welsh | Must be published in Welsh, Comms Team aware. | | Does not need to be published in Welsh. | |

Please put commentary below about your Impacts ratings above:

**Reserves:** The project is planned to be entirely funded from GOC reserves, with Council approval. No additional costs are foreseen other than what has already been planned and documented.

**Legislation, guidelines and regulations:** We are fully aware of all the legislation relevant to this workstream but the finer operational detail is yet to be confirmed and therefore not fully embedded in the project and redesigned processes. There is also the prospect of legislative change on the near horizon which must be accommodated (see below).

**Future legislation changes:** We are seeking legislative reform from DHSC in order to embed some elements of our proposals for reform, although competing priorities of DHSC mean that speedy reform cannot be guaranteed. The latest position we have is that it would be possible to get the changes we need in time for the cycle beginning 1 January 2022.

**Reputation and media:** the project is likely to have significant focus in the sector presses due to its impact on all those working within optics; however, coverage is likely to be limited in broader media, in line with coverage of healthcare CPD more generally. We are mindful of the potential for negative coverage around reflective statements and, more specifically, their use in fitness to practise cases (as was covered in the high-profile Bawa-Garba case and subsequent Williams review). We issued a statement in response to this to advise we would never seek to use reflective statements against registrants in this way and will reiterate this intention as part of our supporting communications for this project.

**Resources (people and equipment):** We are likely to complete the project within agreed timescales and cost tolerances either with current resource or by sharing support resources with the Education team (which has been agreed and costed).

**Communications/raising awareness:** a Comms lead for this work has been identified in the Communications team and is fully immersed in the project. A comprehensive communications plan is in the process of development to cover 2021-2024 and the associated targeted communications needed for the diverse range of stakeholders affected by this work. It is unclear at present whether any guidance we produce for stakeholders will need to be produced in the Welsh language and we are seeking clarification on this point.

| B) Information Governance | High Risk | Medium Risk | | Low Risk | ? or N/A |
|---|---|---|---|---|---|
| 1. What data is involved? | Sensitive personal data | Personal data | Private / closed business data | Confidential / open business data | |
| 2. Will the data be anonymised? | No | Sometimes, in shared documents | Yes, immediately, and the original retained | Yes, immediately, and the original deleted. | |
| 3. Will someone be identifiable from the data? | Yes | Yes, but their name is already in the public domain(SMT/Council) | Not from this data alone, but possibly when data is merged with other source | No – all anonymised and cannot be merged with other information | |
| 4. Is **all** of the data collected going to be used? | No, maybe in future | Yes, but this is the first time we collect and use it | Yes, but it hasn't previously been used in full before | Yes, already being used in full | |
| 5. What is the volume of data handled per year? | Large – over 4,000 records | Medium – between 1,000-3,999 records | | Less than 1,000 records | |
| 6. Do you have consent from data subjects? | No | Possibly, it is explained on our website (About Us) | Yes, explicitly obtained, not always recorded | Yes, explicitly obtained and recorded/or part of statutory duty/contractual | |
| 7. Do you know how long the data will be held? | No – it is not yet on retention schedule | Yes – it is on retention schedule | Yes – but it is not on the retention schedule | On retention schedule **and** the relevant employees are aware | |
| 8. Where and in what format would the data be held? (delete as appropriate) | Paper; at home/off site; new IT system or provider; Survey Monkey; personal laptop | Paper; Archive room; office storage (locked) | GOC shared drive; personal drive | other IT system (in use); online portal; CRM; Scanned in & held on H: drive team/dept folder | |
| 9. Is it on the information asset register? | No | Not yet, I've submitted to Information Asset Owner (IAO) | Yes, but it has not been reviewed by IAO | Yes, and has been reviewed by IAO **and** approved by Gov. dept. | |
| 10. Will data be shared or disclosed with third parties? | Yes, but no agreements are in place | Yes, agreement in place | Possibly under Freedom of Information Act | No, all internal use | |
| 11. Will data be handled by anyone outside the EU? | Yes | - | - | No | |
| 12. Will personal or identifiable data be published? | Yes – not yet approved by Compliance | Yes- been agreed with Compliance | No, personal and identifiable data will be redacted | None - no personal or identifiable data will be published | |

| 13. Individuals handling the data have been appropriately trained | Some people have never trained by GOC in IG. | All trained in IG but over 12 months ago | | Yes, all trained in IG in the last 12 months | |

Please put commentary below about reasons for Information Governance ratings:

**What data is involved?** In order to comply with the requirements of the new CPD scheme, registrants will need to input personal details about themselves and their scope of practice into our web-based CPD recording system. Specific details from their registration record, provided to and input by the GOC's Registration Team, will be imported directly from the GOC CRM. This remains unchanged from the status quo.

