Public Services Delivery
Scotland

NHS SCOTLAND

Ophthalmic CPD Allowance

Instructions on how to submit your claim

Claim submission process overview

The CPD Allowance webform allows you to securely complete and submit your claim online using your existing eOphthalmic login credentials and PIN.

If you do not have an eOphthalmic account yet, please visit this page to access all the relevant details and forms to apply for an account. Please note that if access to eOphthalmic is required only for CPD, you will need to state this within the email containing the form.

After logging into your account, complete the CPD claim form and submit it for system validation. Validation checks will confirm the information entered and generate a **Claim ID**. If any fields fail validation, they will be highlighted for correction. Once corrected, the form must be validated again.

When the claim passes system validation, you can proceed to submit it. After submission, you will receive an email confirming the next steps.

The following pages provide more detailed guidance on each stage of the process.

If you have any queries regarding these instructions, then please contact nss.psdophthalmic@nhs.scot

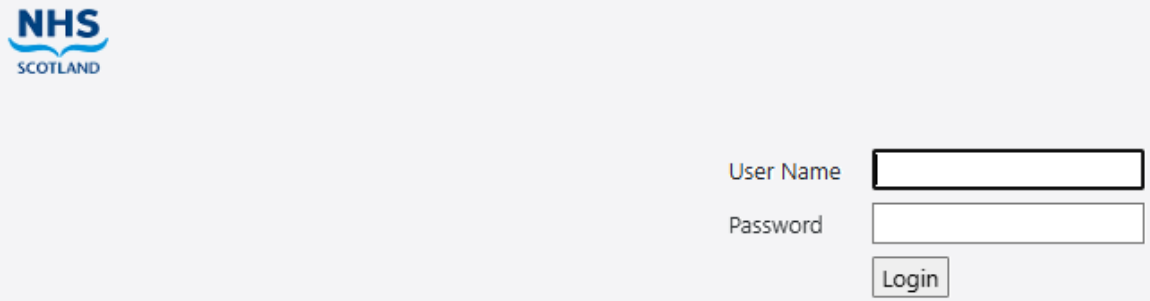
Logging in

Log in to the CPD webform at this address:
https://digitalwebforms.mhs.scot.nhs.uk

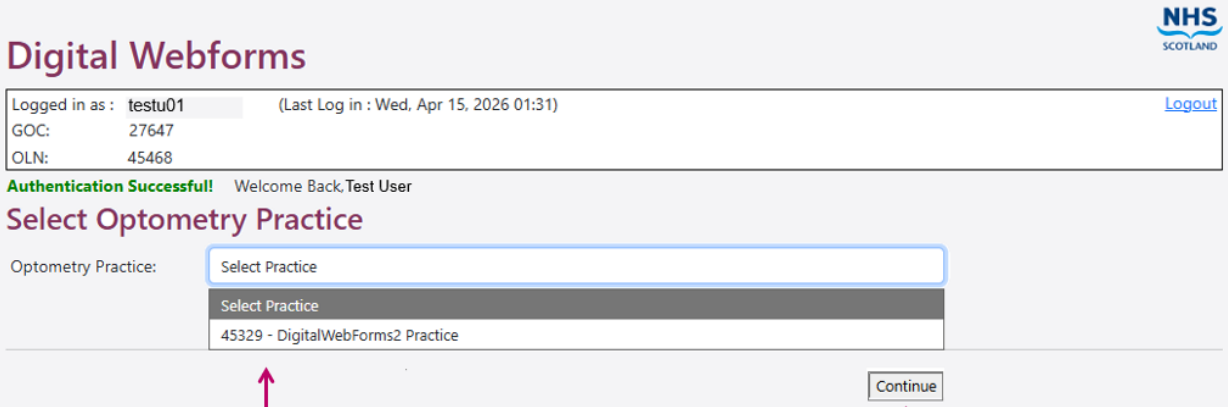
This will take you to the landing page, where you can log in using your user account credentials.

Please note that if your account requires a password reset, this will need to be done on the eOphthalmic webform first before logging into the CPD webform: https://eophthalmics.mhs.scot.nhs.uk/

Please contact the Ophthalmic Helpdesk for further assistance: nss.psdophthalmic@nhs.scot



Practice selection



Select the relevant practice from the drop down list (the practice will be used to auto populate some of the fields on the form). Then select Continue

Create a new form

Clicking on the Create New Form button will open the CPD form.

