COLLABORATE
RESEARCH

info@collaborateresearch.co.uk | www.collaborateresearch.co.uk

GOC's Continuing Education and Training (CET) scheme

Feedback from providers, relevant GOC staff and other stakeholders involved in CET delivery

Prepared for:

General Optical Council

December 2016

Contents

1. Introduction

1.1 Background and aims

As part of its commitment to promoting higher standards across the optical professions in the UK, the General Optical Council (GOC) requires its fully qualified registrants to demonstrate that they continue to meet core competencies by complying with the requirements of its Continuing Education and Training (CET) scheme. The CET scheme is designed to ensure that registrants maintain core standards while also encouraging them to develop skills and knowledge over time.

The CET scheme is both a points and competencies based scheme, with registrants currently having to gain minimum requirements over a three-year cycle as follows:

- Total points;
- Points involving interaction with peers;
- General competencies related to professions;
- Specialist competencies (if applicable); and
- Peer review (if applicable).

The GOC plans to undertake a comprehensive evaluation of its CET scheme next year. However, ahead of this, the GOC wishes to collect views of some of those involved in CET delivery on the most recent full three year cycle of the CET scheme (1 Janurary 2013 – 31 December 2015) as well as to garner some early feedback on the current cycle (2016 – 2018) so far.

This exploratory research focused on certain specific CET stakeholders: these included providers of CET, GOC staff involved in CET policy-making or administration and others providing support to the GOC's CET delivery. There were a number of areas of enquiry in this research, including how appropriate and effective different aspects of the design and delivery or CET are perceived to be, how well supported those involved in delivery feel, and what further improvements or enhancements are believed to be required.

1.2   Our approach

Both qualitative and quantitative methods were employed in this research, which was led by Monique Rotik of Collaborate Research:

- ***Qualitative:*** Monique conducted two days of facilitated individual and group qualitative sessions at the GOC's offices in early November 2016, as well as a number of supplementary tele-depths which took place during November through to early December. These sessions provided the opportunity to explore the CET-related experiences and views of relevant GOC staff, CET delivery partners and some larger CET providers. A total of 30 people were involved in this stage. A full list of participants, along with questions used to guide discussion, is included in Appendix 1.

- ***Quantitative:*** A link to a short online survey was emailed to all (313) current CET providers in late October, 2016. A total of 105 organisations (34% of all providers) took part in the week the survey was live (31 October - 7 November, 2016). The profile of those who responded to the survey, along with the questionnaire, is included in Appendix 2.

1.3   This report

This report contains the main thematic analysis of the findings from the qualitative and quantitative strands of this research. It also includes specific recommendations, drawing on this feedback, both for:

- Potential improvements to substantial or process elements of the scheme.

- Considerations for further consultation on, or evaluation of, the CET scheme.

2.   Executive summary

2.1   Headline findings

Stakeholders' feedback suggests that they understand and support the core objectives of the GOC's CET scheme. Most also indicated that they are supportive of the changes introduced in previous and current cycle to address identified risks and provide enhanced CET. Stakeholders told us that they regard these developments as positive steps towards achieving true continuing professional development (CPD), which many feel, should be the ultimate ambition for the scheme.

The main issues experienced by stakeholders were executional rather than to do with principles of the scheme.

For example, insufficient proactive communication was a big theme:

- Providers felt that the GOC did not give them sufficient forewarning so they could plan for the changes introduced in both the previous and current cycle, and there was reportedly no consultation on the feasibility of implementation.

- In addition, some criticised the GOC for providing insufficient guidance on its requirements generally, especially for newer providers.

- There was also feedback that the GOC has not engaged sufficiently with registrants about some of the newer elements of the scheme (particularly PDP).

While the MyCET system was generally seen as easy to use, providers highlighted the application process as being cumbersome. They also regarded the approvals as a problem area, despite some improvements more recently.

The GOC staff and support personnel we spoke to acknowledged all of these issues, referring to deficiencies in the GOC's internal decision-making processes and knowledge transfer as contributing factors. In addition, GOC staff specifically identified the current lack of any auditing of CET events as a gap and risk in terms of quality assurance.

Looking to the future, stakeholders wanted to see efforts made to ensure the CET framework is sufficiently flexible to embrace a variety of types of learning as well as to allow for innovation. Stakeholders were also keen for the GOC to look at ways of developing the CET scheme so that it increasingly encompasses (and incentivises) CPD as well as basic training.

2.2 Summary of suggested improvements

The main suggestions for improvements made by stakeholders are summarised in Figure 1 below, roughly in order of frequency of mention.

Figure 1

Suggested CET improvements
1. Engage with stakeholders well ahead of any planned changes to the scheme.
2. Simplify the application process and provide more associated guidance to providers.
3. Ensure objectivity and consistency in approvals.
4. Increase communications and guidance to registrants and providers about the rationale and benefits of PDP as well as other newer expectations (e.g. minimum points attainment per year)
5. Continue to assess and adapt the CET framework to ensure it is sufficiently flexible to embrace a variety of learning and innovation.
6. Work towards a system that fully encompasses CPD as well as basic training.
7. Introduce quality assurance measures such as an audit of provision.
8. Review the GOC's operations and resourcing to ensure that the above improvements can feasibly be delivered.

2.3   Considerations for further CET evaluation

A number of stakeholders told us that they found it difficult to judge the success of CET fully as this would require an understanding of its outcomes, such as how registrants' practice has been affected, whether patient safety has increased and what would have occurred if the CET scheme was not in place (i.e. the counterfactual).

We believe that any future evaluation should consider the impacts of CET as well as the process-related aspects.

It will also be important, moving forward, to consult with all relevant stakeholders and, in our view, there should be a particular emphasis on registrants as end users.

Consultation questions could include whether/to what extent:

- The aims and requirements of CET are understood.

- The requirements are perceived to be fair and commensurate.

- There is perceived to be sufficient communications and support.

- Any problems or unanticipated consequences have been experienced.

- The scheme is believed to have made any difference to outcomes (e.g. greater confidence, substantive changes to practice etc.).

In addition, there are potentially a number of other data sources that could also be fed into such an exercise in order to evaluate CET in the round. These include:

- Trends in deregistration (a measure of compliance).