**Will the data be anonymised?** No, the data will not be anonymised in the main as it is necessary to link CPD information to a registrant's record so that we can be assured that they have met CPD requirements (a prerequisite for continued registration with the GOC). Only specific members of GOC staff who have been appropriately trained will have administrator access to the system and the data contained within it.

**Will someone be identifiable from the data?** Yes, registrants will be identifiable as their CPD information will be linked to their own named record. However, if we take statistics from the system for evaluation and monitoring purposes and publish these or disseminate them more widely than within the GOC, we will only do so where individual registrants cannot be identified.

**Is all of the data collected going to be used?** Yes. Our intention going forward is to use data from registrants' scope of practice information to better understand the needs of our registrant base and the contexts in which they work in order to be able to regulate more effectively and in a more targeted way.

**What is the volume of data handled per year?** The volume of data handled per year by our web-based CPD recording system will exceed 12,000 records, in line with our registrant numbers. Not all these records will be interrogated/accessed by GOC staff or our contracted developers but a proportion will be for audit purposes.

| C) Human Rights, Equality and Inclusion | High Risk | Medium Risk | Medium Risk | Low Risk | ? or N/A |
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| Main audience/policy user | Public | | | Registrants, employees or members | |
| Participation in a process (right to be treated fairly, right for freedom of expression) | Yes, the policy, process or activity restricts an individual's inclusion, interaction or participation in a process. | | | No, the policy, process or activity does not restrict an individual's inclusion, interaction or participation in a process. | |
| The policy, process or activity includes decision-making which gives outcomes for individuals (right to a fair trial, right to be treated fairly) | Yes, the decision is made by one person, who may or may not review all cases | Yes, the decision is made by one person, who reviews all cases | Yes, the decision is made by a panel which is randomly selected; which may or may not review all cases. | Yes, the decision is made by a representative panel (specifically selected).<br><br>No, no decisions are required. | |
| | There is limited decision criteria; decisions are made on personal view | There is some set decision criteria; decisions are made on 'case-by-case' consideration. | There is clear decision criteria, but no form to record the decision. | There is clear decision criteria and a form to record the decision. | |
| | There is no internal review or independent appeal process | There is a way to appeal independently, but there is no internal review process. | There is an internal review process, but there is no way to appeal independently | There is a clear process to appeal or submit a grievance to have the outcome internally reviewed and independently reviewed | |
| | The decision-makers have not received EDI & unconscious bias training, and there are no plans for this in the next 3 months. | The decision-makers are due to receive EDI & unconscious bias training in the next 3 months, which is booked. | The decision-makers are not involved before receiving EDI & unconscious bias training. | The decision-makers have received EDI & unconscious bias training within the last 12 months, which is recorded. | |
| Training for all involved | Less than 50% of those involved have received EDI training in the last 12 | Over 50% of those involved have received EDI training, and the training are booked in for all others involved in the next 3 months. | | Over 80% of those involved have received EDI training in the last 12 | |

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| | months; and there is no further training planned | | | months, which is recorded. |
| Alternative forms – electronic / written available? | No alternative formats available – just one option | Yes, primarily internet/computer-based but paper versions can be used | | Alternative formats available and users can discuss and complete with the team. |
| Venue where activity takes place | Building accessibility not considered | Building accessibility sometimes considered | | Building accessibility always considered | n/a |
| | Non-accessible building; | Partially accessible buildings; | Accessible buildings, although not all sites have been surveyed | All accessible buildings and sites have been surveyed | n/a |
| Attendance | Short notice of dates/places to attend | Medium notice (5-14 days) of dates/places to attend | | Planned well in advance | n/a |
| | Change in arrangements is very often | Change in arrangements is quite often | | Change in arrangements is rare | n/a |
| | Only can attend in person | Mostly required to attend in person | | Able to attend remotely | |
| | Unequal attendance / involvement of attendees | Unequal attendance/ involvement of attendees, but this is monitored and managed. | | Attendance/involvement is equal, and monitored per attendee. | n/a |
| | No religious holidays considered; only Christian holidays considered | Main UK religious holidays considered | Main UK religious holidays considered, and advice sought from affected individuals if there are no alternative dates. | Religious holidays considered, and ability to be flexible (on dates, or flexible expectations if no alternative dates). | n/a |
| Associated costs | Potential expenses are not included in our expenses policy | Certain people, evidencing their need, can claim for potential expenses, case by case decisions | | Most users can claim for potential expenses, and this is included in our expenses policy; freepost available. | |
| Fair for individual's needs | Contact not listed to discuss reasonable adjustments, employees not aware of reasonable adjustment advisors. | Most employees know who to contact with queries about reasonable adjustments | | Contact listed for reasonable adjustment discussion | |
| Consultation and Inclusion | No consultation; consultation with internal employees only | Consultation with employees and members | Consultation with employees, members, and wider groups | Consultation with policy users, employees, | |