Form Information

Form Parts:
PART 1: OPTOMETRIST'S PERSONAL DETAILS
PART 2: OPTOMETRIST'S PROFESSIONAL DETAILS
PART 3: BANK ACCOUNT DETAILS
PART 4: DECLARATION BY OPTOMETRIST/OPHTHALMIC MEDICAL PRACTITIONER

Mandatory Fields:
All fields marked with an asterisk (*) must be completed (mandatory).

Saving Your Progress:
Select **Save** at any time to save your progress so you can return later to complete or review the form. A pop-up will display the Form ID and confirm the form is saved (but not submitted).

Validating the Form:
When the form is complete, select **Validate** to run the system's validation checks on your data. A pop-up will display the Form ID and confirm the form is validated (but not submitted).
Any errors will be highlighted next to the relevant fields (even if the form is only partially completed). Correct these errors and select **Validate** again until no errors remain.

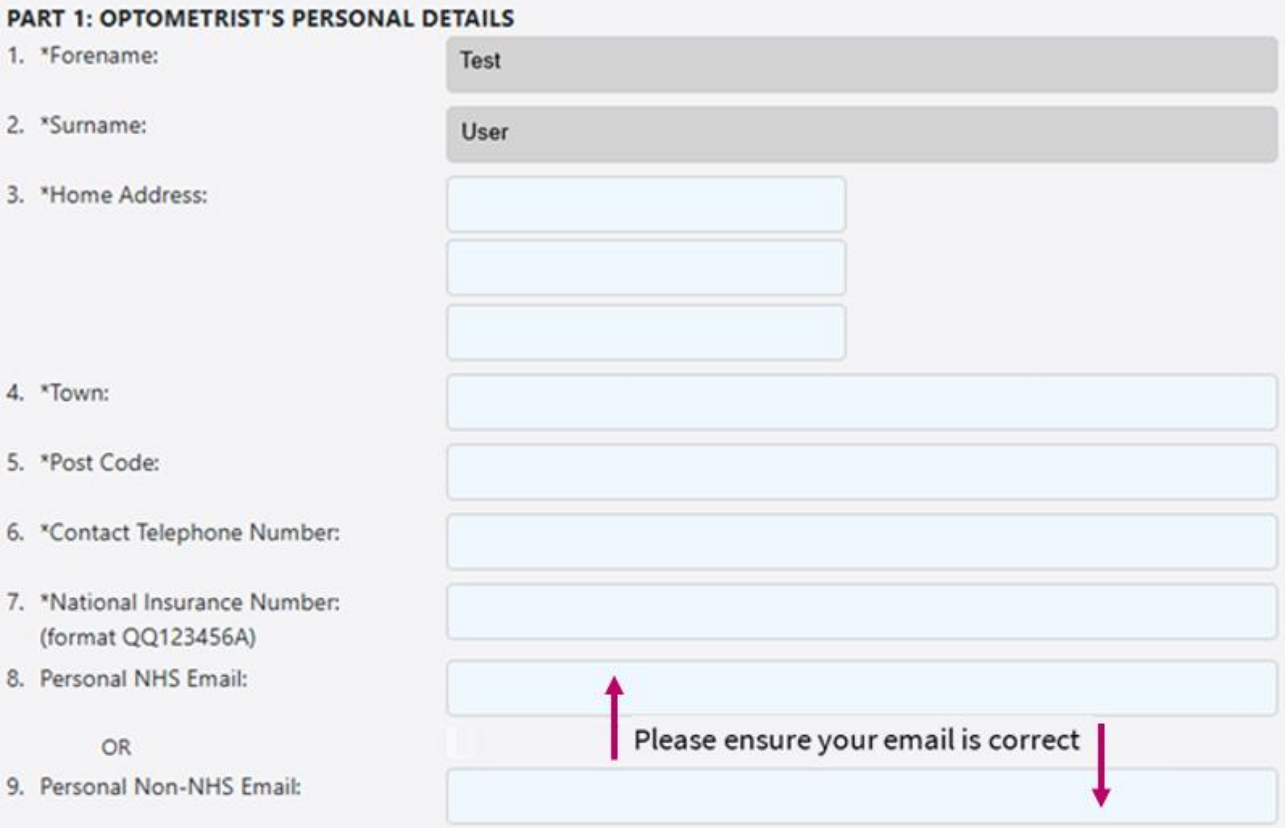
Submitting the Form:
Once the form passes validation (no errors remain), it is ready to be submitted

Part 1

Your NHS or personal (non-NHS) email address will be used to confirm next steps once your form has been successfully submitted. It will also be used to send reminders for any forms saved with a ‘Draft’ status, indicating that the form has been started but not yet submitted.