- Annual MyCET activity/points attainment among registrants (to explore engagement).

- Relevant feedback from the GOC's regular registrant and stakeholder research as well as the Corporate Complaints learning log (to gauge satisfaction).

- Trends in approval times and appeals (to understand quality of approval).

- Registrants' feedback on CET events and results of audits if implemented (to assess quality of provision).

- Trends in relevant Fitness to Practise (FTP) cases (as an indicator of the impact of CET on registrant competence/patient safety).

3. Feedback on the 2013-15 cycle

This section focuses on stakeholders' views on the changes introduced in the last full cycle of the CET scheme (2013-15) to address previously identified risks[1]. These changes included:

- *An increased focus on interactive CET and the requirement for some registrants to undertake peer review* – to address contextual risks associated with professionally isolated, out of touch or disengaged practitioners.

- *The expectation that registrants achieve a minimum of 6 points a year throughout the cycle* – to reduce the risk that practitioners undertake short intensive periods of learning rather than measured activity throughout the period.

- *The removal of an automatic right to a shortfall period* – to enable registrants who have failed their CET, and may not therefore be fit to practise, to be removed from the register at an earlier opportunity.

- *The requirement for registrants to do CET across all defined competencies for their registrant type* – to provide confidence to the GOC that registrants continue to be fit for practice in the areas of competence that are required for clinical practice and to avoid registrants focusing on preferred competencies to the exclusion of others.

3.1 Summary of views on the 2013-15 CET cycle

Stakeholders' feedback suggests that they understand and support the objectives of the GOC's CET scheme. They regarded CET as being primarily aimed at maintaining minimum standards in terms of fitness to practise ("*a safe beginner*") and felt this to be an appropriate focus in order to ensure patient safety. The mandatory nature of the scheme was seen as a positive in this

---

[1] As described in: *Revalidation in the Optical Professional, Analysis of the costs and benefits* (Europe Economics, 2012)

regard as it provides assurance that all registrants are engaged in the practice of learning.

However, stakeholders found it difficult to judge the impact of CET on registrants' day-to-day practice and their assessment of the scheme's outcomes tended to be impressionistic.

A number felt that transitioning to full CPD should be the ultimate ambition for the scheme. This would be less prescriptive, more tailored to individual registrants' learning needs and focused on up-skilling rather than just maintenance of minimum standards. The changes introduced in the enhanced 2013-15 cycle were generally seen as steps towards CPD and, as such, most stakeholders supported these developments in principle and judged this cycle favourably overall.

For example, almost seven in ten (68%) providers taking part in the survey judged this cycle as being at least 'quite successful', including one in five (20%) who felt it was 'very successful'. By comparison, only one in twenty (5%) regarded this cycle as being unsuccessful, however more than one quarter (27%) had mixed views or were not able to judge.

Figure 2

Provider assessment of 2013-15 cycle

- Very successful
- Quite succcessful
- Neither/nor
- Not very successful
- Not at all successful
- Unsure
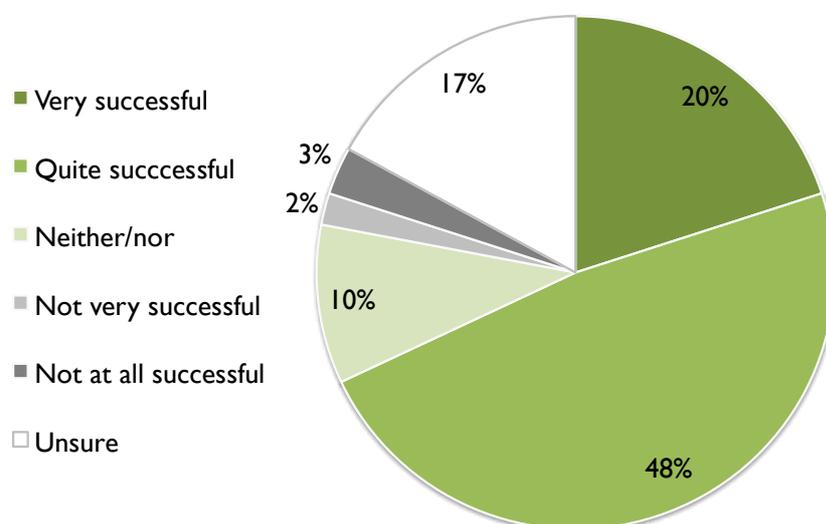
Increased interaction was most often mentioned, both by providers and other stakeholders, as a beneficial feature of the 2013-15 CET cycle. Relatively fewer mentioned other changes that were introduced for this cycle but those who did tended to see all of the developments as positive and indicative of the CET scheme *"moving in the right direction"*.

However, there were also some criticisms of the 2013-15 cycle given by providers and acknowledged by other stakeholders including GOC staff. These mainly relate to operational challenges providers faced, reportedly due to:

- The GOC not communicating about the planned changes sufficiently in advance of the transition to this cycle, meaning that providers were not able to forward plan for them.

- The GOC not consulting with providers about the feasibility of administering these changes, or providing implementation guidance, meaning that some of the new requirements were challenging to comply with and represented an increased resource burden, especially for smaller providers.

More detail on these views is provided in the sections that follow in this chapter, as well as in Section 5 on the delivery issues.

3.2 Increased interactive CET and peer review

The requirement for increased interactive CET, including peer review, was strongly supported by the providers and other stakeholders who took part in this research. Interactive CET was judged to be an effective method of learning and one that is reportedly also enjoyed by registrants, following some initial resistance. One participant also felt that an unanticipated but positive effect of this change is that it has fostered greater creativity in CET provision.

The introduction of registrant-led peer reviews was particularly noted as a positive development as they enable participants to achieve interactive points with minimum costs and encourage local networking.

Overall, there was consensus that increasing the interactive requirements has helped to address the risks of isolated or out of touch registrants, as well as having additional benefits such as contributing to increasing registrants' engagement in CET.

The following quotes are representative of the positive stakeholder sentiment expressed about interactive CET including peer review:

> "In the beginning you would have thought that we had asked them to shoot their grandmother. Now we're receiving a lot of positive comments and there is evidence of a big mental shift."

