

LEARNING DOMAINS



CLINICAL PRACTICE



LEADERSHIP & ACCOUNTABILITY

PROFESSIONAL GROUPS





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Continuing professional development and the standards of practice

By Alexandra Webster MSc, PGDipE, FBDO CL, FHEA, FBCLA

s we enter the second year of the General Optical Council (GOC) continuing professional development (CPD) scheme, many GOC registrants will be gearing up for another year of pursuing their professional development plans and ticking off their learning outcomes whilst seeking out further learning opportunities. Equally, there will be GOC registrants who are concerned about another year of finding relevant and accessible CPD, or making sense of what is expected of them to fulfil their mandatory regulatory requirements in relation to their work as an optical professional.

With a particular focus on this latter point, this article will discuss the purpose of CPD in relation to eyecare professionals who are regulated by the GOC.

REQUIREMENTS TO UNDERTAKE CPD

CPD can be something of a Marmite issue. For each optical professional who actively pursues taking part in continuing education, there are those that feel they are being forced to spend precious time, and sometimes money, to tick a box they do not necessarily consider beneficial to them. Therefore, readers may have very different personal views on the content.

However, what is impossible to deny is

that if someone wishes to be a practising dispensing optician or optometrist in the UK, they must undertake at least the *minimum* CPD requirements as set out by the GOC¹. And, optical professionals are not alone. In the UK, there are approximately 1.5 million registered healthcare professionals (HCPs), and all are now mandated to complete CPD as part of their ongoing professional registration with one of the nine UK healthcare regulators².

CPD has a number of purposes, and these may vary depending on the viewpoint of the stakeholder. Within healthcare, CPD is seen as a way for the HCP to gain knowledge by keeping abreast of developments in their field of practice³, to improve patient care^{3,4}· to support them in their work and professional challenges⁴ and to expand their professional roles². For the GOC, CPD has a very clear purpose – and that is to ensure optometrists and dispensing opticians "keep their skills up-to-date and develop new ones in order to practise safely and protect their patients"⁵.

This article will explain how the new GOC CPD scheme links to the Standards of Practice for Optometrists and Dispensing Opticians⁶, and how these standards have been organised into the CPD learning domains. Throughout, we shall meet an optical practice team who

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have experienced a 'patient incident', and reflect on how CPD can support change to ensure patient safety.

CPD AND THE STANDARDS OF PRACTICE

The Standards of Practice for Optometrists and Dispensing Opticians were set out by the GOC in 2016 and contain 19 individual standards relating to the expected behaviour and *professional* performance of all GOC registrants⁶. In the previous world of CET, when the Standards of Practice (SOP) came into being, they were added in as a core competency, alongside the clinical and behavioural core competencies that already existed for each professional role.

With the new CPD scheme, the GOC chose to adopt a different approach, which aligned with the changes that had taken place for undergraduate and postgraduate qualifications, owing to the GOC Education Strategic Review (ESR). Here, the core competencies for each role were removed and a new 'outcomes for registration' approach was adopted7. In the CET scheme, each registrant was required to complete a piece of CET within each competency for their professional role and, for those on the speciality registers, for their speciality role8. Some registrants could find this frustrating, where they felt obliged to complete CET in an area of practice they didn't require in their personal scope of practice. Additionally, the competencies were written in relation to what was expected of an optical professional coming onto the register (or speciality register) and related directly to the syllabus and examination requirements to be qualified and registered.

The competencies allowed little room for modern developments in the industry to be considered; for example, new technology or developments in scopes of practice that were not anticipated at their time of writing. Although not directly relevant to CPD, the new outcomes for registration have been developed to allow more flexibility and future-proofing.

With the core competencies no longer used for qualifying education pathways, there would be no place to keep them in relation to CPD. However, there is still a need to provide some structure and guidance to assist people in undertaking professional education that relates to their professional practise, and the SOP

seem the most relevant structure on which to framework CPD.

It can be easy to get on with the day job and not always have at the forefront of the mind the legal implications of choosing to be a regulated professional. The SOP is the defining document that details what is expected of all GOC registrants to support safe practise. If the SOP are known inside out and followed in practice, then patients should be kept safe. However, each patient is unique, and each practitioner is unique, and often the circumstances culminate in a unique situation.

As every possibility of patient care cannot be foreseen, the SOP provide a guiding structure on which professional judgement is then applied. It is the justification and recording of this professional judgement that is one key factor to being a safe practitioner – and this is where CPD can so often play a part; in particular the interactive CPD that allows the GOC registrant to hear, understand and/or question the thoughts, experience and practice of other registrants and experts.

