

ABDO response to GOC CPD consultation 2026



Q1. Do you agree with our objectives for the review?

Yes/No/Not sure

No

We do not agree with all the proposed objectives fully. Our comments on the objectives are discussed in turn below. In addition, we have concerns over the lack of reference in the objectives or proposed changes to how the CPD scheme will provide protection of the public by enabling high standards in eye care services.

1. Maximise registrants' freedom to undertake learning and development which is relevant to their personal scope of practice and supports their career progression with the minimum necessary regulatory direction.

We agree in part with this objective. However, the term 'professional development' should be used rather than 'career progression'. The latter term suggests a narrower focus on gaining enhanced status or seniority, whereas we should encourage registrants to focus more broadly on their development as a healthcare professional, with a commitment to public safety as a foundation.

2. Incentivise registrants to develop enhanced clinical skills supporting the shift in eye care delivery from hospitals to communities in all four nations

We agree in part with this objective. Shifting more eyecare to the community is a long-term objective and at this stage, it is unclear what the shift from hospital to community care will mean for registrants. Given that eyecare services are commissioned in England on a regional basis by Integrated Care Boards, the shift is likely to be different in different parts of England. And the wording of the objective acknowledges implicitly that there are different approaches to eyecare delivery across the UK. Also, the nature of the shift in eyecare delivery will be influenced by a range of factors, including technological developments. So, while it is obviously important for registrants to develop their clinical skills to reflect changes in eyecare delivery, it is not helpful to think in terms of a singular 'shift' that all registrants will need to prepare for in the same way.

3. Ensure our requirements fit with registrants' diverse career pathways, including in roles not involving delivering eye care to patients

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We agree in part with this objective. We agree that CPD requirements should fit with diverse career pathways. However, there is a need to define boundaries where registrants' careers cross over into different professions or areas not under the regulation of the GOC. For example, a GOC registrant who has chosen to undertake a career in education will still need to complete CPD to fulfil the GOC requirements to be considered safe to remain on the register i.e. *“develop their professional capability, clinical decision-making and reasoning, in order to anticipate and meet future patient and service-user needs, remain safe to practise and improve public confidence in the profession”*. It is anticipated that as an education professional, in addition, they would be required to undertake CPD in pedagogy to enable them to maintain and develop their professional capability as an educator and CPD conducted in this endeavour would not be suitable to include in the GOC CPD scheme, as it is not of relevance to their UK healthcare professional registration.

Other registrants may expand into clinical roles that are not under the regulation of the GOC and there should be a clear understanding for registrants where they are required to undertake training and regulation by other bodies this may fall under. A current example of this would include a registrant who trains to be to become a diabetic retinopathy screener, where training, regulation and quality assurance is conducted by a framework of national NHS bodies.

4. Align with best practice in other professional services regulatory systems and meet government expectations to renew our CPD system

We agree in part with this objective. We agree that alignment with best practice in other professional healthcare regulatory systems is desired. However, the information provided in the consultation documentation does not indicate *best practice* has been identified but rather shows how CPD regulation in the UK is diverse and poorly researched in terms of healthcare service delivery and public health outcomes overall. Additionally, the eyecare sector regulated by the GOC uses markedly different service delivery models than many other UK healthcare regulatory bodies oversee and therefore, direct alignment is difficult to achieve. Variances such as primary and secondary care provision and NHS and private service delivery need to be taken into consideration.

5. Remove unnecessary costs of regulation for registrants and CPD providers, including financial costs and time burdens.

We agree in part with this objective. We agree with the removal of unnecessary costs of regulation for CPD providers and for registrants. However, the proposals set out in this consultation do not indicate specifically how this will be achieved either financially or in terms of required time. Additionally, this review does not specify that potential financial saving achieved by the GOC with amendments to the CPD scheme will be passed on to registrants in a fee reduction. We are concerned that the costs associated with oversight of CPD will in part be transferred to the optical businesses. To fund the proposed system could negatively impact business spending in other areas including registrant salaries, investment in technology and funding of further qualifications. We believe there should be a focus on providing a CPD scheme which delivers value for money whilst maintaining quality.