| | | | | <mark>members and wider groups.</mark> | |
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| Please put commentary below for Human Rights, Equalities and Inclusion ratings above: |
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| **The policy, process or activity includes decision-making which gives outcomes for individuals:** Currently appeals against removal from the register on the basis of CET non-compliance are dealt with by senior members of staff (Director-level) initially and then by committee as part of a defined process. We do not intend to change this as part of this workstream.<br><br>**Alternative formats:** There are no alternative formats available on which to officially record a registrant's CPD – they are required to use our web-based recording system. As part of the CPD review, however, we are opening up access further by allowing registrants to upload documents they may have completed as part of learning and reflection elsewhere, instead of requiring them to input data manually where it is not necessary. The CPD recording system is built according to current accessibility standards and our contracted developers are fully aware of the need for this when designing new functionality.<br><br>**Associated costs:** Potential expenses incurred by registrants as a result of undertaking their statutory CPD requirements are not included as part of the GOC expenses policy and it would not be appropriate to do this going forward. We understand that there are disparities in the sector with regard to funding available for registrant CPD (in that optometrists have access to GOS funding that dispensing opticians do not) but we do not expect this to adversely impact on a dispensing optician's ability to meet the new requirements, based on the compliance rates associated with the current scheme being high. We are also hopeful that opening up the scheme to include more innovative forms of delivery and shorter sessions being eligible for CPD points will improve access and mitigate some of the costs associated with CPD, which could have a positive impact on all registrants.<br><br>Current providers registered with the GOC incur fees if they want an application to hold an event to be 'fast-tracked', but as a result of the reforms we propose this will become irrelevant for the vast majority of registered providers as we are moving towards approving the provider rather than each individual event – only providers with provisional approval (i.e. those new to registration) will need to have individual events approved until sufficient events have been quality-assured. This is a negligible proportion of our income as an organisation and will not impact our broader finances in any significant way. |

**Policy – Impact Assessment**

Step 1: Scoping the IA

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| **Name of the policy/function:** | **CET/CPD review** |
| **Assessor:** | **Natalie Michaux** |
| **Date IA started:** | **12 October 2020** |
| **Date IA completed:** | **26 October 2020** |
| **Date of next IA review:** | **26 January 2021** |
| **Purpose of IA:** | **Reviewing impact post-consultation** |
| **Approver:** | **TBC** |
| **Date approved:** | |

**Q1. Screening Assessment**
- Has a screening assessment been used to identify the potential relevant risks and impacts? Tick all that have been completed:
  - ☐ Impacts
  - ☐ Information Governance (Privacy)
  - ☐ Human Rights, Equality & Inclusion
  - ☐ None have been completed

**Q2.About the policy, process or project**
- What are the main aims, purpose and outcomes of the policy or project?
- You should be clear about the policy proposal: what do you hope to achieve by it? Who will benefit from it?

