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AllWales.Alerts@wales.nhs.uk

By Email Only:

Dyddiad / Date: 30th September 2025

CPD Allowance Claim Form for 2024

This alert has been cascaded to the following:

All Wales Ophthalmic Practices

Dear Contractor

Please find attached CPD Allowance claim forms for Optometrists, Dispensing Opticians and Contact Lens Opticians to claim the CPD Allowance for CPD undertaken between 1 January 2024 to 31 December 2024 and accompanying guidance notes. Please circulate to all your workforce that are eligible to claim for the allowance.

Please note the following before claiming:

For Optometrists/OMPs:

1. Only one CPD allowance may be claimed in respect of any one person. Where an Optometrist/OMP is employed by two or more contractors, the CPD allowance will be paid to the Contractor which the Optometrist/OMP nominates for the purpose of payment of the CPD allowance. A separate claim form must be completed per individual wishing to claim the CPD allowance.
2. To be eligible to claim, all Optometrists and OMPs must have been included in the Ophthalmic List or Supplementary Ophthalmic List of a Local Health Board to which they make a claim for a period of at least 6 months during the relevant year and must have maintained their professional registration for that period in the relevant year. All Optometrists and OMPs must also have undertaken a minimum of 60% of their GOS services in Wales. If the Optometrists or OMP has provided the majority of their GOS services in England, a claim should be made via NHS England.
3. To be eligible to claim as an Independent Prescribing Optometrist, a Medical Retina Optometrist holding a Medical Retina College of Optometrists Professional or Higher Certificate in Medical Retina, an Optometrist holding the College of Optometrists Professional Higher Certificate in Glaucoma or Professional Diploma in Glaucoma, or an Optometrist who has completed the WGOS3 Low Vision mandatory additional training delivered by HEIW, as well as meeting the criteria of point 2 above, the Optometrist must have appropriately examined and managed patients relevant to their higher qualification for the appropriate WGOS 3, 4 or 5 service the claim is being made for, for a period of at least 3 months during the relevant year.
4. If the Optometrist is qualified and has provided multiple services of WGOS 3, 4 and 5 for at least 3 months during the relevant year, they can only make one claim for the CPD allowance and should claim for the highest amount applicable to their qualification and services provided.

For Dispensing Opticians/Contact Lens Opticians:

1. Only one CPD allowance may be claimed in respect of any one person. Where a Dispensing Optician/Contact Lens Optician is employed by two or more contractors, the CPD allowance will be paid to the Contractor which the Dispensing Optician/Contact Lens Optician nominates for the purpose of payment of the CPD allowance. A separate claim form must be completed per individual wishing to claim the CPD allowance.
2. To be eligible to claim, Dispensing Optician (DO)/Contact Lens Optician (CLO), must have been employed by a Contractor in Wales included in the ophthalmic list of a LHB for a period of 6 months during the relevant year and must have maintained their professional registration and have undertaken appropriate CPD during the relevant year. All Dispensing Opticians (DO)/Contact Lens Opticians (CLO) must also have undertaken a minimum of 60% of their GOS services in Wales. If the DO or CLO has provided the majority of their GOS services in England, a claim should be made via NHS England.
3. To be eligible to claim as an WGOS 3 Accredited Dispensing Optician – Low Vision or a WGOS 2 Accredited Contact Lens Optician, as well as meeting the criteria of point 2 above, the Dispensing Optician/CLO must have appropriately examined and appropriately managed relevant to their higher qualification through WGOS 2 or WGOS 3 services for at least 3 months during the relevant year.
4. If the Dispensing Optician/Contact Lens Optician is qualified and has provided multiple services of WGOS 2 and 3, they can only make one claim for the CPD allowance and should claim for the highest amount applicable to their qualification and services provided.

Claims must be submitted by the deadline of 31 December 2025 to nwssp-primarycareservices@wales.nhs.uk

When submitting your claim, please follow the guidance notes on how to submit a claim.

Claims not submitted correctly may cause a delay in payment. Once you have submitted your claim, please ensure you keep a note of the automated reply to you will receive with an ActionPoint call number. Please make a note of this number, which is proof that your claim has been received by NWSSP-PCS. If you do not receive an automated reply with a call number, your application has not been received by NWSSP.

Best wishes,

Contracts Management Pontypool

Continued Professional Development (CPD) Allowance Claim Form for 2024 for Dispensing Opticians

NHS Ophthalmic Services Wales claim form for CPD undertaken in the Year 1st January 2024 to 31st December 2024

The allowance for CPD is payable to the following people:

- Dispensing Opticians (DO).
- Contact Lens Opticians (CLO).
- WGOS 2 Accredited Contact Lens Opticians.
- WGOS 3 Accredited Dispensing Opticians – Low Vision.