There is a need, therefore, for a full impact assessment to be carried out before the GOC finalises the proposed changes. We note that in completing the 'Impact Assessment Screening Tool' the GOC has said that "Full impact assessment not required." However, the supporting analysis considers only the potential impact of the proposals on CPD providers and not on other stakeholders, such as optical businesses. It is not sufficient to carry out further work to assess the impact of proposals after the proposed changes are finalised. A full analysis of the likely impact of the GOC's proposals should inform its decision-making.

Q2. Do you agree that we should move away from a points system?

Yes/No/Not sure

Yes

We agree that a points system creates an unnecessary culture of box-ticking which goes against the purpose of continuing professional development for healthcare professionals, and stifles expansion of scope of practice and the development of clinical expertise. Moving away from the points system will enable registrants' lifelong learning to become outcomes-focused, which is in line with best practice CPD for healthcare professionals. Additionally, this will help registrants to develop and undertake meaningful professional development plans.

However, we believe that it will take some time for the sector as a whole to make the cultural shift necessary for the majority of registrants to be able to autonomously fulfil their necessary CPD requirements, thus enabling them to be safe and developing healthcare practitioners, outside of the familiarity of the points-based system.

Current registrants will require significant support and guidance to enable them to develop the necessary skills to be independent and effective life-long learning

healthcare professionals. Professional bodies will have an important role, therefore, in providing guidance to their members and supporting them to appropriately identify, undertake, reflect on and document their learning activities.

Q3. Do you agree that we should issue guidance on the amount, areas and types of learning rather than set specific requirements?

Yes/No/Not sure

No

We believe that including some specific requirements will enable a more robust CPD scheme that is fit for purpose and supports the role of the GOC in the protection of patients. There is still a need to provide a framework for the scheme to ensure that registrants are fit to practise in their professions, whatever their current working circumstances. A specific-requirement structure is seen across the majority of other UK healthcare regulators to varying degrees.

The current alignment of CPD learning outcomes with the GOC Standards of Practice for Optometrists and Dispensing Opticians ('the Standards of Practice') and the Learning Domains, provides a reasoned framework which supports registrants in understanding if the learning they are undertaking, or looking to undertake, is relevant to their professional registration with the GOC. We suggest keeping an alignment of 'learning areas' with the Standards of Practice to enable registrants to focus their learning, even if redesign of the learning domains takes place.

We suggest specific requirement stipulations could be provided through a minimum-hours of learning time, or through the requirement to record regular completion of learning linked to a professional development plan (PDP).

We believe there is a need to provide some specific requirements to enable registrants to complete sufficient learning to fulfil the scheme requirements for registrants '*to develop their professional capability, clinical decision-making and reasoning, in order to anticipate and meet future patient and service-user needs, remain safe to practise and improve public confidence in the profession*¹.'

As stated in question 2, however, we recognise that professional bodies will have a role to play in providing guidance that supplements the requirements set by the GOC and any high-level guidance which it chooses to provide.

We would strongly recommend that learning with peers/interactive learning remains a mandated aspect of the GOC scheme. The current adoption of peer review (in relation to the GOC scheme format of registrants taking part in learning with their peers through discussion of patient cases), has now been taken up by 100% of registrants, with the inclusion of dispensing opticians in 2023.

Taking part in a peer review was not highlighted as an issue for registrants not completing their CPD requirements leading to removal from the register in the GOC Evaluation of CPD cycle 2022-2024 report (p428 – 507 of the GOC Council paper June 2025). Nor was this learning activity highlighted as an issue following registrant record review. In addition to this, the GOC Registrant Workforce and Perceptions Survey 2025 Research Report showed confidence in participating in a peer review activity increased by 8 percentage points to 85%, which was the highest confidence rating for aspects of CPD this survey enquired about.

Preliminary findings of research conducted by the Association of British Dispensing Opticians, show that peer review (in the GOC format and conducted online) positively influences participants beliefs about their need and ability to perform the professional and clinical behaviours under discussion. The research also found discussion with peers in this case-based format inspires reflection on current practice, highlights areas for change, provides reassurance on current practice, allows enablers and barriers to adopting behaviours to be identified and supports isolated practitioners.