As mentioned, for CPD purposes the GOC has divided the SOP in to four learning domains (**Table 1**). The titles of each standard don't always give a full picture of the specifics that are required within that standard, and it is well worth every GOC registrant taking time to familiarise themselves with each standard's specifics, to ensure they are fully cognisant of what is expected of them as a practising registered healthcare professional.

The GOC has provided every registrant with a copy of the SOP. However, for those who may have misplaced this document, a downloadable copy is accessible via the GOC website, and it is worth keeping a copy to hand on the practice computer for quick reference.

We shall look in more detail at the four CPD learning domains, but it should be noted that there are in fact an additional three learning domains, though this article will not focus on these. For those on the GOC speciality registers, there are two speciality domains – one for contact lens opticians, and one for optometrists with either an additional supply, a supplementary prescribing and/or an independent prescribing qualification.



PROFESSIONALISM

- 4. Show care and compassion for your patients
- 10. Work collaboratively with colleagues in the interests of patients
- 11. Protect and safeguard patients, colleagues and others from
- 13. Show respect and fairness to others and do not discriminate
- 14. Maintain confidentiality and respect your patients' privacy
- 15. Maintain appropriate boundaries with others
- 16. Be honest and trustworthy
- 17. Do not damage the reputation of your profession through your conduct
- 19. Be candid when things have gone wrong



COMMUNICATION

- Listen to patients and ensure
 they are at the heart of the
 decisions made about their care
- Communicate effectively with your patients
- 3. Obtain valid consent
- 18. Respond to complaints effectively



CLINICAL PRACTICE

- 5. Keep your knowledge and skills up to date
- 6. Recognise, and work within, your limits of competence
- 7. Conduct appropriate assessments, examinations, treatments and referrals



LEADERSHIP AND ACCOUNTABILITY

- 8. Maintain adequate patient records
- Ensure that supervision is undertaken appropriately and complies with the law
- 12. Ensure a safe environment for your patients

TABLE 1: The Standards of Practice for Optometrists and Dispensing Opticians in their CPD Learning Domains⁶ Registrants on speciality registers need to complete a minimum of 18 points within their speciality domain, which will be CPD specifically related to these clinical practices. The final domain is 'current risks' and is there in case the GOC deems there is a need for all registrants, or registrants in a specific professional role, to complete CPD in a targeted area. This would be following an issue being raised in the fitness to practise process, change in legislation or national emergency¹.

Before we explore the learning domains, let's meet a practice team who have some serious reflection to do following an incident in the practice (Box 1). Later, we will consider how CPD may be able to help the team develop safer practice.

CPD LEARNING DOMAINS

PROFESSIONALISM

It should not be missed that this is the most heavily-weighted learning domain, containing nearly half of the standards. It is within the Professionalism domain standards in particular that we can often find a link to legal aspects and governance that fall outside the dominion of the GOC and which other professionals, including

our healthcare counterparts, are also required to abide by.

For example, to practise Standard 13: Show respect and fairness to others and do not discriminate, we need to have an understanding of the Equalities Act 2010¹⁰ and consider the implications of this in our patient interactions.

Other current legislation GOC registrants need to have an awareness of, as the standards in this domain relate to them, include the Mental Capacity Act 2005¹¹, the Care Act 2014¹², the Health and Care Act 2022¹³ and the Data Protection Act 2018¹⁴.

Reading legal documents is no easy task, and it is here that undertaking CPD, which breaks down the legislation and guides the participant to the relevant sections, whilst relating them to optical practice and patient care, is an accessible way to better understand how legislation impacts on professional practice, and make sure personal practice is the right side of the current laws of the land.

Further important healthcare professional legislative aspects this domain covers are Duty of Candour, whistleblowing and disclosing confidential information, each of which the GOC provide policy or

supplementary guidance on for registrants¹⁵⁻¹⁷. Again, CPD can help to take this guidance and link it to circumstances within everyday practice, such as may be found in some providerled peer review, to enable registrants to consider how they would and should perform in their personal practice in light of the guidance.

Figure 1 shows which parts of the professionalism domain the practice team involved in the never event (**Box 1**) need to reflect on.

COMMUNICATION

The first two standards within this learning domain (Standards 1 and 2) cover almost every aspect of clinical practice; that is, how patients should be listened to as individuals and how communication to patients should be considered. These standards are frequently covered in CPD as they apply to so many situations.