It is important that you read and meet the following criteria before making a claim:

1. Only one CPD allowance may be claimed in respect of any one person. Where a Dispensing Optician/Contact Lens Optician is employed by two or more contractors, the CPD allowance will be paid to the Contractor which the Dispensing Optician/Contact Lens Optician nominates for the purpose of payment of the CPD allowance. A separate claim form must be completed per individual wishing to claim the CPD allowance.
2. To be eligible to claim, Dispensing Optician (DO)/Contact Lens Optician (CLO), must have been employed by a Contractor in Wales included in the ophthalmic list of a LHB for a period of 6 months during the relevant year and must have maintained their professional registration and have undertaken appropriate CPD during the relevant year. All Dispensing Opticians (DO)/Contact Lens Opticians (CLO) must also have undertaken a minimum of 60% of their GOS services in Wales. If the DO or CLO has provided the majority of their GOS services in England, a claim should be made via NHS England.
3. To be eligible to claim as an WGOS 3 Accredited Dispensing Optician – Low Vision or a WGOS 2 Accredited Contact Lens Optician, as well as meeting the criteria of point 2 above, the Dispensing Optician/CLO must have appropriately examined and appropriately managed relevant to their higher qualification through WGOS 2 or WGOS 3 services for at least 3 months during the relevant year.
4. If the Dispensing Optician/Contact Lens Optician is qualified and has provided multiple services of WGOS 2 and 3, they can only make one claim for the CPD allowance and should claim for the highest amount applicable to their qualification and services provided.

Claims should only be made if the person has undertaken the majority of their work within Wales during the relevant year.

CLAIMS MUST BE MADE BY 31 DECEMBER 2025

Part A: Name and details of the DO/CLO for whom the claim is being made

Full Name:	
GOC Number:	

Part B: Contractor (Employer) Details of Whom Payment is to be made

Please provide the name and practice address of the Contractor (Employer) to whom payment is to be made. <i>Please write in BLOCK CAPITALS:</i>	
Ophthalmic list number of the Contractor (Employer) (including prefix and suffix):	CO / OL 01- 7A

Part C: The CPD allowance you are entitled to and claiming for

I hereby claim for the CPD Allowance for the year 1 January 2024 to 31 December 2024 and I am claiming as: (please tick one box only – you can only claim for one allowance and should claim for the highest amount applicable to your qualification and services provided. For further guidance on eligibility, please refer to Appendix B).

- A Dispensing Optician (complete Part D) ☐
- A Contact Lens Optician (complete Part D) ☐
- A WGOS 2 Accredited Contact Lens Optician (complete Part E) ☐
- A WGOS 3 Accredited Dispensing Optician – Low Vision (complete Part E) ☐

Part D: To be completed by a Dispensing Optician or Contact Lens Optician making a claim via their Employer/Contractor

LHB to whom I make this claim, where I was providing services in the LHB area during 2024 (please tick one box):

- | | | | |
|-----------------------------|--------------------------|-------------------------|--------------------------|
| Aneurin Bevan UHB (7A6) | <input type="checkbox"/> | Hywel Dda UHB (7A2) | <input type="checkbox"/> |
| Betsi Cadwaladr UHB (7A1) | <input type="checkbox"/> | Powys Teaching HB (7A7) | <input type="checkbox"/> |
| Cardiff & Vale UHB (7A4) | <input type="checkbox"/> | Swansea Bay UHB (7A3) | <input type="checkbox"/> |
| Cwm Taf Morgannwg UHB (7A5) | <input type="checkbox"/> | | |

I understand that my Employer/Contractor is claiming payment of the CPD Allowance for Dispensing Opticians/Contact Lens Opticians, as indicated in Part C, in respect of myself and I declare that:

- I have undertaken the appropriate CPD during 2024;
- I have maintained my professional registration in 2024;
- I have undertaken a minimum of 60% of GOS services in Wales in 2024;
- I am properly entitled to claim the CPD Allowance, via my nominated employer;
- 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 purposes 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 LHB, NHS England and the NHS Counter Fraud and Security Management Service.

I also confirm that I was employed by the contractor included in the ophthalmic list of the above LHB from which I am claiming in the relevant year, and I assisted in the provision of services for at least 6 months during the relevant year (during which period I maintained my professional registration). This is the only claim for the CPD Allowance that I have submitted or will submit in respect of 2024.

Signature of DO/CLO:	
GOC No:	
Date:	

If you are claiming as a Dispensing Optician/Contact Lens Optician, this claim must be countersigned by your employer below and they must be listed as an authorised signatory in the practice for payment purposes.

Please ensure the person below is listed as an authorised signatory for the practice. Claims not signed by an authorised signatory will be returned without payment.

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, Dispensing Optician or Contact Lens Optician.

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, NHS England and the NHS Counter Fraud and Security Management Service.

I further confirm that, if I have not made CPD available in paid time or under an alternative arrangement agreed between us, I will pass on the payment to the named Dispensing Optician/Contact Lens Optician. In the case of an employed Dispensing Optician/Contacts Lens Optician, subject to the requirements of the GOC, if I have made available fewer than 12 GOC accredited points of CPD, I will pass on to the named employed Dispensing Optician/Contact Lens Optician 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 allowance.