Support to maintain mandatory peer review should consider that the current form of peer review mandated by the GOC is widely available across the sector - being provided by professional bodies, employers and manufacturers. It can be undertaken in person or online and can be organised by registrants to discuss their own cases. The literature suggests learning with peers/social learning is recommended for healthcare professionals to support behaviour change and reflection on current practice². The GOC introduced peer review initially to support safe practice for isolated practitioners³ and the evidence indicates that it works towards this. Therefore, again, we would strongly recommend that undertaking peer review (in its current GOC CPD scheme format) continues to be a mandated requirement in the GOC scheme.

In general, owing to the evidence base on effective CPD for healthcare professionals, we would recommend a minimum stipulation of interactive/learning with peers in terms of hours or number of activities. Several other UK healthcare regulators currently stipulate that a minimum of 50% of the required learning hours are to be conducted with others (GCC, General Osteopathic Council, NMC).

1. General Optical Council. Consultation paper – reforms to CPD. January 2026.
2. Ramani, S., McMahon, G. T., & Armstrong, E. G. (2019). Continuing professional development to foster behaviour change: From principles to practice in health professions education. *Medical Teacher*, 41(9), 1045–1052.
<https://doi.org/10.1080/0142159X.2019.1615608>
3. Europe Economics. Risks in the Optical Profession Final Report. 2010.
<https://optical.org/resource/risks-in-the-optical-professions.html>

Q4. Should guidance specify that registrants carry out sufficient CPD (or words to that effect) or provide a notional minimum amount of activity that would apply to most registrants, e.g. number of hours?

Sufficient CPD/notional minimum amount/Both/Neither/Not sure

Notional minimum amount

As detailed in our response to question three, we strongly feel that the GOC should require a notional minimum amount of CPD activity to be carried out by registrants within a specified timeframe (e.g. annually). We believe this should be specified either in a minimum number of hours or through setting expectations of regular activity, and include a minimum requirement for learning with others/interactive CPD. This should also continue to include a mandatory peer review as well as include a requirement for a PDP to be maintained and reflection to be conducted.

Q5. Should registrants be required to make a personal development plan and reflect on progress as part of appraisals and similar mechanisms?

Yes/No/Not sure

No

We do not consider that aligning a registrant's PDP with their employment appraisal, if they have one, should be a requirement of the scheme.

Our first concern about this proposal is that not all GOC registrants will have an annual appraisal system in place. GOC figures indicate that approximately 23% of registrants are locums and it is anticipated this cohort would not be party to an appraisal system. Additionally, GOC registrants who are practice owners/directors including joint venture partnerships, are unlikely to have an appraisal with a line-manager. We do not have access to sector figures for practice owners/directors. However, just over 11% of ABDO members identify in this category.

Other registrants working in academia /education /manufacturing are likely to have appraisals focused on their education or manufacturing etc. professional requirements, rather than their requirements in relation to their practice as an eyecare professional.

ABDO's recent Pay and Reward survey was completed by 1403 ABDO members, representing 27% of those invited to take part. In this high-response survey, 21% of participants identified as either a business owner, or as not working as an *employee* in an optical practice. It can be anticipated that these respondents would either not have an appraisal system in place or that their appraisal would not focus on their requirements as a GOC registrant. Separately, 63% of business owners responded that

they did not currently have professional development plans for their dispensing opticians in place.

Together these statistics indicate that a significant number of GOC registrants would not have a suitable appraisal system in place to enable this suggested reform to be implemented equitably and effectively.

Our second concern is that only 57% of optical businesses are currently registered with the GOC. This leaves the GOC with no real oversight of more than 40% of businesses. Although following GOC 2024-2025 consultation on business regulation, the GOC have confirmed their intention to seek legislative change to require all business carrying out specified restricted functions to be registered with the GOC (with some exemptions), there is no current available date to secure this legislative change. Although the proposed reforms to business legislation include a requirement for businesses to have an employed GOC-registered head of optical practice in place, the current suggested responsibilities for this role in relation to oversight of professional development are not defined (GOC response to business regulation, July 2025). Even with legislative changes to business regulation, sole-trader registrants would still not have an appraisal process or other PDP oversight mechanism in place.

