

GENERAL OPTICAL COUNCIL

CET Provider Event

30 July 2010

Introduction

The GOC organised and ran a CET Provider event on the 30th July 2010 in Birmingham. The event was a facilitated event which included two presentations on the Development of the Revalidation Scheme & timescales for Implementation and the Proposal for the enhanced CET Scheme post 2012. Stakeholders had a large input into the day by taking part in two facilitated focus group sessions.

Purpose of the event

The GOC have been looking at how the CET Scheme can be improved for the future and how it will form part of revalidation from 2013. As part of this research the GOC invited CET Providers to discuss their experiences and share any ideas of how the GOC can improve CET to make sure that it remains practical, relevant and valuable for all practitioners.

The event sought input from the providers of CET and professional and representative bodies on the following key issues:

- The Approval Criteria
- Peer Review
- Clinical Skills Workshops

CET Stakeholder Event – 25th March 2010

The Provider Event followed on from feedback at a CET Stakeholder Event held on the 25th March 2010 in London. It was suggested that more points should be awarded in

the areas of peer review and clinical skills workshops and there seemed to be a lack of providers of workshops and peer review available to registrants.

Feedback from this event showed that most Optoms and DO's were not aware of the peer review available to them and it seemed that Distance Learning was a barrier to these two areas as there are more points awarded for Distance Learning.

Delegates also suggested at this event that in terms of compulsory modalities a formal structure should be put in place for peer review.

At this event registrants felt that it was necessary to review the requirements of the CET approval process to enable more provision in key modalities such as peer review.

As a result of this feedback from registrants the GOC felt that views should be sought from the providers of CET for these two particular areas of modality to find out what the providers perceive are the barriers and to seek their views in terms of the Approval Criteria.

Event programme

The event was based around two presentations, by Jon Levett, Deputy Registrar/Director of Standards on the Development of Revalidation Scheme & timescales for Implementation and the Proposal for the enhanced CET Scheme post 2012. The interactive group sessions were led by an independent facilitator.

The event was publicised on the GOC website and it was attended by the Deputy Registrar, a senior GOC staff member and other GOC staff.

The programme for the event was:

- Introduction from the GOC Deputy Registrar

- Development of Revalidation Scheme & timescales for implementation, presentation by Jon Levett, Deputy Registrar/Director of Standards
- Proposal for enhanced CET Scheme post 2012 & changes to the Approval Process, presentation by Jon Levett, Deputy Registrar/Director of Standards
- Break out sessions/discussion groups on Approval Criteria
- Break out sessions/discussion groups on Peer Review
- Feedback from these groups
- Break out sessions/discussion groups on Clinical Skills Workshops
- Feedback from these groups
- Summary and next steps
- Close

Methodology

The rooms were set up in cabaret style to help facilitate and encourage interaction between the attendees. At the group discussions, each table was given flip chart pads and different coloured post-it notes to write down their ideas and 1 person from each table was nominated to feed back to the wider group.

Findings from the breakout sessions

Approval Criteria

Delegates were asked two key questions at the break out session in relation to the Approval Criteria:

1. Did they support a change of process to approval of providers rather than CET activities?
2. How could we get this to work?

Delegates felt that the change to the approval criteria would be a good idea if there was a strict code of conduct, having impartial CET approvers and there would need to be a

more stringent criteria put in place. It was highlighted as a risk area that changing the approval criteria could mean less quality control.

Some delegates highlighted concerns in terms of a perceived lack of quality assurance and suggested that there is a variable quality of providers. In addition the requirements / criteria for approval as a provider could disadvantage smaller providers and possibly weaken the quality assurance process, especially in relation to peer review.

There was a mixed response in terms of the difficulty to audit every event and the cost implications of this, the possibility of random audits was discussed as an option.

Delegates felt that this may reduce costs as it would be easier to approve 100 providers than 1000 events and could also save time waiting for approval of each event. Delegates were also of the view that it may reduce issues where the approvers opinions vary, therefore allowing greater consistency.