In addition, this email address will be used to contact you if any issues arise. It is therefore essential that the email address provided is accurate.

Please use your NHS email address where possible.



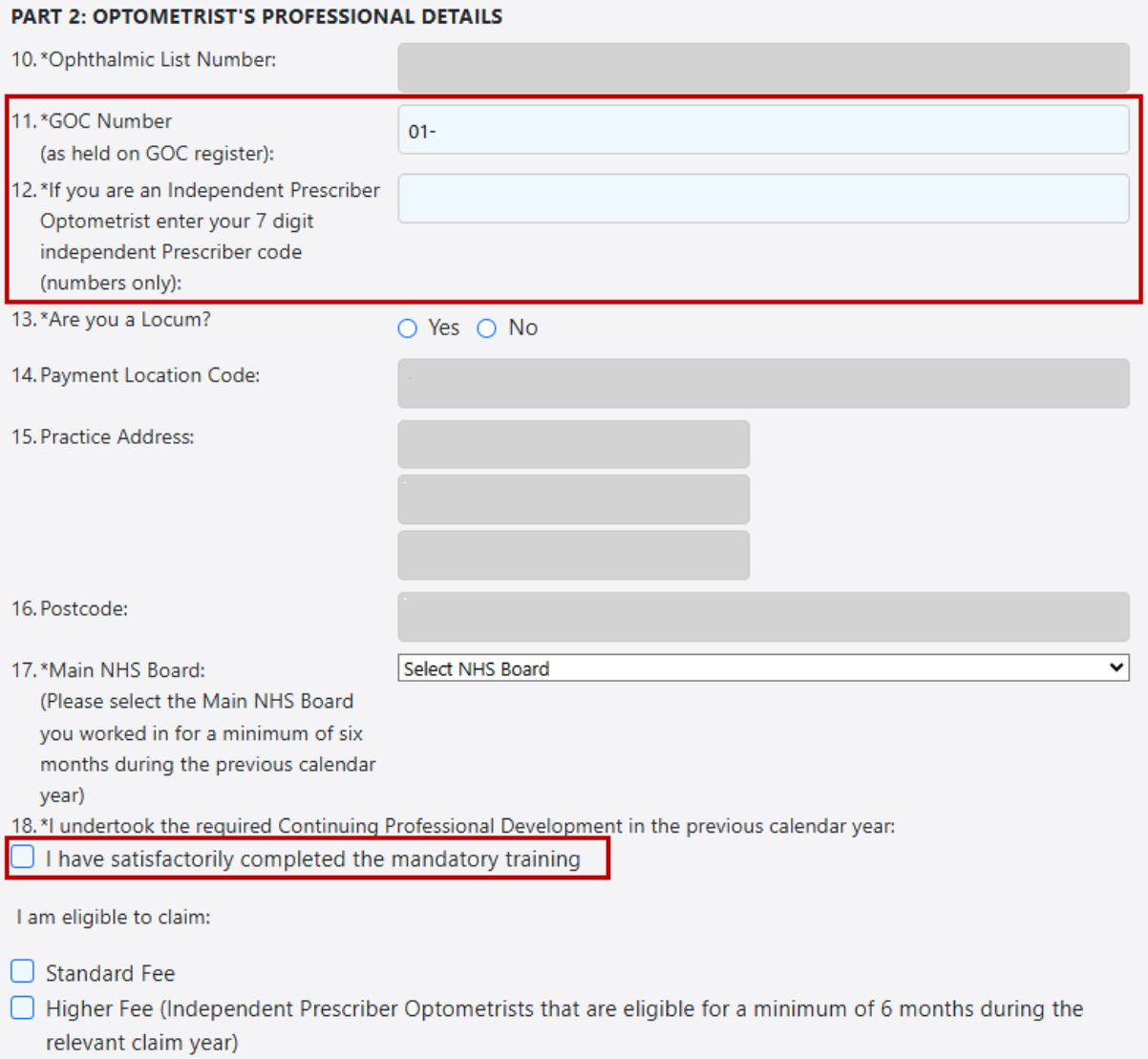
Part 2

There are several sources both internal and external that we use to validate the information that you provide. If validation fails on certain fields where you believe the information you have provided to be correct, there are specific actions that you need to take.

