GENERAL OPHTHALMIC SERVICES – PAYMENTS FOR CONTINUING EDUCATION AND TRAINING

Following consultations with the profession it has been agreed that a payment should be made in respect of loss of earnings associated with continuing education and training.

The payment

The payment in respect of CET undertaken between 1 January 2014 and 31 December 2014 is £535 and is to be claimed in 2015. The payment is due to—

a. opticians, other than a corporate optician; and

b. ophthalmic medical practitioners, who conduct only sight tests and have no other remunerated medical employment (such as hospital work or general practice),

who were on a LHB’s ophthalmic list, or assisted a contractor in the provision of General Ophthalmic Services, for at least six months in the relevant year and had maintained their professional registration during that period in the relevant year. The payment is for having undertaken appropriate continuing education and training.

Claims

Claims must be made in writing to the appropriate LHB (or where appropriate Primary Care Services of the NHS Wales Shared Services Partnership (NWSSP) at the Pontypool site) and be made by persons who were contractors in the relevant year, whether the contractor is claiming for him/herself or for an assistant. For contractors claiming a payment for themselves the claim should be made to a LHB (or Primary Care Services NWSSP at Pontypool) where they are on the ophthalmic list and with which they undertake the most work (if they are listed with more than one LHB).

When claims are made for an assistant, the claim should normally be made by and paid to the contractor whom the assistant assists. Where an assistant is employed by two or more contractors, the CET allowance should be claimed by and paid to the contractor whom the assistant nominates for the purpose of payment of the CET allowance. The contractor shall make the claim to the LHB on whose supplementary list the assistant is/was entered (which may not be the area where the contractor is/was him/herself listed). The Determination provides the authorisation for LHBs to make payments in this instance to contractors who are not on their ophthalmic list.

A separate claim shall be made for each person in respect of whom an allowance is payable and only one claim shall be made for each person.

Payments must be made to contractors. Arrangements for payments to assistants are a matter for agreement between contractors and assistants and not a matter for the NHS. In cases where the contractor has provided or made available to the assistant in paid time, or under an alternative arrangement agreed between them, sufficient CET to enable the assistant to meet the statutory requirements for compulsory CET (in the case of an optometrist subject to the requirements of the GOC) then the payment may be retained by the contractor. However, if the contractor has not provided or made available to the
assistant sufficient CET to enable the assistant to meet the statutory requirements for compulsory CET, the payment is due to the assistant.

For ophthalmic medical practitioners the payment may only be made to practitioners who had no other medical appointment i.e. who did no other remunerative work than the testing of sight.

Practitioners are not required to produce direct evidence of undertaking CET as a compulsory part of the claim or pre-condition of payment. A claim may only be paid in respect of somebody who maintained their professional registration in the relevant year. However, LHBs may conduct sample or selective checks if they deem it necessary to test the probity of NHS payments.

LHBs (or Primary Care Services of NWSSP) should make the claim form available to contractors, employed/locum optometrists and ophthalmic medical practitioners on their lists. The claim form can also be downloaded from the eyecare website at http://www.wales.nhs.uk/sites3/home.cfm?orgid=735

There is a four-month period for making claims, which this year runs from 1 September 2015 to 31 December 2015.
CONTINUING EDUCATION AND TRAINING – CLAIM FORM FOR 2014

General Ophthalmic Services
CLAIM FOR PAYMENT OF CET GRANT

OPTOMETRIST/OMP CLAIM FOR CET UNDERTAKEN

IN THE YEAR TO 31 DECEMBER 2014

Grants for CET are payable to a person who was or is a contractor and who was on a LHB Ophthalmic List in the relevant year.
A payment can be claimed by an optometrist/OMP in respect of either:

(a) CET he/she has undertaken personally in the year between 1 January to 31 December 2014; or
(b) CET undertaken in the year between 1 January to 31 December 2014 by employed/locum optometrists

CLAIMS MUST BE MADE BETWEEN 1 SEPTEMBER 2015 AND 31 DECEMBER 2015

Part 1: Contractor Details

<table>
<thead>
<tr>
<th>Name &amp; Address of Contractor (BLOCK CAPITALS)</th>
</tr>
</thead>
<tbody>
<tr>
<td>Ophthalmic List number (including prefix &amp; suffix)</td>
</tr>
</tbody>
</table>
| Name & Address of Contractor (during 2015) **to whom payment is to be made**  
(if different to above) |