Body Corporate/Contractor number:	OL/CO
Name of Authorised Signatory/Contractor: (BLOCK CAPITALS)	
Signature of Authorised Signatory/Contractor:	
Date:	

The authorised signatory must be included on the authorised signatory form held by NWSSP for WGOS purposes.

Part E: To be completed by a WGOS 3 Accredited Dispensing Optician – Low Vision or a WGOS 2 Accredited Contact Lens Optician making a claim via their Employer/Contractor

LHB to whom I make this claim, **where I was providing services in the LHB area during 2024** (please tick one box):

- | | | | |
|-----------------------------|--------------------------|-------------------------|--------------------------|
| Aneurin Bevan UHB (7A6) | <input type="checkbox"/> | Hywel Dda UHB (7A2) | <input type="checkbox"/> |
| Betsi Cadwaladr UHB (7A1) | <input type="checkbox"/> | Powys Teaching HB (7A7) | <input type="checkbox"/> |
| Cardiff & Vale UHB (7A4) | <input type="checkbox"/> | Swansea Bay UHB (7A3) | <input type="checkbox"/> |
| Cwm Taf Morgannwg UHB (7A5) | <input type="checkbox"/> | | |

I understand that my Employer/Contractor is claiming payment of the CPD Allowance for a WGOS 3 Accredited Dispensing Optician – Low Vision or a WGOS 2 Accredited Contact Lens Optician, as indicated in Part C, in respect of myself and I declare that:

- I have undertaken the appropriate CPD during 2024;
- I have maintained my professional registration in 2024;
- I have undertaken a minimum of 60% of GOS services in Wales in 2024;
- I have examined and appropriately managed patients relevant to my higher qualification through WGOS 2 or WGOS 3 services for a period of at least 3 months in 2024;
- I am properly entitled to claim the CPD Allowance, via my nominated employer;
- The information I have given on this form is correct and complete;
- I understand that if it is not appropriate action may be taken.

If you are claiming a CPD Allowance as a **WGOS 2 Accredited Contact Lens Optician**, please detail below the practices, and number of appointments undertaken each month during the period 1 January 2024 – 31 December 2024:

Practice(s)	Month	Number of WGOS 2 Appointments
	January	
	February	
	March	
	April	
	May	
	June	
	July	

Practice(s)	Month	Number of WGOS 2 Appointments
	August	
	September	
	October	
	November	
	December	

For the purposes 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 LHB, NHS England and the NHS Counter Fraud and Security Management Service.

I also confirm that I was employed by the contractor included in the ophthalmic list of the above LHB from which I am claiming in the relevant year, and I assisted in the provision of services for at least 6 months during the relevant year (during which period I maintained my professional registration). This is the only claim for the CPD Allowance that I have submitted or will submit in respect of 2024.

Signature of DO/CLO:	
GOC No:	
Date:	

If you are claiming as a WGOS 3 Accredited Dispensing Optician – Low Vision or WGOS 2 Accredited Contact Lens Optician, this claim must be countersigned by your employer below and they must be listed as an authorised signatory in the practice for payment purposes.

Please ensure the person below is listed as an authorised signatory for the practice. Claims not signed by an authorised signatory will be returned without payment.

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, Dispensing Optician or Contact Lens Optician.

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, NHS England and the NHS Counter Fraud and Security Management Service.

I further confirm that, if I have not made CPD available in paid time or under an alternative arrangement agreed between us, I will pass on the payment to the named Dispensing Optician/Contact Lens Optician. In the case of an employed Dispensing Optician/Contacts Lens Optician, subject to the requirements of the GOC, if I have made available fewer than 12 GOC accredited points of CPD, I will pass on to the named employed Dispensing Optician/Contact Lens Optician 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 allowance.

Body Corporate/Contractor number:	OL/CO
Name of Authorised Signatory/Contractor: (BLOCK CAPITALS)	
Signature of Authorised Signatory/Contractor:	
Date:	

The authorised signatory must be included on the authorised signatory form held by NWSSP for WGOS purposes.

Please return your claim form by 31 December 2025 to:

nwssp-primarycareservices@wales.nhs.uk

Guidance on how to complete the CPD allowance claim form for 2024

The following information will assist you in completing the CPD allowance claim form. It is important to read the guidance before completing the claim form.

Please do:

- ✓ Complete all relevant sections (further guidance below).
- ✓ Write clearly.
- ✓ Read all appropriate declarations before signing.
- ✓ Return completed claim form by 31 December 2025 to nwssp-primarycareservices@wales.nhs.uk (see guidance below on how to submit the claim).

Please **do not**:

- ✗ Complete claim form if you have **not** been employed as a Dispensing/Contact Lens Optician in Wales for at least 6 months during **2024**.
- ✗ Complete claim form as a WGOS 3 Accredited Dispensing Opticians – Low Vision or WGOS 2 Accredited Contact Lens Optician, if you have **not** appropriately examined and appropriately managed relevant to your higher qualification through WGOS 3 or WGOS 2 services for at least 3 months during the relevant year.
- ✗ Complete claim form unless you have undertaken a minimum of 60% of GOS services in Wales in 2024.