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| **Aims:** To free up the system of continuing professional development (and revalidation) of optometrists and dispensing opticians so that they can ensure they have access to the skills they will need to be fit to practise in a changing healthcare landscape. |
| **Purpose and Outcome:** Compliance with the CPD requirements we set at either a similar level to present compliance (as of end 2021) or higher may be an indicator of success, but the overall outcome – improved patient safety – will need to be measured over a longer period by evaluating fitness to practise data; compliance with requirements statistics; feedback received directly by the GOC and to CPD providers; and information received either as part of targeted consultation or anecdotally via other GOC channels. |
| **Who will benefit:** Patients and the public; registrants; other healthcare professionals, commissioners and the NHS; GOC staff and committees. |

**Q3.  Activities or areas of risk or impact of the policy or process**
- Which aspects/activities of the policy are particularly relevant to impact or risk?  At this stage you do not have to list possible impacts, just identify the areas.

| Activity/Aspect |
| --- |
| • Finalising details of process changes to accommodate changes to policy |
| • Communicating policy changes to stakeholder base |
| • Communicating process changes to stakeholder base |
| • IT developments in the form of changes being made to the web-based recording system (MyCET) to accommodate new requirements |

## Q4. Gathering the evidence

- List below available data and research that will be used to determine impact of the policy, project or process.
- Consider each part of the process or policy and identify where risks or implications might be found for: 1) Impacts; 2) Information Governance and Privacy implications; and 3) Human Rights, Equality and Inclusion.

| **Available evidence – used to scope and identify impact** |
| --- |
| • Feedback gained from a comprehensive range of stakeholders at consultation (see details of consultation below) has been used to inform amendments to our original proposals and will continue to be used to identify stakeholders' needs in relation to ongoing communications<br>• Project team has diverse representation including from expert CET operational staff who can provide invaluable input into process redesign<br>• CET provider forums, held online at the moment, are being and will continue to be used to sound out ideas and gain feedback on the finer detail of process changes that impact them directly. They can also provide valuable information with regard to mood in the sector which will help us target our communications appropriately<br>• Solid links with current CET approver panel who will be involved throughout the process to provide practical experience and insight to inform audit design<br>• Upcoming consultation on changes to CET Rules will provide further insight into stakeholder support of reforms and bring to light any potential unforeseen impacts<br>• Education Advisory Groups (EAGs) set up to provide expert input into the Education Strategic Review (ESR) of undergraduate optical education, will serve a dual purpose of an information loop into this project – we work closely with ESR team members and will share pertinent information about skill gaps in the transition from undergraduate education to fully-qualified practice, which could impact the 'additional requirements' we set for registrants in any given cycle |

## Q5. Evidence gaps

- Do you require further information to gauge the probability and/or extent of impact?
- Make sure you consider:
    1) Impacts;
    2) Information Governance and Privacy implications; and

3) Human Rights, Equality and Inclusion implications.

**If yes, note them here:**

Some of the channels set out above (consultation on CET Rules and ongoing/future meetings with providers and EAGs) have not yet occurred and so we are yet to receive those specific insights. Feedback received as part of the CET Rules consultation will be particularly enlightening in assessing any impacts related to enshrining requirements in legislation that have not already been foreseen.

Further dialogue with professional bodies and representative associations is required to discuss collaborate working and how we can encourage the sector to comply, but initial meetings have been scheduled to progress this in the coming weeks (November 2020).

**Q6. Involvement and Consultation**

**Consultation has taken place, who with, when and how:**

Enhanced public consultation has taken place with all stakeholders. Consultation ran for 12 weeks from 28 May – 20 August 2020. This included an online survey hosted via our Citizen Space platform (with quantitative and qualitative questions) as well as focus groups and interviews conducted and analysed by our independent research partner, Enventure.

**Summary of the feedback from consultation:**

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

    o General acceptance of the proposed changes, seeing positive impacts or no impacts
    o Increased freedom and flexibility in relation to professional development are likely outcomes of the changes, which will lead to other positive impacts

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

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

- There are some concerns about the proposed changes:

    o The changes could provide too much freedom, resulting in deskilling in key areas
    o Some aspects of the changes are not flexible enough
    o Concerns about how the changes will work in reality
    o Concern about how accepting of the proposed changes some registrants will be

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

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

**Link to any written record of the consultation to be published alongside this assessment:**
TBC – final report received and attached to Council papers on this topic; to be published on website in very near future.

**How engagement with stakeholders will continue:**
See above under 'Gathering the evidence'. The communications plan will also set out opportunities for ongoing engagement with stakeholders and facilitate dialogue as well as outbound communication.

Step 2: Assess impact and opportunity to promote best practice
- Using the evidence you have gathered what if any impacts can be identified.  Please use the table below to document your findings and the strand(s) affected.
- What can be done to remove or reduce any impact identified?
- Consider each part of the process or policy and identify where risks might be found for equality, human rights and information governance and privacy.
- Ensure any gaps found in Q5 are recorded as actions and considerations below.