> "I feel it has been good to make interactivity compulsory and peer discussion or review is positive too. [It means that registrants are] learning from peers and calibrating their own level of practice against others."

> "The peer review is a fantastic introduction which gives the best learning experience ...Interactive events allow people to share experience and knowledge which is the best way to learn."

> "When you're sitting in a room yourself, where you're the only person that makes the decisions and you have no one to talk to, it's on your mind whether you are doing the right thing. To have the reassurance and reinforcement that your peers think the same brings a lot of confidence to

registrants. And it's driven conversations between registrants that probably would not have happened otherwise."

There were very few negatives perceived with respect to this requirement. A couple were critical of the peer review/discussion distinction; one felt this to be confusing and to represents a false dichotomy, another specifically felt that 'peer discussion' should be dropped. In addition, one participant was of the view that other allowable forms of CET interactivity, beyond peer review and discussions, are not truly interactive and that the weighting towards peer-led modalities should be increased.

However, there were a number of comments made about the feasibility of related requirements, such as recording/capturing discussions. Providers wanted to understand the rationale for these requirements and, in the case of capturing discussions, how the data would be used.

3.3 Minimum points per year

Most understood the rationale for the GOC to set out an expectation that registrants attain a minimum number of CET points per year.

"It's good to spread the points throughout the 3 year period, otherwise there does seem to be an intense and hurried rush to achieve all the necessary points at the end of the 3 year cycle."

However, it was not well understood by providers that this is a recommendation rather than a mandatory requirement from the GOC.

Allied to this, it was felt that registrants may be confused about what is expected from them with respect to their annual CET attainment. Some stakeholders have fielded questions from registrants on:

- Whether it is compulsory to achieve a minimum of 6 points per year and if they could be deregistered if they do not achieve this.

- Why the annual minimum is set at 6 points when they actually need to achieve 36 points over the cycle.

- If there is a minimum requirement also for interactive points attainment per year.

Even if the expectations in this area were to be further clarified, some stakeholders were unsure how effective this advice will be in reducing CET bingeing. They felt that a number of external factors potentially affect when registrants are able to undertake CET (such as when large employers put on events, when registrants who have been on maternity leave return to work etc.) meaning that it would not always be possible for registrants to spread their CET over a cycle in this way.

Some felt that the GOC should be monitoring its own data on how many are on track to complete this year's recommended points in order to judge the success of this measure (from feedback from Perspective, we believe this was 68% of all registrants as of November 2016).

3.4   Removal of the automatic shortfall period

There was less provider feedback on the removal of the automatic shortfall period but, among those who did mention this change, the principle was broadly supported.

> "I feel that getting rid of the shortfall period is correct. It is unfair that a small percentage should be allowed an extra few months for something as important as CET."

> "I absolutely agree with this, otherwise some people would never comply."

The GOC personnel interviewed described the process of policy-making in this area (e.g. on exceptional circumstances, disputes) as being problematic. In particular, there was reported uncertainty about the legal position of policies that had already been drafted which required significant amendments to be made in some cases. More detail on this is provided in Section 5.

In addition, one GOC participant commented that doing away with the shortfall has made the system more difficult to manage for the GOC. This is because it led to a number of non-compliant registrants applying for exceptional circumstances dispensations that they did not qualify for.

However, providers did not express any particular views on these operational issues.

3.5   Requirement to cover all competencies

Most stakeholders also saw the requirement for registrants to cover all competencies within their CET as a positive.

> *"I feel that it's good that all competencies are compulsory, otherwise a registrant might choose only to cover a few."*

> *"Requiring a wide range of competencies to be covered ensures that all aspects of practice are maintained."*

There was only one exception to this who felt that registrants should only be required to cover competencies related to their current scope of practice.

In addition, one provider felt that there should be the addition of another optometric competency in future, namely Minor Eye Conditions (MECs). This stakeholder felt that the introduction of MECs would reflect the expected growing focus on provision of enhanced services by the optical professions.

There was also some feedback from some GOC staff members about providers not always classifying their events appropriately by the competency or competencies it relates to, which can make it challenging for registrants to search for appropriate CET.

4. Feedback on the 2016-18 cycle so far

This section focuses on views of the 2016-18 cycle so far. Some further changes have been introduced in this current cycle, including:

- Changes to the units of competence to introduce a ***Standards of Practice competency***.

- Introduction of a more ***formalised Personal Development Planning*** (PDP) requirement to encourage registrants to reflect on practice and plan CET more effectively, including the requirement to ***define scope of practice and link all CET to a learning objective***.

- Introduction of ***additional modality choices*** and clarification of requirements for the ***interactive distance learning*** modality.
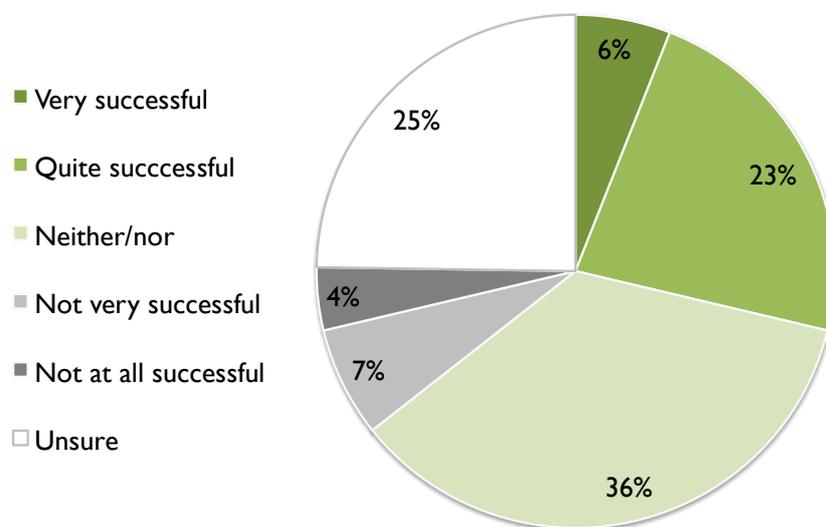
4.1 Summary of views on the 2016-18 CET cycle so far

The scale of changes introduced in the 2016-18 CET cycle was generally felt to be far less significant compared to the previous cycle.