Field 11 - GOC Number – Please check the GOC web site to ensure the number you entered matches the number held by the GOC. If the numbers do match, please contact nss.psdgospayteam@nhs.scot

Field 12 - Independent Prescriber Code (if applicable) – If the number you have entered has been provided by your Health Board, please contact them directly. Once you have had a response, please contact nss.psdgospayteam@nhs.scot

Field 18 - Mandatory Training – If you have completed your mandatory training, please contact nss.psdgospayteam@nhs.scot



PART 2: OPTOMETRIST'S PROFESSIONAL DETAILS

10. *Ophthalmic List Number:

11. *GOC Number (as held on GOC register): 01-

12. *If you are an Independent Prescriber Optometrist enter your 7 digit independent Prescriber code (numbers only):

13. *Are you a Locum? ○ Yes ○ No

14. Payment Location Code:

15. Practice Address:

16. Postcode:

17. *Main NHS Board: (Please select the Main NHS Board you worked in for a minimum of six months during the previous calendar year) Select NHS Board

18. *I undertook the required Continuing Professional Development in the previous calendar year:

☐ I have satisfactorily completed the mandatory training

I am eligible to claim:

☐ Standard Fee

☐ Higher Fee (Independent Prescriber Optometrists that are eligible for a minimum of 6 months during the relevant claim year)

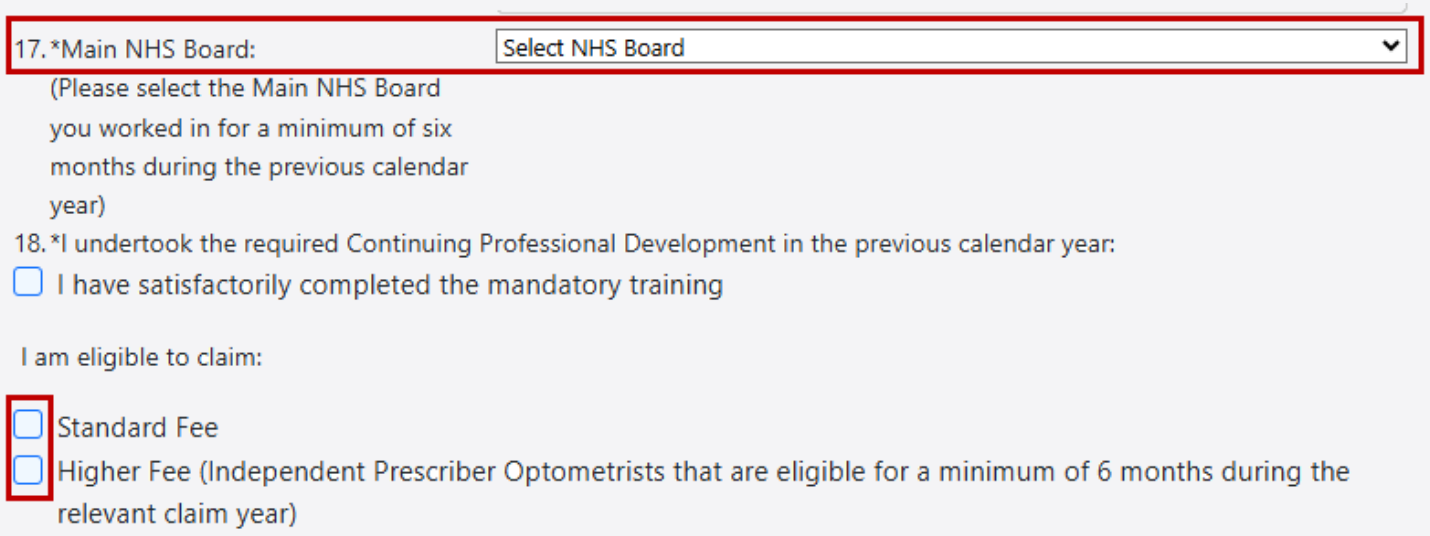
Part 2 continued

Field 17 - This should be the Health Board for which you are claiming the eligibility period (i.e. at least 6 months working during 2025).