Our third concern is that placing any responsibility for the professional development planning of GOC registrants in the hands of commercial organisations creates a potential and unwanted conflict of interest and risks introducing undue commercial influence into registrants' learning and development. The GOC Registrant Workforce and Perceptions Survey 2025 found:

- 38% of respondents reported pressure to see a high number of patients each day impacting the ability to provide safe patient care
- 33% of respondents feel under pressure to sell certain types of glasses or contact lenses that will earn more money for the business
- 48% of respondents found the standard time allocated to conduct a sight test insufficient to provide safe patient care
- 51% of respondents felt they would be jeopardising their job if they spoke up about their concerns about an employer
- 35% of respondents find it difficult to provide patients with the sufficient level of care they need.

Following these findings the GOC have reached out to registrants to gather opinions on sales targets and incentives. We do not feel that the current landscape of unregulated businesses and registrant concerns over pressured retail environments is conducive to expanding oversight of CPD planning intended to support safe patient care.

Our fourth concern is that handing over oversight of PDP planning and conduct of CPD from the GOC to businesses, has the potential to slow culture change and development

of the necessary skills and personal responsibility of life-long learning planning for GOC registrants. The initial GOC CET scheme could be considered as contributing towards holding GOC registrants back in developing these professional-learning skills in comparison to other UK healthcare professions. Changes made with the launch of the CPD scheme have seen positive behaviour changes in registrants and increased confidence – evidenced in the increased confidence levels reported for reflection and other aspects, in the GOC Registrant Workforce and Perceptions Survey 2025 – Research Report. This positive culture change should continue to be encouraged by enabling the registrant to take full personal responsibility for their ongoing professional development.

Although we do not consider it appropriate for formal oversight of PDP planning to be handed over to the employers and conducted as part of an appraisal process, it should be noted that we do advocate for employers to include professional development discussions in appraisals. Discussion enables the registrant to understand the strategic direction of the business and their workforce needs, and for the business to understand and consider support of the professional development aspirations of the registrant. This is different however from formal inclusion of PDP in appraisals in the scheme where it is possible for forced prioritisation of commercial targets above clinical care.

Q6. Should registrants be required to make an annual declaration as part of registration renewal that they have carried out sufficient learning to maintain their competence and kept adequate records for review purposes?

Yes/No/Not sure

No

We agree that an annual declaration in relation to the CPD scheme could be made at renewal. However, this declaration should be in relation to completion of the scheme requirements as set out by the GOC either in learning hours, or the undertaking of regular learning activities, along with learning with others/interactive requirements. A declaration should include confirmation of creating/maintaining a current PDP and should provide the registrant with a clear understanding that their records may be selected for review.

Q7. Should registrants be required to maintain records of CPD activity on GOC IT systems or be able to keep their own records?

GOC systems/choose GOC systems or own records/own records only

Choose GOC systems or own records

We believe that the current situation should be expanded to enable GOC registrants to keep their own records if they choose to.

It should be noted that we feel that registrants in general will require significant and unambiguous guidance from the GOC as to what is expected of them to fulfil the scheme requirements including their record keeping. We feel that registrants will need support and guidance from sector bodies and other relevant sector organisations to do this, for example the provision of templates and support tools to create and maintain appropriate records.

Q8. Should GOC review a sample of CPD records following annual registration renewal?

Yes/No/Not sure

Yes

We feel that to ensure registrants are complying with the requirements of registered healthcare professionals to complete appropriate and effective lifelong learning, as administrators of the scheme the GOC should review a random sample of CPD records following annual registration renewal. Additionally, it may be appropriate to have some targeted reviews based on previous non-compliance or concerns of completing the scheme appropriately. Clear guidance should be provided to registrants in relation to the CPD scheme to ensure they are able to comply with the expectations of the GOC record reviews.

Broad learning from these reviews should be clearly communicated to all registrants to enable better practice to be adopted by all. Currently, information regarding registrant record reviews have been published deep within Council papers, which is not a readily accessible communication form for registrants to enable reflection and learning.

Q9. Should the Registrar be able to remove registrants from the register where their CPD records are assessed as inadequate and they have failed to remediate, subject to appeal?

Yes/No/Not sure

Yes

We believe that undertaking appropriate and sufficient CPD should be a requirement to remain on the register as a suitably competent eyecare professional to deliver safe

patient care. As currently, there should be an exceptional circumstances policy in place and appropriate time frame and guidance for remediation.

Q10. Should we change the competencies (the four domains) which CPD events must relate to?

Yes/No/Not sure

Please provide comments including how we might do this.