In general, providers felt that it is too early to give a definitive assessment of the 2016-18 cycle. As highlighted in Figure 3 over the page, more than one-third (36%) regarded the current cycle to be 'neither successful nor unsuccessful' and an additional one in four (25%) were unable to comment. That said, almost three in ten (29%) rated the current cycle as being at least 'quite successful' so far, compared to just over one in ten (11%) who perceived it to be unsuccessful.

Figure 3

Provider assessment of 2016-18 cycle so far

- Very successful
- Quite succcessful
- Neither/nor
- Not very successful
- Not at all successful
- Unsure

6%

23%

25%

4%

7%

36%

Overall, provider feedback suggests that additional modality choices and new Standards of practice competency have been well received.

Providers also stated that they appreciate that the interactive distance learning requirements have now been clarified but they found the delay in doing so problematic. A couple also commented that the current criteria have been difficult for them to meet.

The intention of the Personal Development Plan (PDP) appears to be understood and is mainly supported by stakeholders. However, it is not yet felt to be working well in practice, mainly because its benefits are apparently not well understood by registrants.

More detail on stakeholders' views of these specific developments is provided in the sections that follow in this chapter.

4.2 Standards of practice competency

The introduction of the Standards of practice competency into CET was regarded as a positive development primarily because these are felt to be more relevant and patient-centric compared to the previous Professional conduct competency.

> *"I think that's been a great addition to be honest. We have used the standards of practice immensely with registrants because they highlight the idea of patient-centred care and bringing the patient into the choices."*

Using the Standards of practice as the default learning objective was also felt to be a good lever, albeit it on a one-off basis, to get registrants to read and engage with the standards.

However, because the format of the Standards of practice competency is not the same as the other competencies (with a large number of sub-elements and performance criteria but no indicators) it reportedly can be challenging to use it in CET including to measure against learning. In addition, not all standards within the competency are believed to be directly applicable to CET.

4.3 PDP and learning objectives

Stakeholders mainly viewed the PDP as a good concept as it aims to encourage registrants to take responsibility for their own development. However, it was felt that the PDP requirement is not currently working well in practice mainly because registrants don't understand why they are being asked to do this or how it will benefit them. As such, there was a belief that registrants are not engaging with this feature in the way the GOC intends. For example, there were reports of registrants completing the PDP post-hoc to fit with the CET they have undertaken or otherwise trying to get past what they see as an additional hurdle.

> *"I don't think they really understand what a PDP means, what it's about, what it is trying to achieve, how it helps them grow and develop because*

there's a whole career part to a PDP which a lot of registrants probably have never even thought about...I think a lot of them will probably see it as it's something getting in the way of them just getting on with their day to day job! So I don't think a lot of them will probably use it the way it needs to be used."

"Despite efforts from the GOC and us in trying to have registrants engage with modern education (reflection, PDPs, the concept of learning objectives etc.) registrants have difficulty understanding what they are expected to do and why it is supposed to be valuable."

"PDP is not a good use of time, it's an exercise in trying to get through the website to accept a point rather than encouraging practitioners to reflect on their practice."

Some suggested that the GOC should be monitoring responses in this area to determine the quality of engagement.

There were also suggestions of ways the GOC could help to increase registrant engagement, such as:

- Increasing communication directly to registrants and also to providers so they can help convey the rationale and benefits to registrants.

- Providing tools and templates to help registrants use the personal development elements in the way they are intended.

- Engaging with employers and encouraging them to integrate the PDP into their appraisal processes.

There was also some comments from suppliers about finding it challenging to classify their events by detailed learning objectives, particularly in the case of peer discussion where it will not be known in advance what content will be raised.

"The long list of learning objectives isn't helpful. We feel shackled by this and end users couldn't care less. Why do we need to align to these micro indicators when it makes it more difficult for everyone?"

4.4 Additional modality choices and clarification of interactive distance learning

Providers appreciated the introduction of additional modality choices in the current cycle as this has helped them offer a variety of CET without resorting to using the 'other' category as much in their applications.

However, there was seen to be further room for improvement in enabling providers to be flexible and innovative in the CET they provide. Some specific types of learning were nominated by certain providers who felt these to have significant educational value but are difficult or not possible to get approved under the current CET framework:

- Interactive CET involving mixed optical professions (e.g. optometrists and DOs).

- CET focused on non-clinical skills (e.g. in-practice research).

- CET drawing on other relevant disciplines (e.g. neurology).

- CET using other methods of learning (e.g. Key Features Scenarios, virtual Q&A).

- CET using other formats (e.g. shorter sessions or with fewer participants).

"The categorisation shouldn't limit learning. True CPD is the 'freedom to talk'."

"If we continue with completely scripted methods it removes the potential for other types of learning".

"A prescriptive model can restrict innovation and informal learning."

Aligning with these comments made by providers about flexibility, some within the GOC also expressed an ambition for the CET scheme to be more adaptable in future. In particular an opportunity was seen for CET to become more responsive to targeting specific gaps in registrants' knowledge identified by fitness to practise (FTP) cases, consultations or other evidence.

The GOC's delay in clarifying its requirements with respect to the interactive distance learning modality reportedly caused problems to some providers as there was effectively a hiatus of several months when CET of this type could not

be put on. While most understood and supported the rationale for change, a couple were critical of this development because of the resources required to adapt to the change:

> *"The changes to the interactive distance learning modality have meant that previous methods used successfully (under 'other' modality) have been rejected by the GOC approvers. The resources needed now to deliver interactive online CET (manpower, new systems for online discussion) have been prohibitive."*

There was also a view expressed by some providers that the current points allocation between and within different modalities is not always fair. There was particular mention of the fact that tutors and facilitators get fewer points than participants in peer-led sessions.

5. Feedback on the process of CET delivery

This section describes stakeholders' views on the process of delivering CET, including what they believe to be currently working well in supporting their role, as well as whether any delivery barriers or impediments are perceived. Where relevant, stakeholders were also asked to evaluate specific operational aspects of CET including:

- The development of policies and processes.
- Setting out of the GOC's expectations in the Principles and Requirements document (v3.2).
- The application and assessment process for CET provision.
- Ongoing administration of CET including the usability of the MyCET online system.
- Quality control and governance.
- Communication, guidance and support.