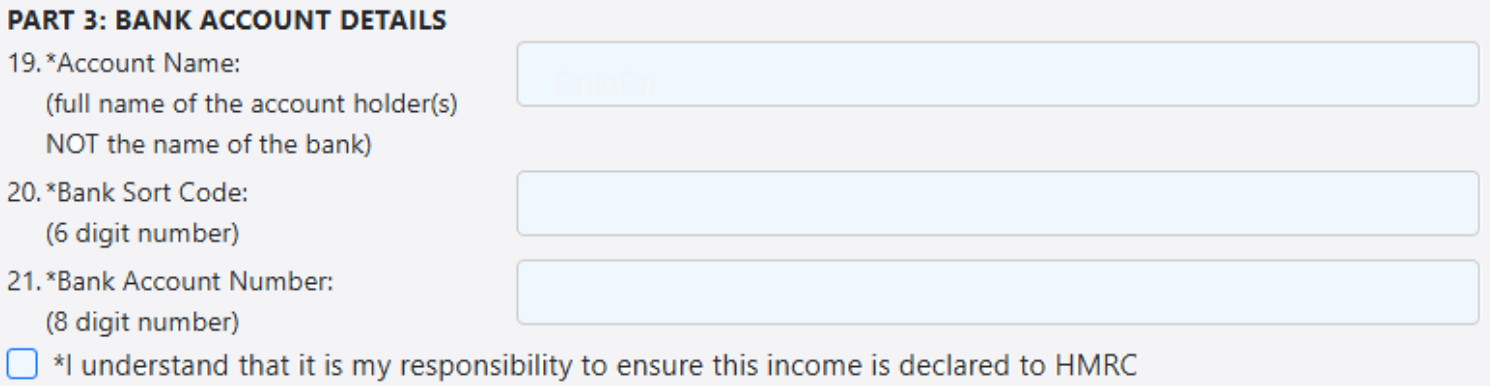
Field 18 - You **must** have completed your mandatory training before you can submit your form.

To ensure you are paid correctly, please select the fee option that relates to you during the 2025 calendar year. For example, you may currently be an Independent Prescribing Optometrist, but you may not have been for the period you are claiming for.

If you are **not** an Independent Prescribing Optometrist a validation error on Field 12, indicates you may have selected the higher fee option by mistake.



Part 3


PART 3: BANK ACCOUNT DETAILS

19. *Account Name:
(full name of the account holder(s)
NOT the name of the bank)

20. *Bank Sort Code:
(6 digit number)

21. *Bank Account Number:
(8 digit number)

*I understand that it is my responsibility to ensure this income is declared to HMRC

Before submitting, double-check your bank details to ensure the payment goes to the correct account.
Keep in mind:

- **Account Name:** Enter the account holder's name exactly as it appears on your bank account (do not enter the bank's name). If the name doesn't match your bank's records, the payment will not go through.
- **Sort Code:** Enter six digits only (no spaces or dashes).
- **Account Number:** Enter eight digits. If your account number has only 7 digits, add a leading 0 (zero) to make it 8 digits e.g. if the account number is 1234567, enter 01234567.
- **Form Validation:** The form will check that the sort code and account number are valid formats, but it cannot confirm the account name – please ensure the account name is correct.

Part 4

Before you submit your claim form, you must agree with all the declarations listed.

The validation checks will ensure you have checked all the boxes.

PART 4: DECLARATION BY OPTOMETRIST/OPHTHALMIC MEDICAL PRACTITIONER

- ☐ *I have read and understood the conditions set out in PCA(O)2025(03) and satisfy these to claim this allowance
- ☐ *I have maintained my professional registration and undertook the required Continuing Professional Development in the previous calendar year and have been on the NHS Board Ophthalmic List as an Optometrist/IP Optometrist for at least 6 months during the previous calendar year
- ☐ *I agree that the information I have given on this form is correct and complete to the best of my knowledge and I understand that if I knowingly give wrong or incomplete information that results in a payment being made, I may be subject to court proceedings
- ☐ *I understand that NHS National Services Scotland may use this information to assure accurate payments and for the prevention and detection of fraud and share it with other bodies responsible for auditing or administering public funds Further information is available at: Practitioner Services Data Protection Notice