The other standards in this domain cover consent (Standard 3) and complaints (Standard 18). Again, the GOC provides supplementary guidance on consent which can be found on their website¹⁸. Complaints are an interesting area when they are covered in

BOX 1: THE 'NEVER EVENT'



BACKGROUND

Marisa recently joined the practice as an optical assistant (OA) but has more than 15 years of experience at another firm. In her interview, it was established she is experienced in teaching patients how to apply and remove soft contact lenses and is a soft contact lens wearer herself.

Yousef has shown Marisa where the contact lens teaching appointments are conducted and where all the resources

are, including saline, cleaning solutions and printed information for patient to take away. Additionally, Marisa has verbally discussed how she conducts a contact lens teaching appointment.



Standard 11: Protect and safeguard patients, colleagues and others from harm

11.5 If patients are at risk because of inadequate premises, equipment, resources, employments policies or systems, put the matter right if that is

possible and/or raise a concerr

Standard 19: Be candid when things have gone wrong

FIGURE 1: The Professionalism learning domain and the 'never event'



THE EVENT

During Marisa's first patient teaching session, Yousef kept checking in on how things were going and was satisfied that Marisa knew what she was doing and following the practice procedures.

Today, Marisa is conducting a teaching appointment for a neophyte patient who is to trial monthly contact lenses. Owing to certain factors in the patient's history and symptoms, Amy,

who conducted the fitting appointment, decided the patient would be best to use a hydrogen peroxide contact lens solution.

Marisa has never come across a hydrogen peroxide solution before as her previous practice did not sell them and, in fact, mainly supplied daily disposable lenses. She noticed the black disc at the bottom of the



Standard 18: Respond to complaints effectively

FIGURE 2: The Communication learning domain and the 'never event'



discussion-based CPD, as it becomes evident that there are different approaches to managing patient complaints in different practices, with registrants not always certain what is the correct way to deal with what can be a challenging situation.

Standard 18 provides some clarity on the expectation of responding to complaints but, yet again, professional judgement will be required. The Optical Consumer Complaints Service, which works closely with the GOC, is a useful resource for registrants with questions relating to resolving complaints and they provide guidance on how to avoid complaints, including through the provision of their own CPD¹⁹.

Figure 2 indicates which specific part of the Communication learning domain would be useful for the team to consider accessing CPD in.

CLINICAL PRACTICE

Although this learning domain only contains three standards, it is frequently offered by CPD providers, as education on any area of optical clinical practice can generally fall into this domain. Standard 7 (Conduct appropriate assessments, examinations, treatments and referrals),

Section 5: Provide effective patient care and treatments based on current good practice, is a particular example of this.

So, where a CPD session is covering clinical education, for example on spectacle lens coatings or contact lenses for presbyopes or glaucoma monitoring, the list could almost be endless – as long as the session is based on up-to-date and robust information and relates to patient care, then it is likely to be able to be considered under this standard.

Much else covered in this domain is vital to be fit to practise. A few examples are:

- Being competent in all aspects of your work (Standard 5.1)
- Recognising and working within the limits of your scope of practice (Standard 6.1)
- Identifying when you need to refer a patient (Standard 6.2)
- Conducting an adequate assessment for the purpose of the optical consultation (Standard 7.1)
- When in doubt, consult with professional colleagues (Standard 7.7)

Although it was previously mentioned that much legislation is covered by the Professionalism domain, the clinical practice of any GOC registrant must adhere to the Opticians Act²⁰ and, therefore, some CPD falling within this domain will refer to this.

Figure 3 details which areas of the Clinical Practice learning domain the team who experienced the never event (Box 1) should reflect on and consider looking for CPD to undertake in.

LEADERSHIP AND ACCOUNTABILITY

Given the title, this learning domain may not be what is initially expected by some registrants. That is, it is related to *clinical* leadership and accountability, not business leadership. However, all the SOP may have influence on what is acceptable and what is not in optical business practice.

Record keeping is covered in this domain (Standard 8), so this will come up regularly in CPD sessions as recording care and justifying decisions made is a fundamental aspect of patient care. This domain also includes Standard 9: Ensure that supervision is undertaken appropriately and complies with the law.

All registrants undertaking the supervision of a trainee dispensing optician, contact lens optician or preregistration optometrist will need to be fully aware of the details of this standard.



The locum optometrist

(()

CLINICAL

contact lens case but did not think anything of it, assuming it was just a different brand of multipurpose contact lens solution.