Completing the CPD Allowance claim Form:

Parts A, B and C **Must** be completed by **all** applicants.

Applicants should only complete one of the following Parts D or E, depending on the allowance you are entitled to.

Part A – To Be Completed By All

- ✓ Type or write in BLOCK CAPITALS the full name and relevant professional body number of the person the claim relates to.

Part B -To Be Completed By All

- ✓ Provide full name and address of practice to which payment will be paid.
- ✓ Provide full Body Corporate number (CO-____) or Ophthalmic Contractor number (OL____).

Part C – To Be Completed By All

- ✓ Please tick one box indicating which part of the allowance you are entitled to and claiming for.
- ✓ You can only claim for one allowance and should claim for the highest amount applicable to your qualification and services provided. For further guidance on eligibility, please refer to Appendix B.

Part D – Dispensing Opticians/Contact Lens Opticians Claiming via their Employer

- ✓ To be completed by a Dispensing Optician/Contact Lens Optician making a claim via their Employer/Contractor.
- ✓ Body Corporate/Contractor number must be the same as in part B.
- ✓ Section must be signed by an authorised signatory that is included on the authorised signatory form held by NWSSP for WGOS purposes.

- ✗ Do not sign as the Employer/Contractor if you are not an authorised signatory for WGOS purposes.

Part E – WGOS 3 Accredited Dispensing Optician – Low Vision/WGOS 2 Accredited Contact Lens Opticians Claiming via their Employer

- ✓ To be completed by a WGOS3 Accredited Dispensing Optician or a WGOS 2 Accredited Contact Lens Optician making a claim via their Employer/Contractor.
- ✓ Body Corporate/Contractor number must be the same as in part B.
- ✓ Section must be signed by an authorised signatory that is included on the authorised signatory form held by NWSSP for WGOS purposes.
- ✗ Do not sign as the Employer/Contractor if you are not an authorised signatory for WGOS purposes.

How do I submit my claim form

- ✓ Once completed return via email to: nwssp-primarycareservices@wales.nhs.uk.
- ✓ Claims must be returned electronically and not in the post or with WGOS claims.
- ✓ Please list in the covering email, the name of applicant the claim is for and the practice details.
- ✓ Only submit one claim per email.
- ✓ Claims should be scanned and sent as one complete document.
- ✗ Do not send multiple claims on one email. It can make the email too large and it may not be received by NWSSP-PCS.
- ✗ Do not send individual scanned pages. The claim must be sent as a complete document.
- ✗ Do not send paper copies of forms in the post or with your WGOS claims. CPD claims must be submitted electronically, as detailed above.
- ✗ Once submitted electronically, do not send duplicate paper copies of forms in the post.

Your application will be received by an automated action point system. If your application has successfully been received, you will receive an automated email giving you an action point number. Please keep a note of this number for any future queries you have with your claim. If you do not receive this email and number, your application has not been received by NWSSP-PCS.

Items to Note regarding your claim:

- Incomplete or incorrect forms will be returned to the practice to which you have requested payment. Payment will **not** be made until the corrected forms have been returned to the email address above.
- Claims for CPD aligned to WGOS 3 Low Vision for 2024 onwards will be made for practitioners with the appropriate additional qualifications and providing WGOS 3 services within their Health Board areas.

- An employer/contractor may choose to make available CPD*. Where an employer/contractor makes available 12 or more GOC accredited points of CPD, the employer/contractor may retain the CPD grant. Where the employer/contractor has made available fewer than 12 GOC accredited points, the employer will pass on a proportion of the payment calculated either on a basis agreed between the employer/contractor and applicant, or failing that, pro rata, based on 12 points made available entitling the applicant to retain 100% of the annual allowance.

*"Making available CPD" means the employer/contractor makes an investment in time or money to provide CPD, examples may include:

- Training during paid working hours, which could qualify towards CPD points.
- Funding to attend training courses attracting CPD points (this funding may include hotel accommodation and travel).
- Paid time out of practice to attend activities that could qualify towards CPD points.
- Providing/developing in-house learning resources that could qualify towards CPD points.
- Providing access to paid for on-line resources.

Should you have any questions regarding the process please contact nwssp-primarycareservices@wales.nhs.uk.

Continued Professional Development (CPD) Allowance Claim Form for 2024 for Qualified Optometrists/OMPs

NHS Ophthalmic Services Wales claim form for CPD undertaken in the Year 1st January 2024 to 31st December 2024

The allowance for CPD is payable to the following people:

- An Optometrist (OL & SOL).
- An Ophthalmic Medical Practitioner (OMP).
- An Independent Prescribing Optometrist (IPO).
- An Optometrist (OL & SOL) with the College of Optometrists Professional Higher Certificate in Glaucoma (Higher Cert Glauc).
- An Optometrist (OL & SOL) with the College of Optometrists Professional or Higher Certificate in Medical Retina (Prof Cert/Higher Cert Med Ret).
- An Optometrist (OL & SOL) who has completed the WGOS 3 Low Vision mandatory additional training delivered by HEIW.