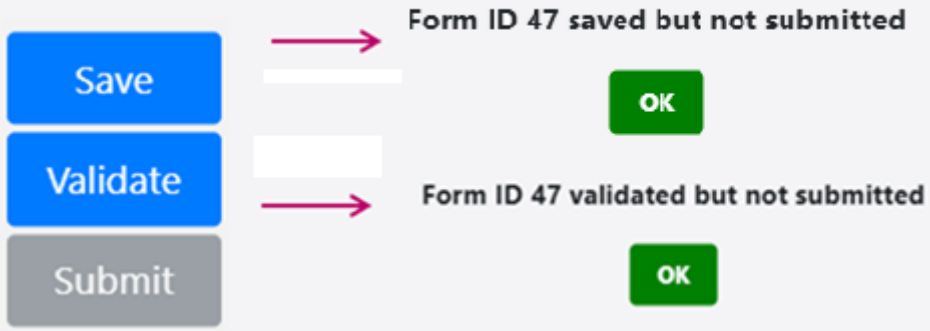
Validation checks

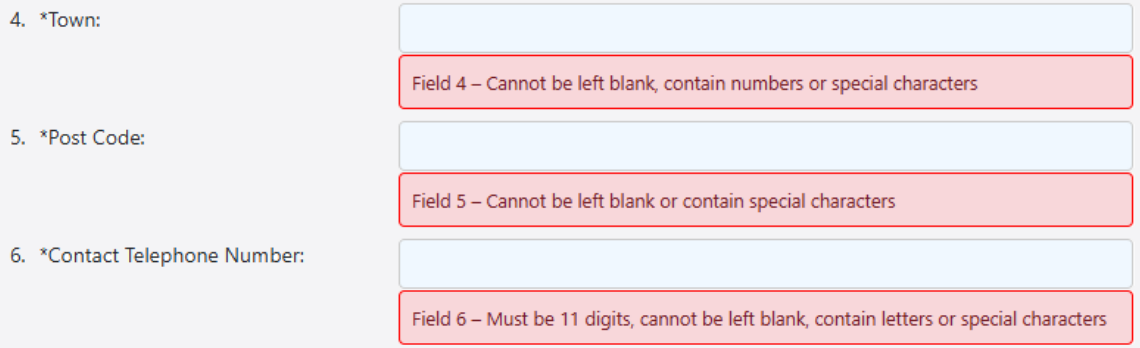
Once you have completed your form and made the declaration, the form is now ready to go through the “system” validation checks prior to submission. Follow the steps below to submit your CPD Claim.

1. Click the **Save** button located at the right-hand side of the form. You will be presented with the **Form ID reference number** and a message that highlights the form has been saved but not submitted.

2. Now click the **Validate button**. You will be presented with the same **Form ID reference number** and a message that highlights the form has been validated but not submitted.
   - If the fields pass validation, the claim is now ready to be submitted.
   - If any fields fail validation, this will be highlighted below the fields that have failed. Once you have corrected these, you will click the **Validate button** again. You will also be presented with the same **Form ID reference number**.

3. If there are no further corrections required, the form is now ready to be submitted. Click **Submit.**

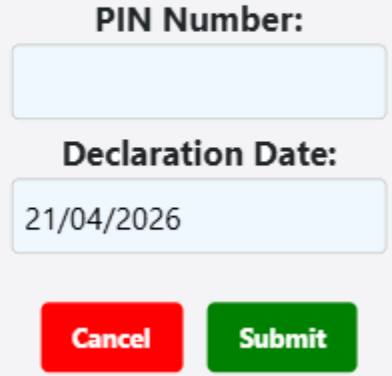




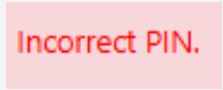
Form submission

The **Submit** button is located at the right-hand side of the form **and** will change from grey to green once all the “system” validation checks have been passed.

Click the submit button when it turns green, and a pop-up box will appear which will ask you to enter your PIN number.



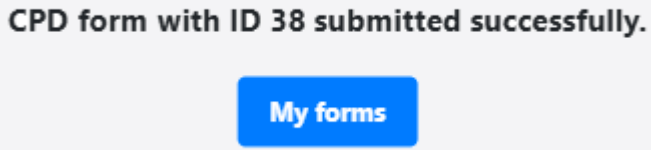
If the PIN number entered does not match our records, an ‘Incorrect PIN’ message will appear at the top of the form. Please correct the PIN and select **Submit** again. If the error persists and you believe the PIN is correct, contact the Ophthalmic Helpdesk at **nss.psdophthalmic@nhs.scot**.