No

As outlined in our response to question three, we feel that CPD should remain aligned to the GOC Standards of Practice. Although we support a CPD scheme which enables the registrant to undertake CPD in relation to their scope of practice and their intended professional development as defined in the PDP, we are aware the majority of CPD undertaken will fall within the current 'clinical practice' learning domain. It may be seen by registrants that it is not necessary to undertake CPD that would fall into the other current learning domains, in particular those of 'leadership and accountability' and 'professionalism'. However, the GOC Equality, Diversity, and Inclusion Annual Monitoring Report for the year ended 31 March 2025 shows that fitness to practise allegations are higher in relation to conduct (40.8%), than they are for clinical practice concerns (36.7%).

We believe that there is a need within the CPD scheme to ensure that registrants continue to undertake education which reinforces GOC professional, leadership and accountability expectations as outlined in the Standards of Practice for Optometrists and Dispensing Opticians. One reform potential may be to redesign the learning domains into two groups of standards e.g. those which fall into 'clinical practice' and those covering 'professional behaviours', with a requirement to evidence some CPD completed from both groups.

Q11. Should we adjust the points allocated to different activities to make it easier to reach the total points required under the CPD Rules 2021?

Yes/No/Not sure

Please provide comments including how we might do this. As part of this, we would welcome comments on how recognised post-registration qualifications might be better rewarded under our CPD system.

No

The question posed is not specific enough in detail to respond to fully. Additionally, the term 'recognised' in relation to post-registration qualifications does not provide clarity as to whom it would be recognised by.

The current CPD scheme enables GOC approved CPD providers to assign post-registration qualifications appropriate CPD points already, with interactive (non-distance learning) CPD weighted with more points. An example of how CPD points can be obtained through undertaking post-registration qualifications is the ABDO Level 7 Diploma in Paediatric Eyecare, where it is possible for the learner to obtain 21 non-interactive and 19 interactive CPD points by completing the course before sitting assessments.

As discussed in our response to question three, for healthcare professionals learning with others is shown to support behaviour change and reflection on current practice. Therefore, we would recommend this practice is favoured over and above seeking to reward post-registration qualifications. It is already possible for course designers of post-registration qualifications to consider how they can support interactivity as a beneficial form of learning in their course design.

In addition, the current CPD scheme rules in relation to self-directed learning enable all registrants undertaking post-registration qualifications to submit their learning as part of the CPD requirement, where this learning is not provided by a GOC approved CPD provider. We would consider it appropriate to enable interactive forms of self-directed learning other than just registrant-led CPD to attract a higher point weighting, in line with provider-led CPD formats. Guidance for the registrant to understand what would be considered interactive would be required for them to be confident in completing their self-directed CPD submissions/records.

It should be noted that, as the professional body representative for dispensing opticians we are strongly in favour of registrants reflecting on their scope of practice and developing professional development plans which incorporate post-registration qualifications, to enable them to undertake relevant roles in modern eyecare practice and support the ambitions of more eye health delivery within primary care. We support and encourage registrants in being able to submit this formal learning within the current CPD scheme either as provider led or self-directed CPD and would advocate this to continue in any future redevelopment of the scheme.

Q12. Should we remove the limit on the minimum number of CPD points that must be obtained from provider-led activity?

Yes/No/Not sure

Please provide comments including how we might do this.

Yes

As expressed in our response to question 3, we believe that GOC registrants should be encouraged to take personal responsibility for their ongoing professional development. By removing the minimum CPD points from provider-led activity, this would enable registrants to truly own their professional development plans and open up scope of practice expansion for some registrants.

Removal of this limit now will enable registrants to develop greater ownership and responsibility of their life-long learning plans and outcomes over the next few years before legislation reform is possible. This will support more registrants being able to be fully confident with autonomous professional development planning and execution before the current limits on the scheme are potentially removed.

However, as previously stated, we believe current registrants will require significant support and guidance to enable them to develop the necessary skills to be independent and effective life-long learning healthcare professionals. We feel that the sector professional representative bodies would be a suitable resource to provide this guidance to their respective memberships and support them to appropriately identify, undertake, reflect on and document their learning activities to enable them to make satisfactory declarations to the GOC in relation to CPD.

Q13. Should we remove the need for a reflection statement to be provided for each self-directed CPD activity?