The patient, on practising their contact lens application for the second time, said their eye stung and then really, really stung, and then insisted the lens was removed. Marisa, seeing the patient's eye become bright red,

REFLECTION

This case is based on a genuine occurrence and can be classed as a 'never event'. A never event is one that should never have happened as guidance is already in place to provide protective barriers to prevent it from occurring⁹.

immediately removed the lens for the patient, rinsed their eye with

The patient saw Amy who checked the corneal surface for damage

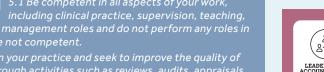
was able to placate the patient and assure them they would be looked

saline and fetched Yousef, who realised what had happened.

after - and that an incident like this would not happen again.

It is vitally important that all the people involved in this event learn from this very close call to ensure it never happens again.

Both GOC registrants involved in this situation need to reflect on what has happened and consider what changes need to be made.



5.4 Reflect on your practice and seek to improve the quality of your work through activities such as reviews, audits, appraisals or risk assessments. Implement and actions arising from these 6.4 Understand and comply with the requirements of registration with the General Optical Council and the legal obligations of undertaking any functions restricted by law, i.e., sight testing and the sale and supply of optical devices.

Clinical Practice learning domain

Standard 5: Keep your knowledge and skills up to date

FIGURE 3: The Clinical practice learning domain and the 'never event'



Standard 9: Ensure that supervision is undertaken appropriately and complies with the law

This applies to supervision of pre-registration trainees and unregistered colleagues

undertaking delegated activities.

9.2 Only delegate to those who have appropriate qualifications, knowledge or skills to perform the delegated activity
Standard 12: Ensure a safe environment for your patients

FIGURE 4: The Leadership and Accountability learning domain and the 'never event'

However, it also relates to unregistered staff undertaking delegated functions and therefore, is applicable to a broader range of registrants.

CPD sessions can often uncover that some registrants do not always appreciate their responsibilities in the practice in relation to unregistered staff, so sessions in this domain, featuring learning outcomes that cover Standard 9, can be useful to undertake.

The final standard in the Leadership and Accountability domain is Standard 12: Ensure a safe environment for your patients. This covers infection control and prevention but also indemnity insurance and how registrants are expected to manage an emergency situation with a patient.

Figure 4 (Box 1) indicates areas of the Leadership and accountability learning domain the practice team experiencing the never event need to assess and consider seeking CPD to undertake in.

SELF-DIRECTED LEARNING

Along with the introduction of the learning domains, another significant change took place with the launch of the GOC CPD scheme, which is the introduction of self-directed learning (SDL).

SDL is any relevant learning that a

registrant undertakes, but not through an approved GOC CPD provider¹. The GOC provides some guidance on their website on what they consider to be appropriate forms of SDL including²¹:

- · Academic learning
- · Distance learning
- Formal learning
- Professional activities
- · Registrant-led peer review
- · Work-based learning

SDL means that a registrant can access CPD by a provider outside of the GOC scheme; for example, attending a lecture related to pharmacy or ophthalmology that is not provided by a GOC-approved CPD provider. However, the registrant must be able to describe and reflect on their experience, including the relevance to their personal scope of practice, and ensure that this learning falls within the SOP so they can submit the session for CPD point(s).

It is through SDL that registrants can now submit registrant-led peer review, rather than having to go through the preapproval process that was required in the previous CET scheme. Any registrant can organise a peer review session and ask their peers to contribute anonymised cases to be discussed.

All SDL needs to be categorised within the four learning domains and a *maximum* of two can be selected for a CPD session. Therefore, a theme or topic for a peer review needs to be chosen, to ensure the submitted cases can all be categorised into one or two of the domains¹. It should be noted that for registrants on the speciality registers, peer review must be undertaken with speciality peers for it to be applicable within their speciality.

Registrant-led peer review can be an ideal way for practice teams to learn together from specific patient encounters that have occurred in their environment. It is possible for dispensing opticians and optometrists to conduct peer review together, as long as the cases and the overall learning outcome is relevant to everyone's scope of practice.

Patient encounters that would fall into the Professionalism, Communication, and Leadership and Accountability domains may be of particular relevance for interprofessional learning. ABDO provides templates and further information for writing up patient cases either for peer review or for personal reflection, and these can be found in the Professional Development Toolbox within the CPD pages of the ABDO website.



BOX 2: HOW CAN CPD SUPPORT CHANGE? Let's now return to the practice team who experienced the never events and reflect on what happened in their professional

practice and how undertaking appropriate

CPD and implementing change in their practice should improve patient safety.

CPD AND THE LOCUM OPTOMETRIST

It is not enough that a locum optometrist (or any contact lens practitioner) confirms the practice procedures for contact lens application and removal teaching appointments. As the GOC registrant who was conducting the contact lens trial, it is their legal responsibility, according to the Opticians Act, to 'provide the patient with instructions and information on the care, wearing, treatment, cleaning and maintenance of the lens' 20.