Part 2: Local Health Board details

| Name & address of LHB from whom the CET allowance payment is claimed |

Note
For a contractor making a claim for himself or herself this should be the LHB with whom you were listed as a contractor during 2014 and for whom you provided the majority of your General Ophthalmic Services work during 2014. Payment will be made to the contractor at the address (Part 1) above.
Part 3: Details of Employed/locum optometrist

<table>
<thead>
<tr>
<th>Name of employed/locum optometrist (BLOCK CAPITALS)</th>
</tr>
</thead>
<tbody>
<tr>
<td>Ophthalmic List number (including prefix &amp; suffix)</td>
</tr>
</tbody>
</table>

Where the claim is in respect of an employed/locum optometrist the claim must be made by and payment made to a contractor in respect of that employed/locum optometrist (who should be nominated by the employed/locum optometrist if they have been employed by more than one contractor). The claim is made to the LHB in whose list they were included during 2014 and undertook the majority of their GOS work. Payment will be made to the contractor as identified in Part 1. Only one payment may be made in respect of each individual employed/locum optometrist, irrespective of the number of contractors they assist or the number of LHBs where they do so. The employed/locum optometrist confirms by signing the declaration (Part 5) below that to his or her knowledge only one claim is being made in their name.

Part 4: Declaration by Contractor

I claim payment of the £535 CET grant and I declare that:

- appropriate CET was undertaken during 2014
- I maintained my professional registration in the relevant year.
- I am properly entitled to claim the payment
- the information I have given on this form is correct and complete.
- I understand that if it is not appropriate action may be taken.

For the purpose of verification of this claim for NHS funds and the prevention and detection of fraud, I consent to the disclosure of relevant information from this form to and by the Local Health Boards and the NHS Counter Fraud and Security Management Service.

Where this is in respect of my personal CET I also confirm that I was a contractor on the Ophthalmic List of the LHB from whom I am claiming this grant for at least six months during the relevant year (during which period I maintained my professional registration). This is the only claim for the CET grant that I have submitted or will submit in respect of 2014.

In the case of being an OMP, the only remuneration I received during the relevant year was for conducting NHS sight tests.

For claims made in respect of the named employed/locum optometrist (Part 3) I confirm that the information provided is correct to the best of my knowledge and that appropriate action may be taken if there is proved to have been more than one claim in respect of the named employed/locum optometrist.

I further confirm that, if I have not made CET available in paid time or under an alternative arrangement agreed between us, I will pass on the payment to the named employed/locum optometrist. In the case of an employed/locum optometrist subject to the requirements of the GOC, if I have made available fewer than 12 GOC accredited points of CET I will pass on to the named employed/locum optometrist a proportion of the payment calculated either on a basis agreed between us or, failing that, pro rata, based on 12 points made available entitling me to retain 100% of the annual grant.
Part 5: Declaration by employed/locum optometrist

If the claim is in respect of an employed/locum optometrist (named in Part 3) the employed/locum optometrist must sign the following declaration:

I understand that my principal is claiming payment of the £535 CET grant in respect of myself and I declare that:
- I undertook appropriate CET during 2014.
- I maintained my professional registration in the relevant year.
- the information I have given on this form is correct and complete.
- I understand that if it is not appropriate action may be taken.

For the purpose of verification of this claim for NHS funds and the prevention and detection of fraud, I consent to the disclosure of relevant information from this form to and by the Local Health Board and the NHS Counter Fraud and Security Management Service.

I also confirm that I was included on a Supplementary List of a LHB in the relevant year and assisted in the provision of general ophthalmic services for a period of at least six months during the relevant year (during which period I maintained my professional registration). This is the only claim for the CET grant that has been submitted or will be submitted with my agreement in respect of my CET in 2014.

Signature of employed/locum optometrist

GOC/GMC No __________________

Date ____________________________

PLEASE RETURN YOUR CLAIM FORM BY 31 DECEMBER 2015 TO:

Primary Care Services
NHS Wales Shared Services Partnership
Cwmbran House,
Mamhilad Park Estate,
Pontypool
Torfaen
NP4 0XS.

Application checked by: __________________ Date ___________

Application approved Yes/No