Form submission

Once the form has been successfully submitted, you will receive an on-screen acknowledgment, along with the Claim ID reference number. Clicking the blue ‘My forms’ button will take you back to your Forms Homepage.

On **the next working day**, an email with details of the next steps will be sent to the email address that you have provided on the claim form.



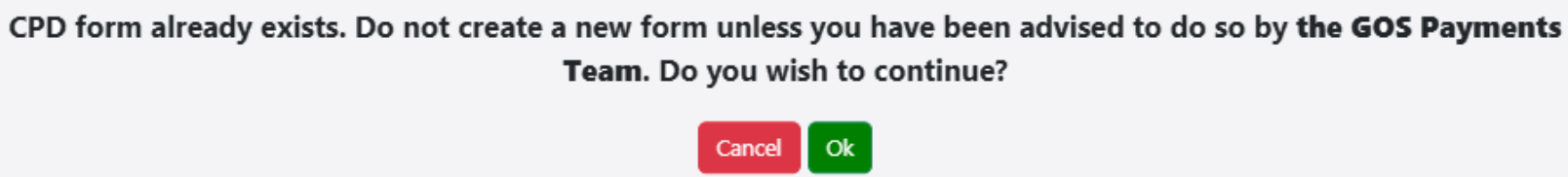
Forms Management

The ‘My Forms’ homepage provides details of the form(s) that you created and include the ‘Status’ of the form.

Status ‘Draft’ - You have created a form but have not yet submitted it.

Form Id	Created Date	Form Type	Submitted Date	Submission Number	Status		
37	13/04/2026 14:54:40	CPD			Draft	Edit	Delete

If a form is showing a **Draft** status, it means it has been started but not yet submitted. Select **Edit** to review or update the information you have entered. Once you are satisfied that the details are correct, you can submit the form. You should only continue by editing an existing draft. Creating a new form will trigger a pop-up message.



If your form remains in **Draft** status, you will receive reminder emails from **no-reply NSS psdGOSCPDclaims** at regular intervals until you submit the form.

Forms Management

The ‘My Forms’ homepage provides details of the form(s) that you created and include the ‘Status’ of the form.

Status ‘Submitted’ - Editing a submitted form.

Form Id	Created Date	Form Type	Submitted Date	Submission Number	Status	
44	13/04/2026 17:22:08	CPD	13/04/2026 17:23:24	1	Submitted	Edit

If you have been advised to edit and resubmit your form, select the ‘Edit’ button. You will be presented with a pop-up message:

Do not edit a submitted form unless you have been advised by the GOS Payments Team to do so. Do you wish to continue?

Cancel Ok

Below is how your claim form information will display once it has been resubmitted successfully.

Form Id	Created Date	Form Type	Submitted Date	Submission Number	Status		
24	20/06/2025 13:34:46	CPD	20/06/2025 15:12:34	2	Submitted	Edit	

Forms Management

The ‘My Forms’ homepage provides details of the form(s) that you created and include the ‘Status’ of the form.

Status ‘Submitted’ - Creating a new form when one has been submitted

Form Id	Created Date	Form Type	Submitted Date	Submission Number	Status		
44	13/04/2026 17:22:08	CPD	13/04/2026 17:23:24	1	Submitted	Edit	

Create New Form

If you have been advised to create a new form, select ‘Create New Form’. You will be presented with a pop-up message:

Do not edit a submitted form unless you have been advised by the GOS Payments Team to do so. Do you wish to continue?

Cancel Ok

Below is how your claim form information will display once it has been submitted successfully.

Form Id	Created Date	Form Type	Submitted Date	Submission Number	Status		
40	13/04/2026 16:58:16	CPD	13/04/2026 17:02:09	1	Submitted	Edit	
44	13/04/2026 17:22:08	CPD	13/04/2026 17:23:24	1	Submitted	Edit	

Forms Management

The ‘My Forms’ homepage provides details of the form(s) that you created and include the ‘Status’ of the form.

Status ‘Submitted’ - Creating a new form when one has been submitted

Form Id	Created Date	Form Type	Submitted Date	Submission Number	Status		
44	13/04/2026 17:22:08	CPD	13/04/2026 17:23:24	1	Submitted	Edit	

Create New Form

If you have any queries regarding these instructions, please contact nss.psdophthalmic@nhs.scot