5.1 Provider feedback

5.1.1 Summary of views

In the provider survey, over half (57%) were able to nominate aspects of the CET scheme that they felt were currently working well in terms of supporting their role in delivering CET. These included that:

- The MyCET website was generally found to be easy to use.

- Turnaround time for approval was seen to have increased and full cycle approvals were perceived to be an improvement.

- Support received from the CET team at the GOC was appreciated.

However, an even greater proportion of providers (70%) felt there to be barriers which impede their ability to deliver CET. In particular, they referred to:

- The application process which many found to be time-consuming and laborious.

- Approvals which continue to be regarded as inconsistent.

- Insufficient communication and consultation from the GOC in advance of introducing changes in requirements.

Providers were also asked to assess some specific operational aspects of the CET scheme. Consistent with the views expressed above, the MyCET online system received the most favourable ratings. This was followed by the Principles and Requirements document. Views were more polarised on GOC communications and, particularly, the application and assessment process.

Figure 4

Provider assessment of CET operations
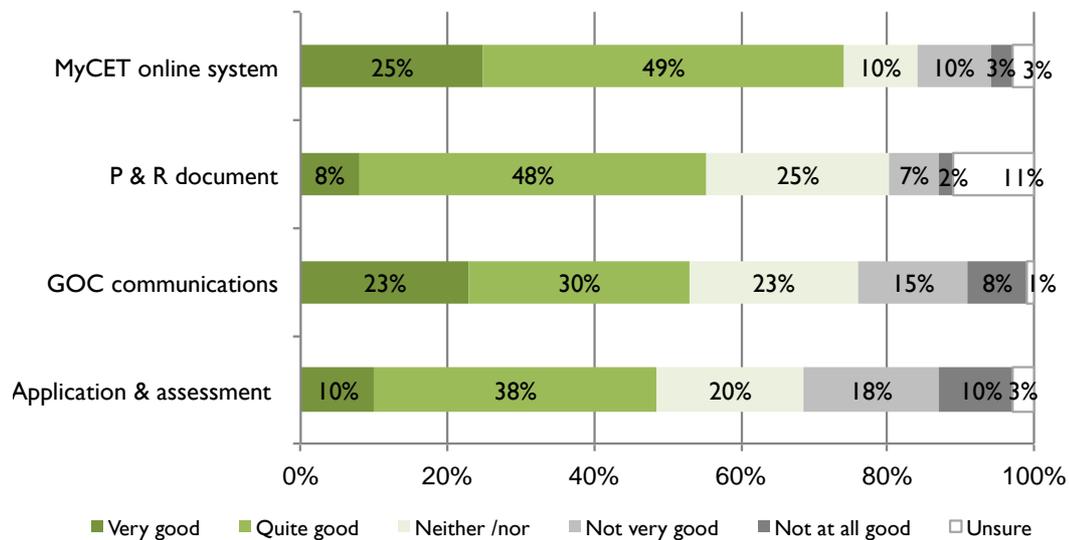
Further details on providers' views of these aspects of the CET scheme are provided below.

5.1.2 MyCET online system

In general, providers felt that the online system is straightforward and unproblematic to use.

> *"Generally the GOC CET providers' website works well, with few technical problems."*

However, some reported that they found it laborious to allocate points to registrants. The development of a bulk upload capability was suggested by a larger provider who stated that they would be willing to support the GOC to develop this functionality.

In addition, there was felt to be room for improvement in enabling providers to transfer across relevant responses from previously submitted applications.

A couple also mentioned experiencing some technical issues, such as problems saving applications and the inability to correct applications following submission.

5.1.3 Principles and Requirements document

Providers mainly regarded the current (v3.2) Principles and Requirements document as being satisfactory in its contents but also as lengthy and not particularly user friendly.

> *"I don't know if there's a way of sort of setting it out a bit more easily, because you do have to refer back to it sometimes and then you have to sort of rummage through to find the right bit. So I don't know if there's a way of sort of doing it in more clearer sections would be helpful, because often there are whole reams of it that aren't actually applicable."*

There was a suggestion made, both by providers and some at the GOC, for the development of a support document specifically tailored to providers. This was expected to be particularly useful for organisations that are new to providing CET.

In addition, the Principles and Requirements document was perceived to have some gaps, such as in articulating the requirements to complete an application successfully. More guidance material in this area was also called for, either as a hard copy document or available within MyCET (e.g. in a designated support/FAQ area or as icons integrated into the online application form itself).

5.1.4 GOC communications

As mentioned previously, there was very positive feedback on the response of the GOC's frontline CET team to specific queries.

"When queries have arisen the contacts I have spoken to have been very helpful."

However, some also reported occasions where correspondence to others within the GOC has gone unanswered.

There was also a strongly held view that the GOC's communication about changes to the CET scheme has historically been deficient. This has led to an impression that the GOC doesn't understand the timeframes providers are working to. In future, providers called for at least six months lead-time to plan for major changes.

"If the GOC were a bit more communicative and proactive that would benefit everyone."

There was also a view that the GOC has missed a trick by not being more collaborative with providers. For example, had they received feedback on the competencies registrants are struggling to achieve, one provider said that they could have responded by providing more CET in these areas. Another mentioned that if more forewarning had been received about the introduction of the PDP it could have helped registrants understand and comply with this requirement.

"The GOC overlooked the role of the provider in educating registrants."

5.1.5 Application process

Providers said that they find the application process to be time-consuming, typically requiring at least an hour per application submitted.

"The burden on applications has increased and, while I can see the common sense in the changes, we now have a system that is disproportionate to other allied health professionals in a huge way."

One of the reported reasons for this is that a lot of information is repeatedly asked for even if the provider is only making minor adaptations to a CET event, such as changing speakers. Providers would welcome adaptations to the MyCET functionality which make it easier to transfer across relevant information from previous applications.

In addition, it was suggested that larger providers should be able to submit information on their general organisational standards (e.g. quality assurance or governance) just once in a given CET cycle rather than have to repeat this information in each application they make for holding individual CET events.

"Nothing about who we are seems to count."

"We're providing CET at a rate of knots and it seems like we're writing the same answer time after time."