Yes/No/Not sure

No

We are strongly against the removal of the need for a reflection statement to be provided for each self-directed activity. The GOC has not provided any evidence that the reflection statement is a current barrier to registrants undertaking self-directed learning. We believe that the low uptake of self-directed learning has potentially arisen owing to a lack of confidence from registrants in what is required from them to submit this, and in particular what will be accepted by the GOC in a possible record review. Additionally, we do not feel the current guidance or resources provided by the GOC offer enough support to registrants inexperienced in uploading self-directed learning to consider doing so.

This situation is compounded by the current wealth of provider-led CPD available for registrants to complete from employers, professional bodies, manufacturers and DOCET. Undertaking provider-led CPD may be seen as an 'easier' option as it is a familiar route for the registrant and all the learning outcomes, learning domains, target groups, learning formats and point-weighting are pre-assigned. This is the case even where post-reflection is mandatory such as with provider-led peer review.

Regarding the specifics of reflection on learning, we believe that any removal of this would be a significant step backwards for the GOC in terms of best practice for CPD. Reflective practice is widely recognised to be an important skill for healthcare professionals and should be more greatly encouraged rather than discouraged. This is recognised by the GOC's inclusion of reflective practice in Outcome 7 – Lifelong learning (O7.4) of the GOC Requirements for Approved Qualifications in Optometry or Dispensing Optics, and of Standard 5 of the GOC Standards of Practice for Optometrists and Dispensing Opticians. Removing reflection as a requirement for registrants undertaking self-directed learning is not aligned with these other approaches adopted by the GOC. Such inconsistency amplifies the risk that the current workforce will not have the skills, knowledge and behaviours expected of newly-qualified registrants.

We strongly feel that all registrants should be encouraged to reflect on each individual learning activity, to enable them to consider how the learning will be integrated into their professional practice and identify any barriers, any actions required and highlight any gaps in their skills and knowledge. This should then be considered in relation to their PDP which should be updated as appropriate with identification of new learning outcomes as necessary.

Q14. How can we best leverage the role of businesses within the CPD system to support a less prescriptive system for individual registrants?

Please provide comments

We do not feel that is appropriate for the GOC to seek to leverage businesses within the CPD system. This would not necessarily lead to a less prescriptive system for the individual registrant. Additionally, as expressed in our response to question 5, we have significant concerns that this would potentially create a situation where commercial interests are focused on over support of best clinical practice.

Q15. Should business registrants have specific responsibility to ensure individual registrants have an up-to-date personal development plan?

Yes/No/Not sure

Please provide comments

No

As expressed in our response to question five, though we would encourage professional development plans to be part of the discussion within an annual appraisal and returned to throughout the year as appropriate, we do not consider it appropriate for business

registrants to have any specific responsibility designated in the CPD scheme. We believe this responsibility should sit with the registrant themselves as a qualified professional.

Additionally, under the current situation of not all optical businesses being registered with the GOC and not all registrants being *employed* within an optical business (ABDO Pay and Reward survey data indicating 21% of ABDO members are not employed within an optical practice), we do not feel this is an appropriate avenue to pursue.

Q16. How can the Standards for Optical Businesses be strengthened to help achieve this outcome?

Please provide comments

As per our response to question five and fifteen, we do not feel this is an appropriate choice for the GOC to make.

Q17. How should patient feedback be incorporated within the CPD system?

Please provide comments

We would welcome registrants to be encouraged to obtain and reflect on service-user feedback to support their professional development planning. However, it should be recognised that not all GOC registrants undertake clinical practice with patients and not all who do may be able to obtain feedback. For example, it may be more difficult for a locum to obtain patient feedback and not relevant to a GOC registrant only working in academia or manufacturing. Therefore, though this feedback is desirable and should be encouraged, we do not believe it should be made a mandatory aspect of the scheme.

Regarding incorporation within the CPD system, it is important not just to obtain service-user feedback but also to reflect on it and produce a meaningful action plan i.e. identify gaps in knowledge, skills or professional behaviours, or identify a necessary change to a service or practice system. Once necessary action(s) have been identified they need to be carried out. It would be possible for registrants to submit their reflection, learnings and development on service-user feedback as a whole, as a specific form of self-directed learning.

Q18. Should we seek to end CPD provider approval?