It is important that you read and meet the following criteria before making a claim:

1. Only one CPD allowance may be claimed in respect of any one person. Where an Optometrist/OMP is employed by two or more contractors, the CPD allowance will be paid to the Contractor which the Optometrist/OMP nominates for the purpose of payment of the CPD allowance. A separate claim form must be completed per individual wishing to claim the CPD allowance.
2. To be eligible to claim, all Optometrists and OMPs must have been included in the Ophthalmic List or Supplementary Ophthalmic List of a Local Health Board to which they make a claim for a period of at least 6 months during the relevant year and must have maintained their professional registration for that period in the relevant year. All Optometrists and OMPs must also have undertaken a minimum of 60% of their GOS services in Wales. If the Optometrists or OMP has provided the majority of their GOS services in England, a claim should be made via NHS England.
3. To be eligible to claim as an Independent Prescribing Optometrist, a Medical Retina Optometrist holding a Medical Retina College of Optometrists Professional or Higher Certificate in Medical Retina, an Optometrist holding the College of Optometrists Professional Higher Certificate in Glaucoma or Professional Diploma in Glaucoma, or an Optometrist who has completed the WGOS3 Low Vision mandatory additional training delivered by HEIW, as well as meeting the criteria of point 2 above, the Optometrist must have appropriately examined and managed patients relevant to their higher qualification for the appropriate WGOS 3, 4 or 5 service the claim is being made for, for a period of at least 3 months during the relevant year.
4. If the Optometrist is qualified and has provided multiple services of WGOS 3, 4 and 5 for at least 3 months during the relevant year, they can only make one claim for the CPD allowance and should claim for the highest amount applicable to their qualification and services provided.

Claims should only be made if the person has undertaken the majority of their work within Wales during the relevant year. For guidance on what level you can claim for, please refer to the matrix at Appendix B.

CLAIMS MUST BE MADE BY 31 DECEMBER 2025

Part A: Name and details of the Optometrist/OMP for whom the claim is being made

Full Name:	
GOC Number:	
GMC Number <i>(where applicable)</i>	

Part B: Contractor (Employer) Details of Whom Payment is to be made

Please provide the name and practice address of the Contractor (Employer) to whom payment is to be made. Please write in BLOCK CAPITALS:	
Ophthalmic list number of the Contractor (Employer) <i>(including prefix and suffix):</i>	CO / OL 01- 7A

Part C: The CPD allowance you are entitled to and claiming for

I hereby claim for the CPD Allowance for the year 1 January 2024 to 31 December 2024 and I am claiming as: (please tick one box only – you can only claim for one allowance and should claim for the highest amount applicable to your qualification and services provided. For further guidance on eligibility, please refer to Appendix B).

Contractor (not a Director of a Body Corporate) (OL)

- An Optometrist/OMP *(complete Part D)* ☐
- An Independent Prescribing Optometrist *(complete Part E)* ☐
- An Optometrist with the Higher Qualification Medical Retina *(complete Part E)* ☐
- An Optometrist with Higher Qualification Glaucoma *(complete Part E)* ☐
- An Optometrist with Low Vision *(complete Part E)* ☐

or

Employed/Locum/Director of a Body Corporate (BC) (SOL)

- An Employed Optometrist/Locum/OMP/Director of a BC *(complete Part F)* ☐
- An Employed Independent Prescribing Optometrist *(complete Part G)* ☐
- An Employed Optometrist with the Higher Qualification Medical Retina *(complete Part G)* ☐
- An Employed Optometrist with Higher Qualification Glaucoma *(complete Part G)* ☐
- An Employed Optometrist with Low Vision *(complete Part G)* ☐

Part D: To be completed by an Optometrist/OMP making a claim for themselves (Contractors) (OLs) for the Basic CPD Allowance

LHB to whom I make this claim, **where I was listed on the ophthalmic list during 2024** (please tick one box):

Aneurin Bevan UHB (7A6)	<input type="checkbox"/>	Hywel Dda UHB (7A2)	<input type="checkbox"/>
Betsi Cadwaladr UHB (7A1)	<input type="checkbox"/>	Powys Teaching HB (7A7)	<input type="checkbox"/>
Cardiff & Vale UHB (7A4)	<input type="checkbox"/>	Swansea Bay UHB (7A3)	<input type="checkbox"/>
Cwm Taf Morgannwg UHB (7A5)	<input type="checkbox"/>		

Where this is in respect of my personal CPD, I also confirm that I was a Contractor on the ophthalmic list of the LHB listed above from whom I am claiming this grant for at least 6 months during the relevant year (during which period I maintained my professional registration). This is the only claim for the CPD Allowance that I have submitted or will submit in respect of 2024.

I hereby claim payment of the CPD Allowance for Optometrists/OMPs, and I declare that:

- I have undertaken the appropriate CPD during 2024;
- I have maintained my professional registration in 2024;
- I have undertaken a minimum of 60% of GOS services in Wales in 2024;
- I am properly entitled to claim the CPD Allowance;
- 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 LHBs, NHS England and the NHS Counter Fraud and Security Management Service.

