

## **Optical Confederation Education Committee views on the Future of CET for Optometrists and Dispensing Opticians**

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**Meeting:** Optical Confederation Joint Education Committee (JEC), 3<sup>rd</sup> October 2017

*(The JEC is co-Chaired by Richard Edwards (FODO) and Will Holmes (AOP). It has representatives from all Optical Confederation bodies, and from across the sector. This is a note of group discussions from this meeting, which was shared with the General Optical Council to inform its review of CET)*

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### **Background**

Following a presentation from the Head of CET and Standards at the GOC (Marcus Dye) the committee were invited to discuss in groups what would constitute the 'perfect' CET scheme. Discussions took place in small groups with feedback to the whole committee at the end of the allotted time. To facilitate discussions groups were invited to consider the following questions:

- 1) What should underpin the CET scheme? (e.g. Stage 2 GOC core competencies, GOC standards for optometrists and dispensing opticians, something else?)
- 2) What should the registrant be required to do to demonstrate they are meeting whatever underpins the CET scheme?
- 3) How should the GOC ensure compliance?

Below is a summary of the feedback from the groups on each of these questions.

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### **1) What should underpin the CET scheme?**

The groups could see advantages and disadvantages of either using the GOC standards or the GOC stage 2 core competencies – with perhaps general consensus in the direction of using the standards. Benefits of using the standards include i) Registrants must work to these day-to-day ii) they contain detail on clinical supervision. They are however far less specific with regard to clinical skills. But this may be a good thing given the pace of change in scopes of practice. Using the stage 2 core competencies could be considered to maintain a 'bare minimum' level of performance in the professions, but may not allow scope for registrants to develop above this. One possibility could be to specify themes rather than discrete competencies which would underpin the CET system.

### **2) What should the registrant be required to do to demonstrate they are meeting whatever underpins the CET scheme?**

There was consensus that a far broader range of activities should be permitted to count as CET. For example:

- Acting as an expert witness

- Educating and supporting other registered and non-registered staff (could be easier if standards rather than competencies underpin)
- Representing professional bodies
- Postgraduate qualifications
- Attending the educational events of other healthcare professionals
- Multidisciplinary working
- Peer discussion including other professions
- Peer discussion which might take place between fewer than four registrants
- Peer discussion making up a greater proportion of CET
- Peer review being allowed to take place with real, spontaneous cases, rather than being 'pre – approved'
- Learning from near misses

The points above represented a desire for CET to capture 'real life' or 'in practice learning'. This would require a platform that would allow registrants to upload a variety of different types of evidence to demonstrate learning. Some voiced the opinion that the perfect system would avoid a 'box ticking' mentality and that the interactive elements of CET contained most value.

There was discussion about the value of requiring all registrants to cover all areas and some thought it better that registrants should be able to choose to do CET in the areas in which they practised thus 'creating their own path' (this would not compromise patient safety if GOC standard 7 was adhered to). Some suggested that 'creating your own path' should involve upskilling rather than maintaining skills.

There was a desire to encourage practitioners to form local support networks. Discussion also took place around ensuring that the demands placed on registrants/providers were reasonable in terms of financial commitment and there was recognition that not all registrants receive a grant from the NHS (Dispensing Opticians and Contact Lens Opticians). There was debate about whether Dispensing Opticians should have to take part in peer review – this extra burden may be seen as unfair without extra funding.

Some members expressed the view that there needed to be a clear and fair procedure/mechanism for those taking time out of the profession (e.g. maternity leave). It was argued by some in the groups that optics is a low risk profession and therefore the cycle could be longer than 3 years.

### **3) How should the GOC ensure compliance?**

The relative merits of using a point based system via accredited providers were discussed. There was general support for the use of 'points' as they have the advantage of registrants 'knowing where they are' and in theory allows the GOC to be sure that provision is of an adequate standard. However, this system can lack flexibility and potentially lead to 'box ticking'. There was discussion around whether the current accreditation system did provide quality assurance and how often the GOC audited providers. More flexible schemes (such as those administered by other regulators) were discussed – where there is often no accreditation of providers or 'minimum points'. These seem to give more professional freedom but some were concerned that the 'calling in' a random sample of registrants portfolio could lead to 'gaming' – practitioners doing little in the way of CET until they are called in. If a portfolio system was used some felt that there should be a clear and structured template for registrants to record their learning. The possibility of a two tier scheme was also discussed – where points are used for 'baseline competencies' with a more flexible approach trialled for those wishing to develop in other areas of practice.

Groups discussed the need for the GOC to take a risk based approach when auditing and assuring CET. The process for any CET approval should be as consistent as possible. The GOC should seek to be a 'friendly face' when administering any scheme – a feeling that they can be approached is more likely to result in registrant engagement, learning and therefore public protection.