Use the table below to document your strengthening actions (already in place or those to further explore or complete).

| Activity/ Aspect | Potential/actual Impact | Strengthening actions to remove or reduce impact. For actions, include timeframes. |
|---|---|---|
| Comms | Risk that registrants will not understand what's required of them under the new CPD system and will struggle/fail to comply, impacting their registration status | • Comprehensive and continued communications, targeted at specific sections of the registrant base, to make it clear what expectations are upon them<br>• Opening feedback channels as soon as possible after initial communication of requirements to gain information to inform scope and tone of communications<br>• Working closely with professional associations to encourage compliance and extol the benefits of the new system to the registrant themselves and their wider practice |
| Comms/process | Risk that providers will not understand what's required of them under the new system | • Continued engagement with the current CET provider forums to understand the nature of any confusion at an early stage and provide supporting material and clarification responsively |

| Activity/ Aspect | Potential/actual Impact | Strengthening actions to remove or reduce impact. For actions, include timeframes. |
|---|---|---|
|  | and will be deterred from delivering CPD to registrants, impacting accessibility to learning | • Process reforms will be wholly evidence-based from the feedback obtained at consultation and as part of the above forums<br>• Clear communication to providers of the high-level requirements upon them no later than January 2021 (as they have previously requested) to give them sufficient time to prepare appropriate learning materials |
| Process | Risk that GOC staff will be excessively burdened by queries/administrative requirements associated with new scheme | • Clear internal communication of changes, particularly to customer-facing teams and making arrangements with individual teams to manage administration relating to these well in advance of the start of the new cycle<br>• Supporting guidance and communications to accompany publication of the new requirements will allay potential confusion and ease any burden on GOC customer-facing staff |
| Process | Risk that stakeholders may perceive any move to introduce 'peer review' requirement for dispensing opticians (either for the next cycle or at a later date) as not consulted upon and therefore lacking in support/evidence base | • Statistics continue to show that majority of dispensing opticians undertake this voluntarily already which shows understanding of benefit<br>• Support was seen at initial consultation on concepts and principles in 2018 for this and, although the question was not specifically asked at the most recent consultation, many stakeholders (including ABDO) gave unprompted support for the idea<br>• Further opportunity to consult on this in late 2020 as part of consultation on CET Rules (which would require reform to mandate it) and if supported by Council and Executive we will include as part of the proposals there |
| Policy | Risk that reducing length requirement for CPD to 30 mins will have an adverse impact on quality | • New audit function and registrant feedback mechanisms will be designed to quality-assure effectively and highlight any issues with quality in delivery, regardless of event duration<br>• Positive impact of opening up access to learning for those who are time-poor and delivering via innovative methods more suited to shorter sessions will be more significant than risk of any negative impact |

| Activity/<br>Aspect | Potential/actual<br>Impact | Strengthening actions to remove or reduce<br>impact. For actions, include timeframes. |
|---|---|---|
| Policy | Risk that freeing up system and only mandating minimum possible (i.e. at least one piece of CPD in each of the four domains) will lead to de-skilling and have an adverse impact on patient safety | • Using provider forums to encourage balance of learning on offer, including events covering basic clinical skills<br>• Working closely with professional bodies and representative organisations to communicate effectively to registrants and to give them confidence in taking responsibility for their own learning needs<br>• Maintenance of a requirement to plan CPD at the start of the cycle so that registrants with specific learning needs can identify those and source CPD around them |
| | Risk of 'skill gaps' in newly qualified workforce until such time as new cohorts graduate under ESR-reformed degree programmes | • Mitigated by including an additional domain of CPD to cover this in our proposals at consultation, which we advised we would invoke if any skill gaps became apparent. This was supported at consultation |
| | Risk of legislative reform delay, impacting ability to introduce some of proposed reforms and therefore restricting access to appropriate learning and development | • Current mitigation by having the Legislative Reform lead and Legal team on the CPD review project group so that any issues affecting timeliness can be brought to our attention as soon as possible and action taken to remedy where this is within our control |

Step 3: Monitoring and review

**Q6. What monitoring mechanisms do you have in place to assess the actual impact of your policy?**

None in place as yet, though this is part of the ongoing work to support implementation of the new CPD system. More detail will be provided as these are finalised.

Please provide a review date to complete an update on this assessment (three months from initial completion).
**Date:** 26 January 2021