In the case of being an OMP, the only remuneration I received during the relevant year was for conducting Primary Ophthalmic Services (NHS Sight Tests).

Signature of Optometrist/OMP who is a Contractor making a claim for themselves:

GOC/GMC No: _____

Date: _____

Part E: To be completed by an Independent Prescribing Optometrist/Optomestrist with Higher Qualification Medical Retina/Optomestrist High Qualification Glaucoma, or Optometrist Low Vision, making a claim for themselves (Contractors) (OLs)

LHB to whom I make this claim, **where I was listed on the ophthalmic list during 2024** (please tick one box):

Aneurin Bevan UHB (7A6)	<input type="checkbox"/>	Hywel Dda UHB (7A2)	<input type="checkbox"/>
Betsi Cadwaladr UHB (7A1)	<input type="checkbox"/>	Powys Teaching HB (7A7)	<input type="checkbox"/>
Cardiff & Vale UHB (7A4)	<input type="checkbox"/>	Swansea Bay UHB (7A3)	<input type="checkbox"/>
Cwm Taf Morgannwg UHB (7A5)	<input type="checkbox"/>		

Where this is in respect of my personal CPD, I also confirm that I was a Contractor on the ophthalmic list of the LHB listed above from whom I am claiming this grant for at least 6 months during the relevant year (during which period I maintained my professional registration). This is the only claim for the CPD Allowance that I have submitted or will submit in respect of 2024.

I hereby claim payment of the CPD Allowance for Optometrists, and I declare that:

- I have undertaken the appropriate CPD during 2024;
- I have maintained my professional registration in 2024;
- I have undertaken a minimum of 60% of GOS services in Wales in 2024;
- I have examined and managed patients relevant to my higher qualification for the appropriate WGOS 3, 4 or 5 services, as indicated in Section C, for a period of at least 3 months in 2024;
- I am properly entitled to claim the CPD Allowance;
- 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 LHBs, NHS England and the NHS Counter Fraud and Security Management Service.

In the case of being an OMP, the only remuneration I received during the relevant year was for conducting Primary Ophthalmic Services (NHS Sight Tests).

Signature of Optometrist/OMP who is a Contractor making a claim for themselves:

GOC/GMC No: _____

Date: _____

Part F: To be completed by an Employed Optometrist; Locum Optometrist; Director of a Body Corporate or Employed OMP making a claim via their Employer/Contractor for the Basic CPD Allowance

LHB to whom I make this claim, **where I was listed on the supplementary ophthalmic list during 2024**
(please tick one box):

- | | | | |
|-----------------------------|--------------------------|-------------------------|--------------------------|
| Aneurin Bevan UHB (7A6) | <input type="checkbox"/> | Hywel Dda UHB (7A2) | <input type="checkbox"/> |
| Betsi Cadwaladr UHB (7A1) | <input type="checkbox"/> | Powys Teaching HB (7A7) | <input type="checkbox"/> |
| Cardiff & Vale UHB (7A4) | <input type="checkbox"/> | Swansea Bay UHB (7A3) | <input type="checkbox"/> |
| Cwm Taf Morgannwg UHB (7A5) | <input type="checkbox"/> | | |

I understand that my Contractor is claiming payment of the CPD Allowance for Optometrists in respect of myself and I declare that:

- I have undertaken the appropriate CPD during 2024;
- I have maintained my professional registration in 2024;
- I have undertaken a minimum of 60% of GOS services in Wales in 2024;
- I am properly entitled to claim the CPD Allowance, via my nominated employer;
- 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 purposes 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, NHS England and the NHS Counter Fraud and Security Management Service.

I also confirm that I was included on the supplementary ophthalmic list of the above LHB from which I am claiming in the relevant year, and I assisted in the provision of general ophthalmic services for at least 6 months during the relevant year (during which period I maintained my professional registration). This is the only claim for the CPD Allowance that I have submitted or will submit in respect of 2024.

Signature of employed optometrist; locum optometrist; or OMP: _____

GOC/GMC No: _____

Date: _____

If you are claiming as an employed Optometrist; locum Optometrist; employed OMP; or Director of a Body Corporate, this claim must be countersigned by your employer below and they must be listed as an authorised signatory in the practice for payment purposes.

Please ensure the person below is listed as an authorised signatory for the practice. Claims not signed by an authorised signatory will be returned without payment.

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, or OMP.

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 LHBs, NHS England and the NHS Counter Fraud and Security Management Service.

I further confirm that, if I have not made CPD available in paid time or under an alternative arrangement agreed between us, I will pass on the payment to the named employed/locum optometrist or OMP. In the case of an employed/locum optometrist, or OMP, subject to the requirements of the GOC, if I have made available fewer than 12 GOC accredited points of CPD, I will pass on to the named employed/locum optometrist, or OMP 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 allowance.

