

# Patient safety – is this achieved in optometry with CET?

BY JANET POOLEY

Collecting points and ticking boxes – as we come to the end of another three year cycle of continuing education and training (CET), the rush to ensure that everything has been completed on the myGOC (General Optical Council) dashboard feels a very long way away from ensuring that our patients are safe. However, keeping up to date, making sure that you are practising to a high level and providing the best possible care to your patients is only achieved by continuing to develop, learning new skills and reflecting on your own practice. CET is a mandatory GOC requirement in order to continue to practice in the UK as an optometrist or a dispensing optician.

It can't be said that optical professionals only undertake training because of the requirement laid down by the GOC; many were attending regular events and gaining additional qualifications before it became mandatory. However, the requirement that a certain number of training points are acquired over a three year cycle has ensured that everyone has to make time to attend training, read articles and, to some extent, interact with their peers.

## Regulation of optometry

The role of the regulator is one of public protection. The GOC undertake this function, according to their website, by "promoting high standards of education, performance and conduct amongst opticians" [1]. They set standards that need to be met in order to become registered and undertake to ensure that these standards are maintained throughout a professional's career. Healthcare regulators are best known for their disciplinary function; being struck off the register is the ultimate sanction.

It wasn't that long ago that once you qualified as an optometrist you never had to undertake any learning again. You could just continue to practise as you were taught during your training years and as long as your patients were happy, all was well. A good refraction was the essence of a sight test and if any signs of disease or abnormality were identified then you were obliged to refer that patient onwards.

## Compulsory CET

Compulsory continuing education and training was only a mandatory requirement for registered optometrists and dispensing opticians from 1 July 2005 [2]. Previously a voluntary scheme had been trialled by the College of Optometrists from 1995. Initially limited to College supervisors and examiners, and members of the College and Association of Optometrists' Councils, it then became a voluntary scheme with around 2500 members by the end of 1998 [3]. It was opened up to include the whole profession the following year.

Unlike other healthcare professions, optometry opted for CET. Continuing professional development (CPD) is the term universally adopted by all other health care professional. So is there a difference? It is generally considered that CET is the maintenance of your level of competence whilst CPD is the development, i.e. improvement, of skills. The GOC describes the CET scheme as requiring registrants to "maintain the up to date skills and knowledge needed to practise safely and effectively" [2]. Certainly when accepting points having completed a CET activity, the registrant is required to confirm that "this CET supported the maintenance of my knowledge or skills relevant to my professional role". CET sustains and maintains the professional's knowledge and skills, which would be achieved at the current entry level of competence [4].

Enhanced CET was introduced to satisfy the revalidation requirement. A 2010 external GOC report [5] had concluded that the optical professions were safe and consequently a more rigorous but still fairly light-touch approach to education was introduced. The CET scheme is now designed to do two things: encourage CPD and ensure registrants remain fit to practise by providing a form of revalidation [6].

In essence, the GOC need to support registrants to deliver safe care. This is much better achieved by working upstream to demand a high level of skills and knowledge. Once a complaint has been made and a patient has been harmed, the system has failed. Learning and training should support a practitioner to improve. A better practitioner, one who has kept up to date,

developed their practice and perfected clinical skills must surely be a safer practitioner.

## Developing as a professional

A University degree and the subsequent successful completion of the pre-registration year has been developed to confirm that the practitioner is competent and safe to practise as an optometrist. They can apply to become a registered professional. From then on, the maintenance of that level of competence ensures that the practitioner does not fall below that unsafe level. Maintenance alone is, however, inherently risky. Far better to require an improvement, to develop as a practitioner and thus the risk of falling below that safe threshold becomes reduced – there's further to fall; the skills and knowledge that the practitioner has attained by this CPD are far superior to those that they acquired when they first qualified.

One would hope that during a career, experience of being an optometrist would count towards something. To simply maintain ones skills does appear to be somewhat insulting. The hope would be that years of talking to patients, examining eyes, would account for something that wouldn't simply maintain one's skills, but which would develop one's competence.

## Learning from errors

Mistakes can and do happen. When things go wrong and a complaint is lodged with the regulator, a practitioner may be required to attend a GOC disciplinary hearing. The frequent reaction is for that optometrist to then attend huge amounts of training prior to the hearing. No doubt encouraged by their defence team, this approach, whilst commendable, does appear to be like closing the stable door once the horse has bolted. A culture of continual development and improvement at an earlier stage, before something goes wrong, is clearly the ideal.

There is much to learn from cases of malpractice. In the enquiry report into the failings at North Staffordshire NHS Hospital Trust [7] chair Sir Robert Francis stated that, "the purpose of identifying where individuals have fallen below relevant

standards should be to show examples of conduct or judgement to be avoided in future". Such a reflective approach, clearly to a much lesser extent, would be worthwhile following in optometry and has been recently highlighted by the GOC as a mechanism for reviewing one's own practice [8].

### Peer support

Professional development takes various forms. Peer discussion is a valuable tool to support professional development; a safe environment to discuss challenging presentations and difficult cases – an opportunity to learn from others. This support should not be underestimated and consideration should be given by national bodies providing one-off peer events which discourage more sustainable local initiatives. Support from peers is invaluable throughout a professional career. This can be difficult in small and / or isolated practices. Even varying shift patterns and family pressures can result in professional isolation in an urban setting. Technology can support isolation though, and on-line discussion groups can allow interaction for practitioners who are otherwise isolated.

### Public protection

The promotion of learning is a public protection issue. Many optometrists are embracing the opportunities available to them, to develop as professionals and to improve the care that they are providing to their patients. Learning from

mistakes, learning from our peers and keeping up to date are crucial to ensure that our patients remain safe. A culture of maintenance rather than improvement is inherently risky, and should have no place in modern healthcare. Driving a culture of continuous professional development must be embedded at the earliest opportunity to ensure that optometrists continue to provide safe and effective care.

### References

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