On the other hand, newer providers felt that they would benefit from more guidance and potentially also training on how to submit a successful application. In particular, they would like to understand better the criteria used by approvers in assessing applications.

"I find that many of my applications for peer review are rejected. I feel a clearer feed back on rejections and/or better information when filling the form would be helpful."

"What sort of guidelines do they follow? I'd like a step-by-step guide on approvers' criteria."

5.1.6 CET asssessment and approval

The change to whole cycle approval of CET events was universally welcomed. In addition, the speed of approvals was felt to have increased which was appreciated.

That said, the current two-week target reportedly is not always met, particularly if there are queries raised on an application. One provider suggested that there should be financial compensation, such as free fast-track approval, as compensation for such an eventuality.

"It's frustrating when it takes the full 10 days and then if there are questions asked it resets the timeframe."

The assessment process was believed by some to have improved, which was attributed by some providers to approvers having received some training in this area. However, a number of providers felt that there is still too much inconsistency between approvers in their approach to assessment. This has led

them to view the process as too subjective and potentially leading to unfair outcomes. Some reportedly follow a practice of re-submitting their application if it fails with the first approver as they have previously found that they often pass when a different individual is involved.

> *"I've been told to submit a couple of times because we tend to get different results."*

> *"If I submit it enough times it will be approved."*

There was a suggestion made for the GOC to monitor the number of successful appeals as a way of assessing performance in this area. It was also felt that approvers should receive more regular training.

In addition, a specific point was made about approval of overseas CET, which was felt to place too much burden on individual registrants to get content pre-approved.

5.2 GOC and other stakeholder feedback

The GOC and other stakeholders interviewed tended to concur with many of the above views expressed by providers.

In addition, they felt that lessons needed to be learnt by the GOC in its approach in the following specific areas:

5.2.1 Decision-making

The GOC previously needed to change several policies (e.g. on exceptional circumstances, disputes, the status of the minimum annual points expectation) after they had been signed off due to legal considerations. This suggests that a more robust approach to policy development, which builds in legal input at an early stage, is required.

> *"The transition was quite painful previously. We were making decisions and then having them reversed."*

> *"There were a whole set of policy and operational issues that didn't get resolved until the last minute."*

"There was a lot of uncertainty. We thought (the policy) had teeth but it didn't."

One of the reasons these situations arose was believed to be that there were not appropriate processes in place for knowledge transfer and succession planning ahead of personnel changes. This will need addressing in future to ensure there is a sufficient organisational memory to make-well informed policy decisions.

5.2.2 Stakeholder engagement

More timely engagement with stakeholders was also acknowledged to be needed in the future, especially in lead-up to the forthcoming CET cycle due to commence in 2019.

"There was a lack of consultation previously. We were fire-fighting."

The GOC's standards consultation was regarded as an exemplar that should be emulated in future CET engagement.

The development of a formal communications plan to guide regular CET communications was also believed to be required.

In addition, answering provider and registrant queries was reportedly a very time-consuming activity for the frontline CET and registrant teams, particularly at the end/beginning of each year and towards the end of a cycle. These peak times could potentially be planned for in future, e.g. by temporarily increasing resourcing in these periods.

It was also suggested that automating some administrative aspects of the CET team's role could be helpful in releasing staff time for responding to stakeholders. In particular, it was suggested that a Payment Gateway for processing providers' payments would be very helpful.

The Chief Executive and Registrar noted some improvements in the support provided to her at the end of the last CET cycle. Her main involvement in the CET scheme comes at the end of a cycle in order to make final decisions on registrants who have not acquired the requisite points. She appreciated the advance scheduling of this involvement in her diary, as well as the guidance she received to ensure she understood each case and support on correspondence.

She particularly mentioned the GOC Head of Registration as providing her this support. In addition, she believes that there have been improvements in how legal advice from the FTP Directorate is now provided in more complex cases.

5.2.3 Quality assurance

Auditing of CET events was felt by a number of staff within the GOC to be a current gap which will need to be addressed in future, in order to ensure sufficient quality of provision. However, a point was also made that a method needs to be found of doing this that is practical and not too resource-intensive for the GOC to deliver. It was suggested that a system of spot auditing would be more feasible than attempting to audit all events.

In addition, it was felt that the GOC should work on developing more general quality assurance procedures for CET delivery.

There was also seen to be an opportunity for the GOC to make more of registrants' feedback on events they have attended. However, it was acknowledged that this might require a review of the questions being asked to ensure they provide useful data.

Appendix 1 – Qualitative research

A1.1 Participants

1. Rachel Barry, MyCET Project Leader (Perceptive)

2. Ian Beasley, Association of Optometrists (AOP)

3. Joy Bolt, General Optical Council (GOC) CET Manager

4. Alistair Bridge, GOC Director of Strategy

5. Lola Butterfield, GOC CET Administration Officer

6. Gordon Carson, Chair of CET Approvers

7. Peter Charlesworth, MyCET System Administrator (Perceptive)

8. Lisa Cowan, NHS Education Scotland (NES)

9. Cheryl Donnelly, British Contact Lens Association

10. Barry Duncan, Association of British Dispensing Opticians (ABDO)

11. Marcus Dye, Acting GOC Head of Education and Standards

12. Kiran Gill, GOC Head of Legal Compliance

13. Simon Grier, GOC Communications Manager

14. Michelle Hennelly, City University

15. Lucy Joseph, College of Optometrists

16. Sasha Macken, Wales Optometry Postgraduate Education Centre

17. Scott Mackie, registrant GOC Council Member

18. Emily, McCormick, AOP/Optometry Today

19. Phil McQueen, GOC Registration Officer

20. Kathy Morrison, NES

21. Michelle Norman, GOC Head of Registration

22. Sheetal Patel, Johnson & Johnson Vision Care

23. Samantha Peters, GOC Chief Executive and Registrar

24. Tim Ray, CET Consultant

25. Gill Robinson, Specsavers

26. Helen Rocks, Northern Ireland Optometric Society

27. David Rowland, GOC Head of Policy

28. Lesley Russell, NES

29. Paula Stevens, ABDO

30. Keith Watts, GOC Head of Case Progression

A1.2 Discussion guide

Introductions
 	
(Circa 5 mins)
	• Moderator introduction
	
	   o Independent research to get feedback on the GOC's CET scheme – both the last full cycle (2013-2015) and current cycle (2016-2018) so far. This is the **beginning of engagement** in relation to CET and will not be the only opportunity to provide feedback on how the future of CET is shaped.
	
	   o Ground rules – not a test; confidential; one at a time in groups.
	
	   o We won't be able to answer any substantive questions you might have on the CET scheme but will pass these back to the GOC.
	
	   o Recording but please advise if prefer that some comments are not attributed.
	