Therefore, to pass this task onto an optical assistant, or a dispensing optician who is not on the contact lens speciality register, is to delegate this function. They are required to confirm that the individual person conducting the appointment is capable of doing this, and completes this delegated task fully in the manner the optometrist considers to be correct. This is to ensure the patient has all the required information and will be safe to continue their contact lens trial.



The optometrist should consider conducting CPD on delegated functions and the responsibilities of GOC registrants.

CPD AND THE DO PRACTICE MANAGER

The practice manager should also consider conducting CPD on delegated functions to ensure they fully understand which procedures in an optical practice can be delegated, and how these should be supervised. Although the patient was technically under the care of the optometrist, the dispensing optician should consider how their actions made them complicit in the unsafe patient care.

CPD on delegated functions may be available through professional bodies and industry organisations such as the College of Optometrists (including DOCET), ABDO and the Association of Optometrists. Other CPD providers may offer CPD that includes professional practice education, such as *Optician* and CPDpoints.com. Additionally, both the optometrist and the practice manager could conduct SDL in this area, and the professional bodies provide guidance that may be useful to consult.

Although this incident did not lead to a complaint, CPD on managing complaints and duty of candour would also be suitable to complete to confirm understanding is robust in these areas.



ABDO CPD REGIONAL EVENTS 2023

ALL EVENTS OFFER • 6 Interactive CPD Points including Peer Review

- Refreshments and Light Buffet Interaction time with sponsors
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Wednesday 15 February	MAIDSTONE	Orida Hotel Maidstone, ME14 5AA
Monday 20 February	LONDON	Guy's Hospital, SE1 9RT
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Monday 24 April	NORWICH	Mercure Norwich, NR3 2BA
Wednesday 3 May 6.15pm to 9.15pm	BIRMINGHAM	ABDO NRC, B6 5RQ
4,8,9 or 10 May	WREXHAM	TBC
Monday 12 June	SHEFFIELD	Jurys Inn, S1 4QW
10,11,12 or 13 July	OXFORD	TBC
Thursday 12 September	LONDON	The Medical Society, W1G 9EB
Thursday 21 September	WARRINGTON	The Kings Head, WA2 7TU
Wednesday 4 October	LEICESTER	St Martin's House, LE1 5PZ
Thursday 16 November	YORK	Priory Street Centre, YO1 6ET
Monday 4 December 6.15pm to 9.15pm	LANCASTER	The Storey, LA1 1TH



INTERPROFESSIONAL / TEAM CPD

It is clear that processes established in the practice enabled the 'never event' to occur and that they did not align with the legal and professional guidance available. A patient 'never event' such as this is an ideal scenario to discuss in peer review. If the practice has a number of other GOC registrants available to take part in a registrant-led peer review session, it

would be valuable to consider two or three other patient incidences where professional practice would be suitable to reflect on and conduct a team peer review session.

Peer review may help establish a better understanding of each individual's responsibilities, concerns and experiences in different working environments. It allows the participants to work together to establish the best patient management solutions for the specific circumstances, and highlight gaps in understanding or knowledge that may require further investigation and point out any barriers present that need to be removed to go forward.

If this is a smaller practice, it would be a consideration to reach out to a wider network of practitioners to organise a peer review. This could be held locally in a practice, or it could be held online if a geographically wider network is reached out to.

Following a peer review session, ideally the team could all reflect on their learnings and come back to establish improvements in their service delivery to enable safe care to be provided. It would also be worth consideration to implement audits in the practice to be able to monitor how any changes were working.

Involving all the practice staff in training is essential to make real change in the practice. It should be noted that, although peer review is mandatory for GOC registrants, under some circumstances it can be possible to include non-GOC registrants in the session – if they have relevant knowledge and experience to contribute to the discussion.

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LEARNING OUTCOMES FOR THIS CPD ARTICLE

DOMAIN: Clinical Practice

5.2: Undertake continuing professional development (CPD) as required by the General Optical Council as part of a commitment to maintaining and developing your knowledge and skills throughout your career as an optical professional.

5.4: Reflect on your practice and seek to improve the quality of your work through activities such as reviews, audits, appraisals or risk assessments as appropriate, and implement any actions arising from these.

DOMAIN: Leadership and accountability

9.2: Only delegate to those who have appropriate qualifications, knowledge or skills to perform the delegated activity.







LEADERSHIP & ACCOUNTABILITY



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