Yes/No/Not sure

Please provide comments

Yes

We believe that a move to self-directed learning and an emphasis on registrant professional development planning and expansion of scope of practice should be encouraged and this will only be truly possible through the end of CPD provider approval.

However, there are risks associated with the removal of the current quality-assured system of CPD approval and how this may lead to poor quality and/or commercially biased content being included in a registrants CPD portfolio. There is a need to ensure that all registrants are provided with clear, unambiguous and robust guidance on what would be deemed appropriate to include within a CPD portfolio record.

Q19. Should we reduce the number of CPD events requiring approval before CPD providers can convert from provisionally approved to fully approved status?

Yes/No/Not sure

Please provide comments

No

Although we welcome a long-term move to self-directed learning as stated in question 18, there is not enough evidence provided by the GOC as to why they currently reject a) 48% of applications to become a provisional provider and b) nearly 52% of CPD events submitted by provisional providers, (figures obtained from GOC Evaluation of CPD cycle 2022-2024 report (p428 – 507 of the GOC Council paper June 2025)). These figures would indicate the GOC currently have some serious concerns about the provision of CPD by some organisations who are not currently approved by the GOC. We would expect the potential impact on CPD quality of the proposed changes to approval requirements to be considered as part of a full impact assessment.

Although we advocate for the end of CPD provider approval in the long term, we would expect the GOC to provide clear, unambiguous and robust guidance to registrants as to what may be considered appropriate to including in a CPD portfolio. It would appear that there is currently a disconnect between what the GOC consider appropriate regarding organisations who want to provide CPD and those trying to complete their provisional status, and this would need to be resolved before these groups could be considered 'approved' under the current rules.

Q20. Should we phase out CPD provider audits over the 2028-30 cycle?

Yes/No/Not sure

Please provide comments

No

Although we advocate for the removal of approved CPD provider status in the long-term, CPD provider audits suggest that 35% of approved CPD providers require improvement. However, no detail is provided in the GOC Evaluation of CPD cycle 2022-2024 report (p428 – 507 of the GOC Council paper June 2025), to enable understanding of what concerns are being raised and how the sector in general can learn from these.

It is envisaged that current CPD providers will continue to provide post-registration education to GOC registrants beyond 2030, where this education will form part of a registrants self-directed CPD portfolio. Continuing audits but with transparency shared with the sector on concerns raised may support a better provision of professional development to registrants alongside future scheme changes.

Q21. Should we withdraw GOC’s Standards for CPD Providers?

Yes/No/Not sure

Please provide comments

No

As per our response to question 20, as the GOC already find significant concerns with organisations seeking to provide CPD, removal of the Standards for CPD Providers whilst approved CPD provision is still in place, would seem counterintuitive and potentially lead to poor-quality governance and education. We would suggest that this should be aligned with removal of approved providers with long-term scheme changes.

Additionally, we emphasise that GOC registrants need to be provided with clear, unambiguous and robust guidance as to what the GOC deem appropriate learning to be included in a CPD portfolio.

Q22. When should we aim to introduce changes requiring amendment to the CPD Rules 2021?

January 2028/January 2031/January 2034/Another date

January 2031

Changes that require amendment to the CPD rules 2021 should not be made until at least January 2031. However, an evaluation of any initial changes made to the scheme should be undertaken after the first two years of the 2028-2030 cycle, to enable an informed decision on whether or not to implement more significant changes that require legislative change.

Q23. Will the proposed changes have effects, whether positive or negative, on:

(i) opportunities for persons to use the Welsh language, and

(ii) treating the Welsh language no less favourably than the English language?

Not sure

Q24. Could the proposed changes be revised so that they would have positive effects, or increased positive effects, on:

(i) opportunities for persons to use the Welsh language, and

(ii) treating the Welsh language no less favourably than the English language?

Not sure

Q25. Could the proposed changes be revised so that they would not have negative effects, or so that they would have decreased negative effects, on:

(a) opportunities for persons to use the Welsh language, and

(b) treating the Welsh language no less favourably than the English language?

Not sure

Q26. Are there any aspects of our proposals that could discriminate against stake holders with specific characteristics?

Not sure

Q27. Are there any aspects of our proposals that could have a positive impact on stakeholders with specific characteristics?

Not sure