	• Respondent backgrounds
	
	   o What type of stakeholder – provider, GOC staff, chair of CET approvers, provider of online CET platform etc.?
	
	   o How long been involved with the CET scheme and specific nature of involvement?
	
	• Specific classification questions for CET providers (to align with the survey):
	
	Q1 Which of the following best describes your type of organisation?

i.   *Optical business/employer*

ii.   *Professional optical organisation*

iii. *Educational institution*

iv.   *Commercial education provider*

v.   *Local optometric group*

vi.   *Other (specify)*

Q2 Where does your organisation provide CET courses/events?

vii.   *England*

viii. *Scotland*

ix.   *Wales*

x.   *Northern Ireland*

xi.   *More than one nation/UK wide*

xii.   *Online only – no physical courses/events*

Q3 How long have you been a CET provider to the GOC?

i.   *Less than 1 year*

ii.   *1-3 years*

iii. *More than 3 years*

Q4 IF PROVIDER FOR 1+ YEARS: How many GOC approved CET   courses/events would you normally provide in a year? IF PROVIDER FOR   LESS THAN 1 YEAR: How many GOC approved CET courses/events   have you provided so far?

i.   *Less than 5*

ii.   *5-10*

iii. *11-50*

	iv. More than 50
	
	Q5a Who is your CET targeted at?
	
	   i. Optometrists
	   ii. Dispensing opticians
	   iii. Both
	
	Q5b Do you provide specialist training such as CLO or IP?
	
	   i. Yes
	   ii. No

CET overall
 	
(circa 5 mins)
	• What is your understanding of the main purpose and objectives of the GOC's CET scheme?
	
	• Overall, how successful has the CET scheme been thus far in achieving this? Probe for rating on a scale of 1-10 and for reasons for their views, including what they think works well and any issues.
	
	• Prompt if required for views on the success of the scheme in terms of:
	
	   o Maintaining and developing knowledge and skills currently required to be a registered professional (may be known as Revalidation – the GOC's response to the Government's requirement to consider how to ensure registrants remain fit for purpose)
	
	   o Mitigating competency and contextual risks associated with being a registered professional

CET 2013-15 cycle *(circa10 mins)*	• What is your understanding of the main changes made to the 2013-15 cycle compared to the previous cycles? What difference did these changes make? Probe for perceived

	main positive and negative aspects of the changes/new elements.
	• Prompt if required for how much/what difference each of the following changes/new elements are perceived to have made:
	o Minimum points through interactive learning; cap on text-based distance learning; wider scale of points to reflect nature of activity; and requirement to undertake peer review (has it addressed the contextual risks of being professionally isolated, out of touch or disengaged?)
	o Expectation of the achievement of a minimum number of points (6) per year (has it reduced risk that practitioners undertake short intense periods of learning rather than measured activity throughout the period?)
	o Changes to procedures for shortfalls in CET points (has it enabled those who may not be fit to practise to be removed from the Register at an earlier opportunity?)
	o Requirement for CET to cover all expected competencies (has it ensured that registrants are fit for practice in all areas required for clinical practice and avoided registrants focusing on preferred competencies to the exclusion of others?)
CET 2016-18 cycle *(Circa 10 mins)*	• What is your understanding of the main changes made to the 2016-18 cycle compared to the previous cycle? What difference did these changes make? Probe for perceived main positive and negative aspects of the changes/new elements
	• Prompt if required for how much/what difference each of the following changes/new elements are perceived to have made:

	o Introduction of a new Standards of Practice competency replacing the former Professional Conduct competency (are these appropriate or too restrictive and is there scope for a more open system of Continuing Personal Development?)
	o Introduction of a more formalised Personal Development planning requirement including to define scope of practice and link all CET to a learning objective (has this strengthened the connection of CET to competencies relevant to registrants' particular professional group and scope of practice?)
	o *For external stakeholders:* Introduction of additional modality choices (are current modalities suitable or not?)
Delivery of CET *(Circa 20 mins – additional time in staff groups where this will be main focus)*	• Overall views on CET delivery:
	o What is currently working well in terms of facilitating your role in delivering CET? Probe fully
	o Are there any barriers or impediments to your role in delivering CET? Probe fully
	• Assessment of specific aspects of CET delivery in terms of effectiveness and ease of use to specific stakeholders *(prompts will be tailored to the specific audience):*
	o **Principles and Requirements document** – including whether they are aware of/use this; how helpful it is regarded; how appropriate and supportive the current criteria for CET activities are felt to be. *(This will be mainly covered with external stakeholders and the Education and Standards staff)*
	o **Policies and processes** – including whether there are any areas of policy ambiguity or areas where further clarification would be helpful (e.g. disputes, exceptional

	circumstances, FTP suspensions and CET policy etc.); and whether any processes or administrative requirements are unclear or onerous (e.g. submitting CET for approval, approvers evaluating submissions etc*.) (Policies will be mainly covered with staff)* o **Quality control and governance** – including whether any areas are perceived to require changes e.g. provider applications, assessment procedures**/**approvals process, code of conduct, training and audits. *(Focus for providers will be on QA and governance with respect to assessment procedures)* o **MyCET online system** – including how well it supports the work they do; whether any changes - e.g. to contents or usability – are believed to be required. o **Communications with, and support from, the GOC** – including whether additional guidance, inductions, admin support etc. are believed to be required by external stakeholders; and whether GOC staff believe they have sufficient time and resources to provide the required level of communications and support to external stakeholders.
Summing up *(10 mins)*	• Overall, do you believe the current CET framework helps to deliver quality, outcome based learning? • And does the current scheme fulfil its objective to support registrants to demonstrate their continued fitness to practise? • What changes or improvements would you suggest to the CET scheme? Probe fully • And are there any enhancements you would suggest to support providers/assessors/GOC staff to deliver the CET scheme? Probe fully