Body Corporate/Contractor number:	OL/CO
Name of Authorised Signatory/ Contractor: (BLOCK CAPITALS)	
Signature of Authorised Signatory/ Contractor:	
Date:	

The authorised signatory must be included on the authorised signatory form held by NWSSP for WGOS purposes.

Part G: To be completed by an Independent Prescribing Optometrist; Optometrist with Higher Qualification Medical Retina; Optometrist High Qualification Glaucoma, or Low Vision Optometrist who is an Employed Optometrist/Locum/OMP/Director of a Body Corporate making a claim via their Employer/Contractor

LHB to whom I make this claim, **where I was listed on the supplementary ophthalmic list during 2024**
(please tick one box):

Aneurin Bevan UHB (7A6)	<input type="checkbox"/>	Hywel Dda UHB (7A2)	<input type="checkbox"/>
Betsi Cadwaladr UHB (7A1)	<input type="checkbox"/>	Powys Teaching HB (7A7)	<input type="checkbox"/>
Cardiff & Vale UHB (7A4)	<input type="checkbox"/>	Swansea Bay UHB (7A3)	<input type="checkbox"/>
Cwm Taf Morgannwg UHB (7A5)	<input type="checkbox"/>		

I understand that my Contractor is claiming payment of the CPD Allowance for Optometrists in respect of myself and I declare that:

- I have undertaken the appropriate CPD during 2024;
- I have maintained my professional registration in 2024;
- I have undertaken a minimum of 60% of GOS services in Wales in 2024;
- I have examined and managed patients relevant to my higher qualification for the appropriate WGOS 3, 4 or 5 services, as indicated in Section C, for a period of at least 3 months in 2024;
- I am properly entitled to claim the CPD Allowance, via my nominated employer;
- 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 purposes 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, NHS England and the NHS Counter Fraud and Security Management Service.

I also confirm that I was included on the supplementary ophthalmic list of the above LHB from which I am claiming in the relevant year, and I assisted in the provision of general ophthalmic services for at least 6 months during the relevant year (during which period I maintained my professional registration). This is the only claim for the CPD Allowance that I have submitted or will submit in respect of 2024.

Signature of employed optometrist; locum optometrist; or OMP:

GOC/GMC No: _____

Date: _____

If you are claiming as an employed Optometrist; locum Optometrist; employed OMP; or Director of a Body Corporate, this claim must be countersigned by your employer below and they must be listed as an authorised signatory in the practice for payment purposes.

Please ensure the person below is listed as an authorised signatory for the practice. Claims not signed by an authorised signatory will be returned without payment.

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, or OMP.

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 LHBs, NHS England and the NHS Counter Fraud and Security Management Service.

I further confirm that, if I have not made CPD available in paid time or under an alternative arrangement agreed between us, I will pass on the payment to the named employed/locum optometrist or OMP. In the case of an employed/locum optometrist, or OMP, subject to the requirements of the GOC, if I have made available fewer than 12 GOC accredited points of CPD, I will pass on to the named employed/locum optometrist, or OMP 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 allowance.

Body Corporate/Contractor number:	OL/CO
Name of Authorised Signatory/ Contractor: (BLOCK CAPITALS)	
Signature of Authorised Signatory/ Contractor:	
Date:	

The authorised signatory must be included on the authorised signatory form held by NWSSP for WGOS purposes.

Please return your claim form by 31 December 2025 to:

nwssp-primarycareservices@wales.nhs.uk

Guidance on how to complete the CPD allowance claim form for 2024

The following information will assist you in completing the CPD allowance claim form. It is important to read the guidance before completing the claim form.

Please do:

- ✓ Complete all relevant sections (further guidance below).
- ✓ Write clearly.
- ✓ Read all appropriate declarations before signing.
- ✓ Return completed claim form by 31 December 2025 to nwssp-primarycareservices@wales.nhs.uk (see guidance below on how to submit the claim).

Please **do not**:

- ✗ Complete claim form if you have **not** been on a Local Health Board ophthalmic/ supplementary ophthalmic list for at least **6 months** during **2024**.
- ✗ Complete claim form as an Independent Prescribing, as an Optometrist with the Higher Qualification Medical Retina, an Optometrist with Higher Qualification Glaucoma or an Optometrist with Low Vision, if you have **not** provided WGOS 3, 4 or 5 services for a period of at least **3 months** during **2024**.
- ✗ Complete claim form unless you have undertaken a minimum of 60% of GOS services in Wales in 2024.

Completing the CPD Allowance claim Form:

Parts A, B and C **Must** be completed by **all** applicants.

Applicants should only complete one of the following Parts D, E, F or G, depending on the allowance you are entitled to.

Part A – To Be Completed By All

- ✓ Type or write in BLOCK CAPITALS the full name and relevant professional body number of the person the claim relates to.

Part B -To Be Completed By All

- ✓ Provide full name and address of practice to which payment will be paid.
- ✓ Provide full Body Corporate number (CO-____) or Ophthalmic Contractor number (OL____)

Part C – To Be Completed By All

- ✓ Please tick one box only indicating which part of the allowance you are entitled to and claiming for.
- ✓ You can only claim for one allowance and should claim for the highest amount applicable to your qualification and services provided. For further guidance on eligibility, please refer to Appendix B.