Delegates felt that the approval criteria could work by introducing a strong audit process and a two tier process to help smaller providers. Delegates highlighted that there would need to be a framework put in place to assess the outcomes and learning points.

Modality

Peer Review

Delegates were asked to look at the barriers to peer review and how these barriers can be addressed.

It was suggested that the primary barrier to peer review is the approval system, which is too restrictive and open to interpretation. Delegates suggested that this criteria needs to be made clearer and there needs to be a satisfactory outcome in relation to learning and consistency.

Delegates felt that availability was dependent on geographical location and wider geographical availability may assist in increasing Peer Review CET take up. At present the workshops are not widespread making it more difficult for registrants to take time out of clinics.

Concerns were raised in relation to the implications of failing and what processes would be put in place to deal with this. It was also felt that there needs to be more guidance available on peer review in terms of how to organise a peer review session and the learning outcomes sought. It was also proposed to extend the scope of peer review and to create a better definition of what it actually is.

There was a strong feeling amongst delegates that there seems to be no incentive for peer review as distance learning exists and this is an easier method for registrants to achieve their cet points.

Maximising the use of technology was also discussed, it was suggested more use could be made of web seminars, tele-conferencing, e-mail groups and online forums as alternative ways of undertaking peer review.

Clinical Skills Workshops

Delegates were asked to consider what are the barriers to clinical skills and how these can be addressed.

Delegates reported cost as a major barrier to clinical skills workshops, in particular the cost involved in putting this together. The required ratio of tutors to delegates was also a factor and concerns were highlighted that there may be a reliance on larger companies to sponsor and subsidise this type of CET. It was also suggested that DOCET funding could be improved.

As highlighted with peer review the implications of a pass or fail of clinical skills was raised as an issue and it was felt that measures would need to be put in place to

address how to deal with registrants failing this activity and the time period for any action.

The opinion of delegates overall was that there may be a reluctance to participate in clinical skills workshops due to the perception of costs, the time required out of practice, and the confidence of attendees before and after.

Summary of Conclusions

Approval of Providers rather than events.

Barriers

- Difficult to audit every event
- Providers could be more inclined to direct training towards their products
- Too stringent criteria could be a barrier to becoming a provider
- Approval of providers perceived to weaken quality assurance therefore better quality assurance processes need to be put in place
- Potential conflict of interest for employer providers and/or commercial provider.
- Approval criteria could disadvantage smaller providers

Suggested solutions

- Strict Code of Conduct
- Framework in place to assess the outcomes/learning points
- Straightforward application process
- Providers will need to detail which competencies will be covered

Peer Review

Barriers

- Geographical availability,
- Distance to travel to events

- Cost
- Absence from practice.
- Lack of engagement of companies and individuals
- Limitations of funding
- Pass/fail criteria could be very intimidating, what happens if a person fails?
- There may be a reluctance to share significant events

Suggested solutions: -

- Allow peer review in small pairs and groups
- Simplify approval process for accreditation
- Clearer requirements for approval & required learning outcomes
- Better Guidance for providers & registrants
- Improve understanding of Peer Review
- Virtual and e-mail conferencing to be made available (webcam etc.)
- Stricter criteria for subject, scope and format for peer review CET.
- There needs to be a better system of quality assurance

Clinical Skills Workshops

Barriers

- Issues around standardisation of quality and assessment criteria
- Process required to deal with those who do not fulfill the criteria
- Cost of manpower – training, time, accreditation and frequency
- Cost of lost clinics for the assessor or person being assessed if attending training session
- Will need to rely on larger companies to subsidise
- Pass or fail – there would need to be a process in place to bring a person back up to standard and time periods involved to bring them up to skills level
- DOCET funding could be improved

Suggested solutions

- Assessment could be carried out in practice by peers
- Follow up training programmes needed
- Clinical skills assessment should be carried out in a non-threatening way – encouraging rather than confrontational
- Process should be put in place for assessing the assessor