Appendix 2 – Provider survey

A2.1 Sample profile

Sample profile (1)

Provider type	%
Local optometric group	33
Optical business/ employer	23
Professional optical organisation	12
Educational institution	8
Commercial education provider	3
Other	21

CET coverage	%
England	83
Scotland	27
Wales	21
Northern Ireland	20
Online only	5
Outside UK only	4
% add to >100% as some provide CET in more than one UK country	

Sample profile (2)

Length of provision	%
More than 3 years	54
1-3 years	30
Less than 1 year	15

No. CET events per year/ so far	%
Less than 5	52
5-10	25
11-50	16
More than 50	7

Target group/ s	%
Optoms only	33
DOs only	-
Both	67

Specialist CET	%
Yes	38
No	62

A2.2 Questionnaire

Introduction	*This short survey has been designed for providers of the GOC's Continuing Education and Training (CET) programme as part of an evaluation focusing on both the last full cycle of the scheme (2013-2015) and the current cycle so far (2016-2018). The GOC has commissioned Collaborate Research to conduct this survey on an independent basis, and all responses will be treated in confidence. Please take a few moments to complete the questions, as it is very important to receive your feedback on the CET scheme and any areas within it that you think should be improved.*
Classification questions	*First, a few questions about your organisation to help us analyse the results....* Q1 Which of the following best describes your type of organisation? *xiii. Optical business/employer* *xiv. Professional optical organisation*

	xv. *Educational institution*
	xvi. *Commercial education provider*
	xvii. *Local optometric group*
	xviii. *Other (specify)*

Q2   Where does your organisation provide CET courses/events?

xix.   *England*

xx.   *Scotland*

xxi.   *Wales*

xxii.   *Northern Ireland*

xxiii.   *Online only – no physical courses/events*

Q3   How long have you been a CET provider to the GOC?

(Filter question wording in Q4 based on response to Q3)

iv.   *Less than 1 year*

v.   *1-3 years*

vi.   *More than 3 years*

Q4   IF PROVIDER FOR 1+ YEARS: How many GOC approved CET courses/events would you normally provide in a year? IF PROVIDER FOR LESS THAN 1 YEAR: How many GOC approved CET courses/events have you provided so far?

(Filter question based on answer to Q3)

v.   *Less than 5*

vi.   *5-10*

vii.   *11-50*

viii.   *More than 50*

	Q5a Who is your CET targeted at? *iv.* *Optometrists* *v.* *Dispensing opticians* *vi.* *Both* Q5b Do you provide specialist training such as CLO or IP? *iii.* *Yes* *iv.* *No*
Explanation of changes in 2013-15 cycle	*A number of changes were introduced in last full cycle of the CET scheme (2013-15) to address previously identified risks. These included:* • ***The requirement to undertake peer review and an increased proportion of interactive CET** – to address contextual risks associated with professionally isolated, out of touch or disengaged practitioners.* • ***The expectation that registrants achieve a minimum of 6 points year throughout the cycle** - to reduce the risk that practitioners undertake short intensive periods of learning rather than measured activity throughout the period.* • ***The removal of an automatic right to a shortfall period** – to enable registrants who have failed their CET and may not therefore be fit to practice to be removed from the register at an earlier opportunity.* • ***The requirement for registrants to do CET across all competencies** - to provide confidence to the GOC that registrants continue to be fit for practice in the areas of competence that are required for clinical practice and to avoid*

	registrants focusing on preferred competencies to the exclusion of others.
Views on changes in 2013-15 cycle	Q6a Overall, how successful do you believe these changes and new elements in the 2013-15 cycle have been in addressing the risks identified?
	i. Very successful
	ii. Quite successful
	iii. Neither successful or not successful
	iv. Not very successful
	v. Not at all successful
	vi. Don't know
	Q6b Please provide reasons for your views, including any positive or negative aspects of the changes introduced in the 2013-15 CET cycle.
	Open-ended
Explanation of changes in 2016-18 cycle	*Some further changes were introduced in the current cycle of the CET scheme (2016-18) compared to the preceding cycle:*
	• *Changes to the units of competence to introduce a **Standards of Practice competency**.*
	• *Introduction of a **more formalised Personal Development Planning requirement** to encourage registrants to reflect on practice and plan CET more effectively, including the requirement to define scope of practice and link all CET to a learning objective.*
	• *Introduction of **additional modality choices** and clarification of requirements for **interactive distance learning** modality.*
Views on changes in	Q7a Overall, how successful do you believe these changes and new elements in the 2016-18 cycle have been so far?
	i. Very successful

the 2016-18 cycle	*ii. Quite successful* *iii. Neither successful or not successful* *iv. Not very successful* *v. Not at all successful* *vi. Don't know* Q7b Please provide reasons for your views, including any positive or negative aspects of these changes introduced in the 2016-18 CET cycle. *Open-ended*
	These next questions concern your role in delivering CET Q8 What is currently working well in terms of supporting your role in delivering CET? *Open-ended* Q9 Are there any barriers or impediments currently to your role in delivering CET? *Open-ended* Q10 Please rate the following aspects of the CET scheme in terms of how effective and easy to work with they have been for you: a) The current (v3.2) Principles and Requirements document b) The GOC's procedures related to the CET provision application and assessment process c) The MyCET online system d) Communications with, and support from, the GOC

(Randomise list order)

   i.   *Very good*

   ii.   *Quite good*

   iii. *Neither good or not good*

   iv. *Not very good*

   v.   *Not at all good*

   vi. *Don't know*

Q11   Do you have any suggestions for improvements to the GOC's CET scheme?

Open-ended

Q12a Would you be happy for us to contact you if we need to check any of your answers to this survey?

   vii. *Yes*

   viii. *No*

Q12b Would you be happy for us to contact you if the GOC decide to do further research on this topic matter?

   ix. *Yes*

   x.   *No*

Many thanks for participating in this survey which will provide the GOC with valuable feedback on the CET programme. This is the beginning of the GOC's engagement in relation to CET and there will also be further opportunities, should you wish it, to have a say on how the future of CET is shaped.

46