Part D – Contractors Claiming for Themselves for the Basic CPD Allowance

- ✓ All sections to be completed by Ophthalmic Contractors or OMPs (OL-____) claiming for themselves.
- ✗ Do not complete this section if you are a Director of a Body Corporate. You should complete Part F.

Part E – Contractors Claiming for Themselves as an Independent Prescribing, as an Optometrist with the Higher Qualification Medical Retina, an Optometrist with Higher Qualification Glaucoma or an Optometrist with Low Vision

- ✓ All sections to be completed by Ophthalmic Contractors or OMPs (OL-____) claiming for themselves as an Independent Prescribing, as an Optometrist with the Higher Qualification Medical Retina, an Optometrist with Higher Qualification Glaucoma or an Optometrist with Low Vision.
- ✗ Do not complete this section if you are a Director of a Body Corporate. You should complete Part G.

Part F – Employed/Locum Optometrists/OMPs/Director of a Body Corporate Claiming via their Employer for the Basic CPD Allowance

- ✓ To be completed by an employed/locum Optometrist/OMP/Director of a Body Corporate making a claim via their Employer/Contractor.
- ✓ Body Corporate/Contractor number must be the same as in part B.
- ✓ Section must be signed by an authorised signatory that is included on the authorised signatory form held by NWSSP for WGOS purposes.
- ✗ Do not sign as the Employer/Contractor if you are not an authorised signatory for WGOS purposes.

Part G – Employed/Locum Optometrists/OMPs/Director of a Body Corporate Claiming via their Employer as an Independent Prescribing, as an Optometrist with the Higher Qualification Medical Retina, an Optometrist with Higher Qualification Glaucoma or an Optometrist with Low Vision

- ✓ To be completed by an employed/locum Optometrist/OMP/Director of a Body Corporate making a claim via their Employer/Contractor as an Independent Prescribing, as an Optometrist with the Higher Qualification Medical Retina, an Optometrist with Higher Qualification Glaucoma or an Optometrist with Low Vision.
- ✓ Body Corporate/Contractor number must be the same as in part B.
- ✓ Section must be signed by an authorised signatory that is included on the authorised signatory form held by NWSSP for WGOS purposes.
- ✗ Do not sign as the Employer/Contractor if you are not an authorised signatory for WGOS purposes.

How do I submit my claim form

- ✓ Once completed return via email to: nwssp-primarycareservices@wales.nhs.uk.
- ✓ Claims must be returned electronically and not in the post or with WGOS claims.
- ✓ Please list in the covering email, the name of applicant the claim is for and the practice details.
- ✓ Only submit one claim per email.
- ✓ Claims should be scanned and sent as one complete document.
- ✗ Do not send multiple claims on one email. It can make the email too large and it may not be received by NWSSP-PCS.
- ✗ Do not send individual scanned pages. The claim must be sent as a complete document.
- ✗ Do not send paper copies of forms in the post or with your WGOS claims. CPD claims must be submitted electronically, as detailed above.
- ✗ Once submitted electronically, do not send duplicate paper copies of forms in the post.

Your application will be received by an automated action point system. If your application has successfully been received, you will receive an automated email giving you an action point number. Please keep a note of this number for any future queries you have with your claim. If you do not receive this email and number, your application has not been received by NWSSP-PCS.

Items to Note regarding your claim:

- Incomplete or incorrect forms will be returned to the practice to which you have requested payment. Payment will **not** be made until the corrected forms have been returned to the email address above.
- Claims for CPD aligned to WGOS 3 (Low Vision), WGOS 4 (Medical Retina and Glaucoma) and WGOS 5 (Independent Prescribing) for 2024 onwards will only be made for practitioners with the appropriate additional qualifications and that have provided WGOS 3, 4 or 5 services within their Health Board areas for at least 3 months in the given year.
- An employer/contractor may choose to make available CPD*. Where an employer/contractor makes available 12 or more GOC accredited points of CPD, the employer/contractor may retain the CPD grant. Where the employer/contractor has made available fewer than 12 GOC accredited points, the employer will pass on a proportion of the payment calculated either on a basis agreed between the employer/contractor and applicant, or failing that, pro rata, based on 12 points made available entitling the applicant to retain 100% of the annual allowance.

*"Making available CPD" means the employer/contractor makes an investment in time or money to provide CPD, examples may include:

- Training during paid working hours, which could qualify towards CPD points.
- Funding to attend training courses attracting CPD points (this funding may include hotel accommodation and travel).
- Paid time out of practice to attend activities that could qualify towards CPD points.
- Providing/developing in-house learning resources that could qualify towards CPD points.
- Providing access to paid for on-line resources.

Should you have any questions regarding the process please contact nwssp-primarycareservices@wales.nhs.uk.

Appendix B - Eligibility Flowchart –
CPD Grant 2024

